ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Form 990 for the
Year Ended June 30, 2020

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.

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

OMB No. 1545-0047 — **2019** — Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 20 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

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

Doing Business As

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

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 $ 430,515,973.

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

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No — If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ALZ.ORG

K Form of organization: ☒ 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: TO LEAD THE WAY TO END ALZHEIMER'S & ALL OTHER DEMENTIA - BY ACCELERATING GLOBAL RESEARCH, DRIVING RISK REDUCTION & EARLY DETECTION, & MAXIMIZING QUALITY CARE & SUPPORT.

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	28.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28.
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,689.
6	Total number of volunteers (estimate if necessary)	6	57,172.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	365,557,820.	381,002,937.
	9	Program service revenue (Part VIII, line 2g)	9,518,813.	7,070,398.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,191,501.	10,240,491.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,397,744.	4,773,180.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,665,878.	403,087,006.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,340,877.	51,905,028.
	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)	182,430,888.	190,548,712.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,573,775.	1,591,733.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 71,853,103.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	150,228,333.	143,762,020.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	386,573,873.	387,807,493.
	19	Revenue less expenses. Subtract line 18 from line 12	3,092,005.	15,279,513.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	377,644,348.	410,346,682.
	21	Total liabilities (Part X, line 26)	114,820,016.	134,071,218.
	22	Net assets or fund balances. Subtract line 21 from line 20	262,824,332.	276,275,464.

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: Michelle Helton — Date: 12/15/2020

▶ MICHELLE HELTON CFO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DANIEL ROMANO		12-15-2020		P00504182

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) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Form **8868**

(Rev. January 2020)

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	Name of exempt organization or other filer, see instructions. ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Taxpayer identification number (TIN) 13-3039601
File by the due date for filing your return. See instructions.	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 990-T (corporation)	07
Form 990-BL	02	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

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

Telephone No. ▶ 312 335-5183 Fax No. ▶ 866 567-0821

- 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 05/17 , 20 21 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☒ tax year beginning 07/01 , 20 19 , and ending 06/30 , 20 20 .

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-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for 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-EO and Form 8879-EO for payment instructions.

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 IS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER CARE, SUPPORT, AND RESEARCH. (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 $ 213,640,946. including grants of $ 2,073,307.) (Revenue $ 587,791.)

ATTACHMENT 1

4b (Code:) (Expenses $ 61,740,153. including grants of $ 43,801,939.) (Revenue $ 6,429,352.)

ATTACHMENT 2

4c (Code:) (Expenses $ 4,084,079. including grants of $) (Revenue $ 4,505.)

FIELD PROGRAM SUPPORT - APPROXIMATELY 262 OFFICES ACROSS THE U.S. ARE DOING BUSINESS AS THE ALZHEIMER'S ASSOCIATION AND VARIOUS NAMES AS A COLLECTION OF 75 CHAPTERS OF THE ASSOCIATION AND ARE IN COMMUNITIES NATIONWIDE PROVIDING SERVICES TO FAMILIES AND PROFESSIONALS INCLUDING: INFORMATION AND REFERRAL, SUPPORT GROUPS, CARE CONSULTATION, AND EDUCATION AND SAFETY SERVICES.

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

(Expenses $ 19,612,312. including grants of $ 6,029,782.) (Revenue $ 48,750.)

4e Total program service expenses ▶ 299,077,490.

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 Revenue Procedure 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 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 lines 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 in 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	1,642			
b	Enter the number of Forms W-2G included in 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	2,689		
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	X	
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 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? If "Yes," complete Form 4720, Schedule O.			16		X

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	28			
	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	28			
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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . .	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 in 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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	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 ► ATTACHMENT 3

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [X] 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 ►
MICHELLE HELTON, CFO 225 N. MICHIGAN AVE. 17TH FLOOR CHICAGO,IL 60601-7633 312-335-5183

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See 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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) HARRY JOHNS PRESIDENT & CEO	60.00 .21			X				1,296,398.	5,597.	56,503.
(2) RICHARD HOVLAND COO & ASST. TREAS.	60.00 .07			X				582,435.	1,004.	98,888.
(3) ROBERT EGGE CHIEF PUBLIC POLICY OFFICER	60.00 1.45					X		499,053.	19,422.	65,985.
(4) MARIA CARRILLO CHIEF SCIENCE OFFICER	60.00 0.					X		526,607.	0.	39,204.
(5) DONNA MCCULLOUGH CHIEF DEVELOPMENT OFFICER	60.00 .21					X		465,919.	2,379.	67,554.
(6) GLENDA BERRY WEST AREA LEADER	60.00 0.					X		464,862.	0.	53,678.
(7) KENANN CASSIDY EAST AREA LEADER	60.00 0.					X		468,724.	0.	45,459.
(8) KATHERINE "JOANNE" PIKE CHIEF STRATEGY OFFICER	60.00 0.				X			407,644.	0.	62,291.
(9) MICHELLE HELTON CHIEF FINANCIAL OFFICER	60.00 0.			X				251,894.	0.	59,807.
(10) CHRISTINE FOH ASST SECY & VP LEGAL & GC	60.00 0.			X				265,396.	0.	41,138.
(11) ALEX TSAO DIRECTOR	5.00 0.	X						0.	0.	0.
(12) ANDREW DAHLKEMPER DIRECTOR (BEG. 10/19)	5.00 0.	X						0.	0.	0.
(13) ANNA CATALANO SECRETARY AND DIRECTOR	10.00 0.	X		X				0.	0.	0.
(14) BRIAN RICHARDSON VICE CHAIR AND DIRECTOR	12.00 0.	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 dotted line)	(C) Position: 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
(15) BRUCE BAUDE DIRECTOR	5.00 0.	X						0.	0.	0.
(16) CAROLYN TIEGER DIRECTOR	5.00 0.	X						0.	0.	0.
(17) CECILE PERICH DIRECTOR	5.00 0.	X						0.	0.	0.
(18) CYNTHIA LEMERE DIRECTOR	5.00 0.	X						0.	0.	0.
(19) DAVID HUNTER DIRECTOR	5.00 0.	X						0.	0.	0.
(20) DAVID GOLTERMANN CHAIR AND DIRECTOR	12.00 .50	X		X				0.	0.	0.
(21) DEBRA PIERSON DIRECTOR	5.00 0.	X						0.	0.	0.
(22) DEREK VAN AMERONGEN DIRECTOR	5.00 0.	X						0.	0.	0.
(23) DIANA KERWIN, M.D. DIRECTOR (THRU 03/20)	5.00 0.	X						0.	0.	0.
(24) EILEEN KAMERICK DIRECTOR (BEG. 10/19)	5.00 0.	X						0.	0.	0.
(25) GEOFF HEREDIA DIRECTOR (BEG. 10/19)	5.00 0.	X						0.	0.	0.
1b Sub-total ▶								5,228,932.	28,402.	590,507.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								5,228,932.	28,402.	590,507.

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 ▶ 266

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 164

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 dotted line)	(C) 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
(26) GEORGE JOHNSON DIRECTOR	5.00 0.	X						0.	0.	0.
(27) GEORGE WALZ DIRECTOR (BEG 10/19)	5.00 0.	X						0.	0.	0.
(28) HELEN BROOKS DIRECTOR	5.00 0.	X						0.	0.	0.
(29) JAY REINSTEIN DIRECTOR (BEG. 10/19)	5.00 0.	X						0.	0.	0.
(30) JAMES GROSSMANN DIRECTOR	5.00 0.	X						0.	0.	0.
(31) JOHN TRACY DIRECTOR (THRU 10/19)	5.00 0.	X						0.	0.	0.
(32) JULIA WALLACE TREASURER AND DIRECTOR	10.00 0.	X		X				0.	0.	0.
(33) KAREN STEVENSON DIRECTOR	5.00 0.	X						0.	0.	0.
(34) KARYNE JONES DIRECTOR	5.00 0.	X						0.	0.	0.
(35) MINOO JAVANMARDIAN DIRECTOR	5.00 0.	X						0.	0.	0.
(36) PAM MONTANA DIRECTOR (THRU 10/19)	5.00 0.	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 266

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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

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

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 dotted line)	(C) Position: 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
(37) PAUL WEXLER DIRECTOR (THRU 10/19)	5.00 0.	X						0.	0.	0.
(38) RALPH NIXON, M.D., PHD DIRECTOR (THRU 10/19)	5.00 0.	X						0.	0.	0.
(39) RYAN MUNDY DIRECTOR	5.00 0.	X						0.	0.	0.
(40) SARAH LORANCE DIRECTOR	5.00 0.	X						0.	0.	0.
(41) STEVEN OSGOOD DIRECTOR	5.00 0.	X						0.	0.	0.
(42) THOMAS DOYLE DIRECTOR	5.00 0.	X						0.	0.	0.
(43) WILLIAM THOMAS DIRECTOR	5.00 0.	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 266

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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

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

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							
1a	Federated campaigns	1a					
b	Membership dues	1b	707,662.				
c	Fundraising events	1c	568,748.				
d	Related organizations	1d					
e	Government grants (contributions)	1e	22,987,579.				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	356,738,948.				
g	Noncash contributions included in lines 1a-1f	1g	$ 11,407,400.				
h	**Total.** Add lines 1a-1f ▶			381,002,937.			
Program Service Revenue			Business Code				
2a	PROGRAM CONFERENCES		611710	4,982,438.	4,982,438.		
b	SAFE RETURN REGISTRATION FEES		611710	694,726.	694,726.		
c	JOURNAL		511120	606,159.	606,159.		
d	CAREGIVER TRAINING		611710	218,327.	218,327.		
e	REGISTRATION/EVENT REVENUE		900099	568,748.	568,748.		
f	All other program service revenue						
g	**Total.** Add lines 2a-2f ▶			7,070,398.			
Other Revenue							
3	Investment income (including dividends, interest, and other similar amounts) ▶			8,291,696.			8,291,696.
4	Income from investment of tax-exempt bond proceeds ▶			0.			
5	Royalties ▶			92,710.			92,710.
			(i) Real / (ii) Personal				
6a	Gross rents	6a					
b	Less: rental expenses	6b					
c	Rental income or (loss)	6c					
d	Net rental income or (loss) ▶			0.			
			(i) Securities / (ii) Other				
7a	Gross amount from sales of assets other than inventory	7a	(i) 28,368,972.				
b	Less: cost or other basis and sales expenses	7b	(i) 26,366,923. / (ii) 53,254.				
c	Gain or (loss)	7c	(i) 2,002,049. / (ii) -53,254.				
d	Net gain or (loss) ▶			1,948,795.			1,948,795.
8a	Gross income from fundraising events (not including $ 568,748. of contributions reported on line 1c). See Part IV, line 18	8a	4,700,628.				
b	Less: direct expenses	8b	909,953.				
c	Net income or (loss) from fundraising events ▶			3,790,675.			3,790,675.
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.				
b	Less: direct expenses	9b	0.				
c	Net income or (loss) from gaming activities ▶			0.			
10a	Gross sales of inventory, less returns and allowances	10a	132,390.				
b	Less: cost of goods sold	10b	98,837.				
c	Net income or (loss) from sales of inventory ▶			33,553.			33,553.
Miscellaneous Revenue			Business Code				
11a	AFFILIATE REVENUE		900099	14,103.			14,103.
b	.						
c	.						
d	All other revenue			842,139.			842,139.
e	**Total.** Add lines 11a-11d ▶			856,242.			
12	**Total revenue.** See instructions ▶			403,087,006.	7,070,398.		15,013,671.

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	35,774,846.	35,774,846.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,514,533.	1,514,533.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	14,615,649.	14,615,649.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,965,738.	1,698,184.	1,102,215.	165,339.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	148,355,423.	109,975,349.	3,989,219.	34,390,855.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,481,585.	15,712,397.	682,442.	5,086,746.
9 Other employee benefits	17,721,840.	13,012,012.	762,703.	3,947,125.
10 Payroll taxes	24,126.	15,863.		8,263.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	467,786.	332,876.	69,372.	65,538.
c Accounting	99,325.		99,325.	
d Lobbying	794,033.	794,033.		
e Professional fundraising services. See Part IV, line 17	1,591,733.			1,591,733.
f Investment management fees	206,886.		206,886.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	23,926,518.	18,356,028.	1,122,175.	4,448,315.
12 Advertising and promotion	29,059,806.	25,687,296.	42,945.	3,329,565.
13 Office expenses	35,828,326.	24,886,537.	3,845,919.	7,095,870.
14 Information technology	1,403,733.	1,065,359.	139,962.	198,412.
15 Royalties	0.			
16 Occupancy	24,304,846.	17,537,678.	3,264,994.	3,502,174.
17 Travel	8,661,850.	6,250,111.	238,724.	2,173,015.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	12,877,804.	8,318,073.	154,126.	4,405,605.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	4,515,400.	2,737,960.	736,032.	1,041,408.
23 Insurance	656,161.	212,851.	404,716.	38,594.
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				
b				
c				
d				
e All other expenses	959,546.	579,855.	15,145.	364,546.
25 **Total functional expenses.** Add lines 1 through 24e	387,807,493.	299,077,490.	16,876,900.	71,853,103.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☒ if following SOP 98-2 (ASC 958-720)	16,626,999.	9,874,893.	2,628,427.	4,123,679.

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	0.	1	0.
	2	Savings and temporary cash investments	25,013,585.	2	34,909,439.
	3	Pledges and grants receivable, net	48,565,644.	3	43,782,942.
	4	Accounts receivable, net	7,722,303.	4	8,649,680.
	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	0.	5	0.
	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)	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	801,900.	8	1,143,753.
	9	Prepaid expenses and deferred charges	6,926,845.	9	5,124,112.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 56,596,229.			
	b	Less: accumulated depreciation 10b 33,980,289.	23,222,095.	10c	22,615,940.
	11	Investments - publicly traded securities	229,875,287.	11	259,215,453.
	12	Investments - other securities. See Part IV, line 11	34,689,540.	12	34,077,770.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	827,149.	15	827,593.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	377,644,348.	16	410,346,682.
Liabilities	17	Accounts payable and accrued expenses	34,975,204.	17	31,377,893.
	18	Grants payable	59,855,867.	18	82,909,174.
	19	Deferred revenue	5,474,898.	19	5,775,797.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	14,514,047.	25	14,008,354.
	26	**Total liabilities.** Add lines 17 through 25	114,820,016.	26	134,071,218.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	136,816,114.	27	139,186,350.
	28	Net assets with donor restrictions	126,008,218.	28	137,089,114.
		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	262,824,332.	32	276,275,464.
	33	Total liabilities and net assets/fund balances	377,644,348.	33	410,346,682.

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	403,087,006.
2	Total expenses (must equal Part IX, column (A), line 25)	2	387,807,493.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,279,513.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	262,824,332.
5	Net unrealized gains (losses) on investments	5	3,726,062.
6	Donated services and use of facilities	6	40,810.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5,595,253.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	276,275,464.

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 in 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 or 990-EZ)

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
2019
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 or 990-EZ).)

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 in 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)
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	158,669,271.	301,450,526.	319,867,489.	361,019,360.	381,002,937.	1,522,009,583.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	**Total.** Add lines 1 through 3	158,669,271.	301,450,526.	319,867,489.	361,019,360.	381,002,937.	1,522,009,583.
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)						0.
6	**Public support.** Subtract line 5 from line 4						1,522,009,583.

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	158,669,271.	301,450,526.	319,867,489.	361,019,360.	381,002,937.	1,522,009,583.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,039,352.	4,882,618.	6,355,626.	8,237,819.	8,384,406.	30,899,821.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	7,077,019.	12,716,507.	12,152,019.	8,245,835.	5,689,260.	45,880,640.
11	**Total support.** Add lines 7 through 10						1,598,790,044.

12	Gross receipts from related activities, etc. (see instructions)	12	42,704,473.
13	**First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶		☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	95.20 %
15	Public support percentage from 2018 Schedule A, Part II, line 14	15	94.71 %

16a **33 1/3 % support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test - 2018.** 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 - 2019.** 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 - 2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2019.** 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 - 2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Line	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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	**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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? *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 1-1/2% 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 .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 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

	Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2019**	**(iii)** **Distributable Amount for 2019**
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
CHAPTER LICENSE & MAIN. FEES	2,461,424.					2,461,424.
OTHER INCOME	438,009.		115,833.	37,247.	842,139.	1,433,228.
AFFILIATE REVENUE	201,786.	20,635.	18,407.	15,030.	14,103.	269,961.
FUNDRAISING AND GAMING EVENTS	3,806,926.	10,444,155.	10,443,879.	7,532,657.	4,700,628.	36,928,245.
INCOME FROM SALES OF INVENTORY	168,874.	38,072.	318,798.	242,384.	132,390.	900,518.
GROUP CHAPTER REVENUE		352,995.	520,936.	247,444.		1,121,375.
LEGAL SETTLEMENT		1,860,650.	734,166.			2,594,816.
CHAPTER RENT ABATEMENT				171,073.		171,073.
TOTALS	7,077,019.	12,716,507.	12,152,019.	8,245,835.	5,689,260.	45,880,640.

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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2019

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (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		$ 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.)
		$	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 information once. See instructions.) ▶ $ ____________
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 or 990-EZ)

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.

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2019
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 ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number 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. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) . . . . ▶ $ ______

3 Volunteer hours for political campaign activities (see instructions) . . . .

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-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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.		

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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(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		160,134.
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		6,024,958.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,164,104.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		113,407.
i Other activities?		X	
j Total. Add lines 1c through 1i			8,462,603.
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.

SEE PAGE 4

Part IV **Supplemental Information** *(continued)*

SCHEDULE C, PART II-B, 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, 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.

SCHEDULE C, PART II-B, 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.

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-B, LINE 1C

MEDIA ADVERTISEMENTS

MEDIA ADVERTISEMENTS WERE RUN IN WASHINGTON, D.C. FOR KEY ADVOCACY AWARENESS OPPORTUNITIES DURING THE YEAR.

SCHEDULE C, PART II-B, LINE 1D

MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC

MAILING COSTS TO DISTRIBUTE FACTS AND FIGURES TO LEGISLATORS. THERE WERE NO MAILINGS TO LEGISLATORS THIS YEAR DUE TO THE COVID-19 PANDEMIC.

SCHEDULE C, PART II-B, LINE 1E

PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS

THE ASSOCIATION DISTRIBUTED FEDERAL AND STATE UPDATES VIA EMAIL AND TEXTS APPROXIMATELY 45 TIMES DURING THE YEAR.

SCHEDULE C, PART II-B, 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.

SCHEDULE C, PART II-B, LINE 1G

DIRECT CONTACT

THE ASSOCIATION USES INTERNAL STAFF AND RETAINED LOBBYISTS TO EDUCATE POLICYMAKERS ABOUT THE ASSOCIATION'S POLICY RECOMMENDATIONS.

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-B, LINE 1H

RALLIES, DEMONSTRATIONS, SEMINARS, ETC.

AIM ADVOCACY FORUM, WHICH WAS CANCELLED THIS YEAR DUE TO THE COVID-19

PANDEMIC.

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

2019

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	24,252,597.	24,043,831.	24,038,631.	13,717,133.	13,690,883.
b Contributions		208,766.	5,200.	10,321,498.	26,250.
c Net investment earnings, gains, and losses	1,490,922.	1,557,825.	894,633.	1,125,281.	545,968.
d Grants or scholarships					545,968.
e Other expenditures for facilities and programs	1,490,922.	1,557,825.	894,633.	1,125,281.	
f Administrative expenses					
g End of year balance	24,252,597.	24,252,597.	24,043,831.	24,038,631.	13,717,133.

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 ▶ 97.9000 %

c Term endowment ▶ 2.1000 %

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		568,500.		568,500.
b Buildings		1,360,785.	164,217.	1,196,568.
c Leasehold improvements		12,584,058.	6,490,986.	6,093,072.
d Equipment		10,055,879.	8,290,156.	1,765,723.
e Other		32,027,007.	19,034,930.	12,992,077.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				22,615,940.

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	33,804,921.	FMV
(B) ASSETS HELD IN TRUST	272,849.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	34,077,770.	

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. *(Column (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	8,483,347.
(3) GIFT ANNUITY OBLIGATIONS	5,525,007.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	14,008,354.

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII **Supplemental Information.**

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.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

A PORTION OF THE NET ASSETS WITH DONOR RESTRICTIONS ARE RESTRICTED AS INVESTMENTS IN PERPETUITY. THE ASSOCIATION'S ENDOWMENT ONLY CONSISTS OF DONOR-RESTRICTED ENDOWMENT FUNDS. NET ASSETS ASSOCIATED WITH THE ASSOCIATION'S ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OF DONOR-IMPOSED RESTRICTIONS. DONORS RESTRICT THE EARNINGS OF SOME OF THE ASSOCIATION'S ENDOWMENT FUNDS TO FUND THE ASSOCIATION'S RESEARCH PROGRAM. IN ACCORDANCE WITH DONOR STIPULATIONS, THE INCOME GENERATED FROM THESE ASSETS IS RESTRICTED FOR RESEARCH (APPROXIMATELY 57%) OR NOT PURPOSE RESTRICTED (APPROXIMATELY 43%).

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.

Part XIII **Supplemental Information** *(continued)*

-THE POSSIBLE EFFECTS OF INFLATION AND DEFLATION.

-THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS.

-OTHER RESOURCES OF THE ASSOCIATION.

-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, 2020 AND 2019, 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 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.

SCHEDULE D, 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

Part XIII Supplemental Information *(continued)*

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

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE

CHANGE IN PERPETUAL TRUST	($514,280)
CHANGE IN SPLIT INTEREST	($542,513)

Part XIII Supplemental Information *(continued)*

TOTAL	($1,056,793)
SCHEDULE D, PART XI, LINE 4B	
RECONCILIATION OF REVENUE	
COST OF GOODS SOLD	($98,837)

TOTAL	($98,837)
SCHEDULE D, PART XII, LINE 2D	
RECONCILIATION OF EXPENSES	
COST OF GOODS SOLD	$98,837
BAD DEBT EXPENSE	$4,538,460

TOTAL	$4,637,297

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
2019
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
(1)	EUROPE	0.	0.	GRANTMAKING		7,867,687.
(2)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		2,724,540.
(3)	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		2,343,913.
(4)	NORTH AMERICA	0.	0.	GRANTMAKING		1,229,539.
(5)	SOUTH AMERICA	0.	0.	GRANTMAKING		249,970.
(6)	SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		175,000.
(7)	CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		25,000.
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					14,615,649.
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					14,615,649.

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)
(1)			NORTH AMERICA	PROGRAM SUPP	20,000.	WIRE			
(2)			NORTH AMERICA	PROGRAM SUPP	175,000.	WIRE			
(3)			EUROPE	PROGRAM SUPP	175,000.	WIRE			
(4)			EAST ASIA/PACIFIC	PROGRAM SUPP	173,856.	WIRE			
(5)			EUROPE	PROGRAM SUPP	174,700.	WIRE			
(6)			EUROPE	PROGRAM SUPP	175,000.	WIRE			
(7)			EUROPE	PROGRAM SUPP	174,000.	WIRE			
(8)			EUROPE	PROGRAM SUPP	50,000.	WIRE			
(9)			NORTH AMERICA	PROGRAM SUPP	149,787.	WIRE			
(10)			EAST ASIA/PACIFIC	PROGRAM SUPP	119,918.	WIRE			
(11)			SOUTH AMERICA	PROGRAM SUPP	149,970.	WIRE			
(12)			EAST ASIA/PACIFIC	PROGRAM SUPP	148,103.	WIRE			
(13)			EAST ASIA/PACIFIC	PROGRAM SUPP	149,710.	WIRE			
(14)			EUROPE	PROGRAM SUPP	149,930.	WIRE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPP	150,000.	WIRE			
(16)			EUROPE	PROGRAM SUPP	150,000.	WIRE			

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

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

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)
(1)			EUROPE	PROGRAM SUPP	43,000.	WIRE			
(2)			EUROPE	PROGRAM SUPP	43,000.	WIRE			
(3)			EUROPE	PROGRAM SUPP	43,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	25,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	25,000.	WIRE			
(6)			SOUTH AMERICA	PROGRAM SUPP	25,000.	WIRE			
(7)			SOUTH AMERICA	PROGRAM SUPP	25,000.	WIRE			
(8)			NORTH AMERICA	PROGRAM SUPP	25,000.	WIRE			
(9)			EUROPE	PROGRAM SUPP	24,904.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPP	25,000.	WIRE			
(11)			EUROPE	PROGRAM SUPP	24,748.	WIRE			
(12)			EUROPE	PROGRAM SUPP	24,908.	WIRE			
(13)			SOUTH AMERICA	PROGRAM SUPP	25,000.	WIRE			
(14)			SOUTH AMERICA	PROGRAM SUPP	25,000.	WIRE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPP	25,000.	WIRE			
(16)			EAST ASIA/PACIFIC	PROGRAM SUPP	28,125.	WIRE			

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

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

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)
(1)			NORTH AMERICA	PROGRAM SUPP	859,752.	WIRE			
(2)			EUROPE	PROGRAM SUPP	1,546,367.	WIRE			
(3)			EAST ASIA/PACIFIC	PROGRAM SUPP	1,000,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	2,674,540.	WIRE			
(5)			EUROPE	PROGRAM SUPP	1,936,563.	WIRE			
(6)			EUROPE	PROGRAM SUPP	992,093.	WIRE			
(7)			EUROPE	PROGRAM SUPP	915,654.	WIRE			
(8)			EAST ASIA/PACIFIC	PROGRAM SUPP	724,201.	WIRE			
(9)			EUROPE	PROGRAM SUPP	55,070.	WIRE			
(10)			EUROPE	PROGRAM SUPP	12,902.	WIRE			
(11)			EUROPE	PROGRAM SUPP	200,000.	WIRE			
(12)			EUROPE	PROGRAM SUPP	400,000.	WIRE			
(13)			EUROPE	PROGRAM SUPP	556,848.	WIRE			
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 45.

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" 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)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

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

SCHEDULE F, 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 (IRGP) 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 SCIENTIFIC AND FINANCIAL INTEGRITY.

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 OR QUARTERLY 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

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).

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 STAFF TEAM MEMBER 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 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 STAFF TEAM MEMBER FOR ACCURACY AND CONSISTENCY WITH THE AGREED UPON BUDGET. ANY SIGNIFICANT VARIANCE (MORE THAN 10% DIFFERENCE) IN EXPENDITURES TO THE APPROVED BUDGET ALSO REQUIRES A VARIANCE REPORT TO OUTLINE THESE DEVIATIONS IN EXPENSES. IN ADDITION, THE ASSOCIATION REQUIRES PROTOCOL CONTINUATION

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).

APPROVAL (I.E., INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC), INSTITUTIONAL ETHICAL REVIEW BOARD (IRB), RECOMBINANT DNA PROTOCOL (RDNA)) ANNUALLY, AS APPLICABLE. ANY SUBSEQUENT PAYMENTS TO GRANT AWARDEES ARE GENERATED AFTER THE RECEIPT OF THESE DOCUMENTS AND IS ULTIMATELY APPROVED BY THE CHIEF SCIENCE OFFICER, MEDICAL AND SCIENTIFIC RELATIONS BEFORE BEING FORWARDED TO FINANCE FOR REVIEW AND PAYMENT.

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) ARE UPLOADED TO PROPOSALCENTRAL (AFTER BEING ACCEPTED FOR PUBLICATION) DURING AND AFTER THE DURATION OF THE GRANT. IT IS EXPECTED THAT AWARDEES WILL CONTINUE TO MAINTAIN RECORDS 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 AGREE 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

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).

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, OR BASED ON THEIR SPECIFIC SCHEDULED REPORTING REQUIREMENTS, 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 ABOVE $75 USD 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

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).

INNOVATION AWARD AND CERTAIN PARTNERSHIP PROGRAMS, INCLUDING BUT NOT LIMITED TO 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.

FOR THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM AND OTHER PROGRAMS WITH FOR-PROFIT AWARDEES, ANY FOR-PROFIT APPLICANT IS REQUIRED TO SUBMIT THE ORGANIZATION'S FINANCIAL STATEMENTS.

AS PART OF THE APPLICATION PROCESS, APPLICANTS ARE TO UPLOAD A W-9 OR 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-9 OR 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 STAFF TEAM MEMBER. FOLLOWING REVIEW, APPLICATIONS ARE THEN MOVED FORWARD TO PEER-REVIEW. IF AWARDED, THE ALZHEIMER'S ASSOCIATION GRANT STAFF TEAM MEMBER 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.

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).

PATRIOT ACT AND DOES NOT APPEAR ON THE SPECIALLY DESIGNATED NATIONALS (SDN) LISTS. ADDITIONALLY, PRIOR TO EVERY PAYMENT, EACH FUNDED ALZHEIMER'S ASSOCIATION GRANT AWARDEE (I.E. THE INSTITUTION) IS VERIFIED FOR COMPLIANCE WITH THE U.S. PATRIOT ACT. THE GRANT STAFF TEAM MEMBER 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 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 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).

SCHEDULE F, PART I, LINE 3, COLUMN (F) AND 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 or 990-EZ)

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

2019

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [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
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . ▶				64,923,318.	1,591,733.	63,331,585.

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

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

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

		(a) Event #1 OKLAHOMA GALA (event type)	(b) Event #2 NEW YORK GALA (event type)	(c) Other events 16. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,568,710.	1,133,179.	2,567,487.	5,269,376.
	2 Less: Contributions	101,500.	80,200.	387,048.	568,748.
	3 Gross income (line 1 minus line 2)	1,467,210.	1,052,979.	2,180,439.	4,700,628.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	7,648.		40,388.	48,036.
	6 Rent/facility costs	1,700.	291,628.	268,201.	561,529.
	7 Food and beverages	78,828.	6,200.	213,088.	298,116.
	8 Entertainment		2,272.		2,272.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				909,953.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				3,790,675.

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: ____

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

b If "No," explain: ____

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

b If "Yes," explain: ____

11 Does the organization conduct gaming activities with nonmembers? . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶ ____________________

Address ▶ ____________________

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________________ and the amount of gaming revenue retained by the third party ▶ $ ________________ .

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

Name ▶ ____________________

Address ▶ ____________________

16 Gaming manager information:

Name ▶ ____________________

Gaming manager compensation ▶ $ ________________

Description of services provided ▶ ____________________

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, 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.

11 Does the organization conduct gaming activities with nonmembers? . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶ ______

Address ▶ ______

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ .

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

Name ▶ ______

Address ▶ ______

16 Gaming manager information:

Name ▶ ______

Gaming manager compensation ▶ $ ______

Description of services provided ▶ ______

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV **Supplemental Information.** Provide the explanation 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).

THE ALZHEIMER'S ASSOCIATION ENGAGES CREATIVE DIRECT RESPONSE, INC. (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.

11 Does the organization conduct gaming activities with nonmembers? . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶ ______________________________

Address ▶ ______________________________

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______________ and the amount of gaming revenue retained by the third party ▶ $ ______________ .

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

Name ▶ ______________________________

Address ▶ ______________________________

16 Gaming manager information:

Name ▶ ______________________________

Gaming manager compensation ▶ $ ______________

Description of services provided ▶ ______________________________

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, 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.

11 Does the organization conduct gaming activities with nonmembers? . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶ ____________________

Address ▶ ____________________

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______________ and the amount of gaming revenue retained by the third party ▶ $ ______________ .

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

Name ▶ ____________________

Address ▶ ____________________

16 Gaming manager information:

Name ▶ ____________________

Gaming manager compensation ▶ $ ______________

Description of services provided ▶ ____________________

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV **Supplemental Information.** Provide the explanation 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).

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.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES	NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
THD 80 HAYDEN AVENUE, SUITE 300 LEXINGTON MA 02421	MAIL		X	40,325,210.	1,349,333.	38,975,877.
CDR 16900 SCIENCE DRIVE, SUITE 210 BOWIE MD 20715	EMAIL		X	24,598,108.	242,400.	24,355,708.

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

2019

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALZHEIMER'S IMPACT MOVEMENT 225 NORTH MICHIGAN AVE CHICAGO, IL 60601	27-1961435	501(C)(4)	6,024,958.				PUBLIC POLICY
(2) BANNER ALZHEIMER'S FOUNDATION 2901 N. CENTRAL AVE PHOENIX, AZ 85012	45-0233470	501(C)(3)	60,989.				PROGRAM SUPPORT
(3) BARNARD COLLEGE 3009 BROADWAY NEW YORK, NY 10027	13-1628149	501(C)(3)	25,000.				PROGRAM SUPPORT
(4) BEDFORD VA RESEARCH CORPORATION, INC. 200 SPRINGS ROAD BEDFORD, MA 01730	04-3512440	501(C)(3)	116,532.				PROGRAM SUPPORT
(5) BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	138,030.				PROGRAM SUPPORT
(6) BROWN UNIVERSITY 350 EDDY STREET PROVIDENCE, RI 02912	05-0258809	501(C)(3)	174,993.				PROGRAM SUPPORT
(7) BROWN UNIVERSITY 350 EDDY STREET PROVIDENCE, RI 02912	05-0258809	501(C)(3)	749,999.				PROGRAM SUPPORT
(8) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	19,574.				PROGRAM SUPPORT
(9) COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	175,000.				PROGRAM SUPPORT
(10) COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	150,000.				PROGRAM SUPPORT
(11) COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	149,938.				PROGRAM SUPPORT
(12) CYCLERION THERAPEUTICS INC 301 BINNEY STREET CAMBRIDGE, MA 02142	83-1895370	N/A	2,000,000.				PROGRAM SUPPORT

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2019)**

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

2019

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DANCERS' GROUP 44 GOUGH STREET SAN FRANCISCO, CA 94103	94-2879185	501(C)(3)	25,000.				PROGRAM SUPPORT
(2) DTX PHARMA, LLC 3210 MERRYFIELD ROW SAN DIEGO, CA 92121	82-2009884	N/A	200,000.				PROGRAM SUPPORT
(3) DUKE UNIVERSITY MEDICAL CENTER 2200 WEST MAIN STREET DURHAM, NC 27705	56-0532129	501(C)(3)	200,000.				PROGRAM SUPPORT
(4) EIKONIZO THERAPEUTICS, INC. 700 NORTH MAIN STREET BOSTON, MA 02139	82-3062283	N/A	200,000.				PROGRAM SUPPORT
(5) EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	148,395.				PROGRAM SUPPORT
(6) FOUND. FOR THE NAT'L INSTITUTE OF HEALTH 11400 ROCKVILLE PIKE BETHESDA, MD 20852	52-1986675	501(C)(3)	200,000.				PROGRAM SUPPORT
(7) FOUND. FOR THE NAT'L INSTITUTE OF HEALTH 11400 ROCKVILLE PIKE BETHESDA, MD 20852	52-1986675	501(C)(3)	196,717.				PROGRAM SUPPORT
(8) GLOBAL BRAIN HEALTH INSTITUTE 675 N.R RISING LN. SAN FRANCISCO, CA 94158	80-0466582	501(C)(3)	25,000.				PROGRAM SUPPORT
(9) GLOBAL BRAIN HEALTH INSTITUTE 675 N.R RISING LN. SAN FRANCISCO, CA 94158	80-0466582	501(C)(3)	25,000.				PROGRAM SUPPORT
(10) GLOBAL BRAIN HEALTH INSTITUTE 675 N.R RISING LN. SAN FRANCISCO, CA 94158	80-0466582	501(C)(3)	25,000.				PROGRAM SUPPORT
(11) GLOBAL BRAIN HEALTH INSTITUTE 675 N.R RISING LN. SAN FRANCISCO, CA 94158	80-0466582	501(C)(3)	25,000.				PROGRAM SUPPORT
(12) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLC NEW YORK, NY 10029	13-6171197	501(C)(3)	174,998.				PROGRAM SUPPORT

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2019)**

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
2019
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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLC NEW YORK, NY 10029	13-6171197	501(C)(3)	10,000.				PROGRAM SUPPORT
(2) IMMUNOBRAIN CHECKPOINT, INC. 200 E. 61ST STREET, 38F NEW YORK, NY 10065	81-1652612	N/A	1,000,000.				PROGRAM SUPPORT
(3) INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501(C)(3)	138,889.				PROGRAM SUPPORT
(4) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY, SUITE 117	52-0595110	501(C)(3)	174,303.				PROGRAM SUPPORT
(5) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY, SUITE 117	52-0595110	501(C)(3)	450,000.				PROGRAM SUPPORT
(6) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	175,000.				PROGRAM SUPPORT
(7) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	749,999.				PROGRAM SUPPORT
(8) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	1,860,539.				PROGRAM SUPPORT
(9) MAYO CLINIC 200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	745,836.				PROGRAM SUPPORT
(10) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	117,582.				PROGRAM SUPPORT
(11) MENORAH PARK FOUNDATION 27100 CEDAR ROAD BEACHWOOD, OH 44122	34-1778478	501(C)(3)	25,000.				PROGRAM SUPPORT
(12) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	501(C)(3)	150,000.				PROGRAM SUPPORT

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

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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1 (a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVE., 6TH FL NEW YORK, NY 10016	13-5562308	501(C)(3)	1,000,000.				PROGRAM SUPPORT
(2) OREGON HEALTH SCIENCES UNIVERSITY 3181 SAM JACKSON PK RD PORTLAND, OR 97239	93-1176109	501(C)(3)	25,000.				PROGRAM SUPPORT
(3) RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC 1051 RIVERSIDE DRIVE NEW YORK, NY 10032	14-1410842	501(C)(3)	1,804,966.				PROGRAM SUPPORT
(4) RESEARCH FOUNDATION OF THE STATE UNIVERSITY 5510 MELVILLE LIBRARY STONY BROOK, NY 11794	14-1368361	501(C)(3)	174,285.				PROGRAM SUPPORT
(5) RUTGERS THE STATE UNIVERSITY OF NJ 100 STRUBLE ROAD BRANCHVILLE, NJ 07826	22-6001086	501(C)(3)	147,195.				PROGRAM SUPPORT
(6) RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	150,000.				PROGRAM SUPPORT
(7) SANFORD BURNHAM PREBYS MEDI. DISCOVERY INST 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	175,000.				PROGRAM SUPPORT
(8) STANFORD UNIVERSITY 455 BROADWAY REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	175,000.				PROGRAM SUPPORT
(9) STANFORD UNIVERSITY 455 BROADWAY REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	175,000.				PROGRAM SUPPORT
(10) T3D THERAPEUTICS, INC. 68 T.W. ALEXANDER DRIVE P.O. BOX 13628	46-1674269	N/A	740,748.				PROGRAM SUPPORT
(11) TEMPLE UNIVERSITY 1801 N BROAD ST PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	150,000.				PROGRAM SUPPORT
(12) THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	140,000.				PROGRAM SUPPORT

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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1 (a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1850 RESEARCH PARK DR. DAVIS, CA 95618	94-6036494	501(C)(3)	175,000.				PROGRAM SUPPORT
(2) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1850 RESEARCH PARK DR. DAVIS, CA 95618	94-6036494	501(C)(3)	150,000.				PROGRAM SUPPORT
(3) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 141 INNOVATION, SUITE 250 IRVINE, CA 92697	95-2226406	501(C)(3)	175,000.				PROGRAM SUPPORT
(4) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 141 INNOVATION, SUITE 250 IRVINE, CA 92697	95-2226406	501(C)(3)	175,000.				PROGRAM SUPPORT
(5) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 141 INNOVATION, SUITE 250 IRVINE, CA 92697	92-6977600	501(C)(3)	150,000.				PROGRAM SUPPORT
(6) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 10889 WILSHIRE BLVD. LOS ANGELES, CA 90095	95-1642394	501(C)(3)	436,470.				PROGRAM SUPPORT
(7) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)(3)	175,000.				PROGRAM SUPPORT
(8) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)(3)	100,000.				PROGRAM SUPPORT
(9) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE SAN DIEGO, CA 92093	95-6006144	501(C)(3)	496,354.				PROGRAM SUPPORT
(10) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	175,000.				PROGRAM SUPPORT
(11) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	150,000.				PROGRAM SUPPORT
(12) THE RESEARCH FOUNDATION OF SUNY 5510 MELVILLE LIBRARY STONY BROOK, NY 11794	14-1368361	501(C)(3)	1,982,718.				PROGRAM SUPPORT

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

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SCHEDULE I (Form 990)

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

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(1) THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10901 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	175,000.				PROGRAM SUPPORT
(2) THE UNIVERSITY OF TEXAS AT ARLINGTON 701 S. NEDDERMAN DRIVE ARLINGTON, TX 76019	75-6000121	501(C)(3)	150,000.				PROGRAM SUPPORT
(3) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENT 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	1,998,529.				PROGRAM SUPPORT
(4) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENT 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	250,000.				PROGRAM SUPPORT
(5) TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON STREET BOSTON, MA 02118	04-2103547	501(C)(3)	149,997.				PROGRAM SUPPORT
(6) TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON STREET BOSTON, MA 02118	04-2103547	501(C)(3)	150,000.				PROGRAM SUPPORT
(7) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	175,000.				PROGRAM SUPPORT
(8) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	174,900.				PROGRAM SUPPORT
(9) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	150,000.				PROGRAM SUPPORT
(10) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	150,000.				PROGRAM SUPPORT
(11) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA ST. SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	53,333.				PROGRAM SUPPORT
(12) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	182,920.				PROGRAM SUPPORT

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SCHEDULE I (Form 990)

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(1) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA ST. SAN FRANCISCO, CA 94143	80-0466582	501(C)(3)	25,000.				PROGRAM SUPPORT
(2) UNIVERSITY OF CALIFORNIA, SANTA BARBARA 3227 CHEADLE HALL SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	750,000.				PROGRAM SUPPORT
(3) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, 310 E. CAMPUS RD ATHENS, GA 30602	58-1353149	501(C)(3)	150,000.				PROGRAM SUPPORT
(4) UNIVERSITY OF HOUSTON 4302 UNIVERSITY DRIVE HOUSTON, TX 77204	74-6001399	501(C)(3)	150,000.				PROGRAM SUPPORT
(5) UNIVERSITY OF MINNESOTA - TWIN CITIES 420 DELAWARE ST SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	143,295.				PROGRAM SUPPORT
(6) UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 97403	46-4727800	501(C)(3)	149,997.				PROGRAM SUPPORT
(7) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	101,900.				PROGRAM SUPPORT
(8) UNIVERSITY OF PUERTO RICO AT CAYEY 205 ANTONIO R. BARCEL¢ AVE CAYEY, PR 00737	66-0433766	501(C)(3)	149,991.				PROGRAM SUPPORT
(9) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST. COLUMBIA, SC 29208	57-6001153	501(C)(3)	150,000.				PROGRAM SUPPORT
(10) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST., LOS ANGELES, CA 90089	95-1642394	501(C)(3)	1,000,000.				PROGRAM SUPPORT
(11) UNIVERSITY OF SOUTHERN CALIFORNIA 2001 SOTO STREET LOS ANGELES, CA 90089	95-1642394	501(C)(3)	450,000.				PROGRAM SUPPORT
(12) UNIVERSITY OF UTAH 75 S 2000 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	149,995.				PROGRAM SUPPORT

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(1) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	501(C)(3)	149,036.				PROGRAM SUPPORT
(2) UNIVERSITY OF WISCONSIN-MADISON 21 N. PARK ST. STE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	174,999.				PROGRAM SUPPORT
(3) VACCINEX, INC. 1895 MT. HOPE AVENUE ROCHESTER, NY 14620	16-1603202	N/A	750,000.				PROGRAM SUPPORT
(4) WAKE FOREST UNIVERSITY MEDICAL CTR. BLVD. WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	2,507,432.				PROGRAM SUPPORT
(5) WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DR ST. LOUIS, MO 63130	43-0653611	501(C)(3)	379,953.				PROGRAM SUPPORT
(6) WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DR ST. LOUIS, MO 63130	43-0653611	501(C)(3)	65,507.				PROGRAM SUPPORT
(7) WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DR ST. LOUIS, MO 63130	43-0653611	501(C)(3)	461,962.				PROGRAM SUPPORT
(8) WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DR ST. LOUIS, MO 63130	43-0653611	501(C)(3)	156,000.				PROGRAM SUPPORT
(9) WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DR ST. LOUIS, MO 63130	43-0653611	501(C)(3)	200,000.				PROGRAM SUPPORT
(10) WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DR ST. LOUIS, MO 63130	43-0653611	501(C)(3)	136,956.				PROGRAM SUPPORT
(11) WASHINGTON UNIVERSITY IN ST.LOUIS ONE BROOKINGS DR ST. LOUIS, MO 63130	43-0653611	501(C)(3)	174,970.				PROGRAM SUPPORT
(12) WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVE NEW YORK, NY 10065	13-1623978	501(C)(3)	150,000.				PROGRAM SUPPORT

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(1) CITY OF LAUDERDALE LAKES 4320 NW 36TH ST FORT LAUDERDALE, FL 33319	59-0974050	501(C)(3)	15,000.				PROGRAM SUPPORT
(2) SOUTH CAROLINA DEPARTMENT OF AGING 1301 GERVAIS ST. STE 200 COLUMBIA, SC 29201	57-6000286	501(C)(3)	553,598.				PROGRAM SUPPORT
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 91.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 7.

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

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE THE UNITED STATES.

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 (IRGP), 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) BASED ON IDENTIFIED NEEDS IN THE ALZHEIMER RESEARCH

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

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.

THE ALZHEIMER'S ASSOCIATION MONITORS THE USE OF GRANT FUNDS BOTH INSIDE AND OUTSIDE OF THE UNITED STATES AS FOLLOWS:

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

ALL AWARDEES ARE REQUIRED TO PROVIDE ANNUAL AND IN SOME CASES BI-ANNUAL OR QUARTERLY 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 ORGANIZATIONS(S). SIXTY DAYS PRIOR TO THE ANNIVERSARY OF THE AWARD START DATE, AN ALZHEIMER'S ASSOCIATION GRANT STAFF TEAM MEMBER NOTIFIES ALL RESEARCHERS AND ALL DESIGNATED INSTITUTIONAL FINANCIAL OFFICIALS WITH FISCAL RESPONSIBILITY FOR THE

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

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

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

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 STAFF TEAM MEMBER FOR ACCURACY AND CONSISTENCY WITH THE AGREED UPON BUDGET. ANY SIGNIFICANT VARIANCE IN EXPENDITURES (MORE THAN 10% DIFFERENCE) TO THE APPROVED BUDGET ALSO REQUIRES A VARIANCE REPORT TO OUTLINE THESE DEVIATIONS IN EXPENSES. IN ADDITION, THE ASSOCIATION REQUIRES PROTOCOL CONTINUATION APPROVAL (I.E., INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC),

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

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 ULTIMATELY APPROVAL BY THE CHIEF SCIENCE OFFICER, MEDICAL AND SCIENTIFIC RELATIONS TO FORWARD TO FINANCE FOR REVIEW AND PAYMENT.

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) ARE

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

UPLOADED TO PROPOSALCENTRAL (AFTER BEING ACCEPTED FOR PUBLICATION) DURING AND AFTER THE DURATION OF THE GRANT. IT IS EXPECTED THAT AWARDEES WILL CONTINUE TO MAINTAIN RECORDS OF ANY PUBLICATION(S) ACKNOWLEDGING THE ALZHEIMER'S ASSOCIATION.

DATA GENERATED AS THE 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 AGREE TO SUBMIT/SHARE DATA, AS APPLICABLE, THROUGH THE GLOBAL ALZHEIMER'S ASSOCIATION

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

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

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

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 ABOVE USD $75 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 REQUESTS FOR APPLICATIONS WHERE OTHERWISE NOTED, SUCH AS THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT, ALZHEIMER'S INNOVATION AWARD AND CERTAIN PARTNERSHIP PROGRAMS, INCLUDING BUT NOT LIMITED TO BIOMARKERS

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

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.

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 OR W-8BEN-E FORM THAT HAS BEEN DATED AND SIGNED BY AN AUTHORIZED

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

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 OR 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 STAFF TEAM MEMBER. FOLLOWING REVIEW BY A GRANT STAFF TEAM MEMBER, APPLICATIONS ARE THEN MOVED FORWARD TO PEER-REVIEW. IF AWARDED, THE ALZHEIMER'S ASSOCIATION GRANT STAFF TEAM MEMBER INCLUDES THE APPROPRIATE FORMS IN PAYMENT REQUESTS FOR GRANT

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

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. THE GRANT STAFF TEAM MEMBER 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

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

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 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

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

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 2020 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

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

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.

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

2019

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**		

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 compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 HARRY JOHNS	(i)	791,995.	188,973.	315,430.	30,800.	25,703.	1,352,901.	0.
PRESIDENT & CEO	(ii)	5,597.	0.	0.	0.	0.	5,597.	0.
2 RICHARD HOVLAND	(i)	444,577.	134,400.	3,458.	68,300.	30,588.	681,323.	0.
COO & ASST. TREAS.	(ii)	1,004.	0.	0.	0.	0.	1,004.	0.
3 MARIA CARRILLO	(i)	405,542.	120,375.	690.	30,800.	8,404.	565,811.	0.
CHIEF SCIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT EGGE	(i)	377,988.	120,375.	690.	30,800.	35,185.	565,038.	0.
CHIEF PUBLIC POLICY OFFICER	(ii)	19,422.	0.	0.	0.	0.	19,422.	0.
5 DONNA MCCULLOUGH	(i)	358,274.	106,280.	1,365.	55,800.	11,754.	533,473.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	2,379.	0.	0.	0.	0.	2,379.	0.
6 KENANN CASSIDY	(i)	358,615.	106,875.	3,234.	30,800.	14,659.	514,183.	0.
EAST AREA LEADER	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GLENDA BERRY	(i)	356,007.	106,875.	1,980.	30,800.	22,878.	518,540.	0.
WEST AREA LEADER	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CHRISTINE FOH	(i)	229,091.	34,438.	1,867.	29,548.	11,590.	306,534.	0.
ASST SECY & VP LEGAL & GC	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MICHELLE HELTON	(i)	216,942.	34,124.	828.	23,845.	35,962.	311,701.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
10 KATHERINE "JOANNE" PIKE	(i)	315,612.	90,750.	1,282.	30,800.	31,491.	469,935.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

SCHEDULE J, 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.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

THERE WERE NO ADDITIONAL AMOUNTS ACCRUED OR REPORTED FOR HARRY JOHNS OR RICHARD HOVLAND RELATED TO A 457(B) PLAN IN CALENDAR YEAR 2019.

SCHEDULE J, PART II, COLUMN (B) (II)

SUPPLEMENTAL COMPENSATION INFORMATION: BONUS AND INCENTIVE COMPENSATION

HARRY JOHNS RECEIVED PERFORMANCE BASED INCENTIVE COMPENSATION OF $188,973 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 2019 AND WAS PAID IN CALENDAR YEAR 2019.

RICHARD HOVLAND, ROBERT EGGE, MARIA CARRILLO, DONNA MCCULLOUGH, GLENDA BERRY, KENANN CASSIDY, CHRISTINE FOH, JOANNE PIKE, AND MICHELLE HELTON RECEIVED PERFORMANCE BASED INCENTIVES EARNED IN FISCAL YEAR 2019 AND PAID IN CALENDAR YEAR 2019.

SCHEDULE J, PART II, COLUMN (B) (III)

SUPPLEMENTAL COMPENSATION INFORMATION: OTHER REPORTABLE COMPENSATION

HARRY JOHNS' OTHER REPORTABLE COMPENSATION INCLUDES A LONG-TERM INCENTIVE RETENTION INCENTIVE ACCRUAL OF $313,450 WHICH WAS PAID IN CALENDAR YEAR 2019 AND WAS TIED TO SPECIFIC MULTI-YEAR VESTING REQUIREMENTS THROUGH JUNE 30, 2019, PAYABLE BEFORE MARCH 15, 2020.

HARRY JOHNS AND RICHARD HOVLAND RECEIVE A BASIC LIFE INSURANCE BENEFIT OF

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.

ONE TIMES THE ANNUAL SALARY. THE AMOUNT REPRESENTED IN THIS SECTION IS IMPUTED INCOME FOR THE GROUP TERM LIFE BENEFIT. ROBERT EGGE, MARIA CARRILLO, DONNA MCCULLOUGH, GLENDA BERRY, KENANN CASSIDY, CHRISTINE FOH, JOANNE PIKE, AND MICHELLE HELTON ALSO RECEIVE THE LIFE INSURANCE BENEFIT. RICHARD HOVLAND, KENANN CASSIDY, CHRISTINE FOH, AND MICHELLE HELTON HAVE ADDITIONAL IMPUTED INCOME FOR VOLUNTARY ELECTIONS UNDER THE GROUP DISABILITY PLAN.

SCHEDULE J, 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 - $30,800.

RICHARD HOVLAND - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES EMPLOYER CONTRIBUTIONS TO A QUALIFIED 401(K) RETIREMENT PLAN - $30,800.

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.

DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, GLENDA BERRY, KENANN CASSIDY, CHRISTINE FOH, JOANNE PIKE, AND MICHELLE HELTON - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES EMPLOYER CONTRIBUTIONS TO A QUALIFIED 401(K) RETIREMENT PLAN.

SCHEDULE J, PART II, COLUMN (D)

SUPPLEMENTAL COMPENSATION INFORMATION: NONTAXABLE BENEFITS

HARRY JOHNS - NON-TAXABLE BENEFITS OF $25,703 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 2019 THROUGH THE BENEFIT OFFERINGS AVAILABLE TO ALL OTHER BENEFITS-ELIGIBLE EMPLOYEES AT OUR ORGANIZATION.

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

SCHEDULE 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

2019

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	387.	10,976,711.	FAIR MARKET VALUE
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 ▶(ATCH 1)		1,086.	430,689.	
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

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

		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.			

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.

SCHEDULE M, 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.

SCHEDULE M, PART I, COLUMN B

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

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
NON GALA-RELATED NONCASH	X	1030.	254,257.	FAIR MARKET VALUE
GALA-RELATED NONCASH ITEM	X	54.	173,217.	FAIR MARKET VALUE
MISC. NONCASH ITEMS	X	2.	3,215.	FAIR MARKET VALUE
TOTALS		1,086.	430,689.	

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION, CONTINUED

THE ALZHEIMER'S ASSOCIATION LEADS THE WAY TO END ALZHEIMER'S AND ALL OTHER DEMENTIA - BY ACCELERATING GLOBAL RESEARCH, DRIVING RISK REDUCTION AND EARLY DETECTION, AND MAXIMIZING QUALITY CARE AND SUPPORT. THE VISION OF THE ALZHEIMER'S ASSOCIATION IS A WORLD WITHOUT ALZHEIMER'S AND ALL OTHER DEMENTIA.

THE ALZHEIMER'S ASSOCIATION IS A VALUED RESOURCE FOR CAREGIVERS AND THOSE LIVING WITH THE DISEASE, OFFERING INFORMATION, EDUCATION AND SUPPORT. APPROXIMATELY 262 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 200 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, CURRENTLY, THE ASSOCIATION IS INVESTING OVER $208 MILLION IN 590 ACTIVE BEST-OF-FIELD PROJECTS IN 31 COUNTRIES. 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.

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 4D

OTHER PROGRAM SERVICES

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 RISK REDUCTION 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.

CARE, SUPPORT AND RISK REDUCTION - 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 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 200 DIFFERENT LANGUAGES THROUGH THE USE OF A PROFESSIONAL LANGUAGE LINE. ANNUALLY, THE HELPLINE RECEIVES APPROXIMATELY 275,000 CALLS.

THE ASSOCIATION'S WEBSITE (WWW.ALZ.ORG*) RECEIVES MORE THAN 21 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. IN ADDITION, LIVE CHAT WITH

THE HELPLINE TEAM IS AVAILABLE THROUGH THE WEBSITE.

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.

THE ALZHEIMER'S ASSOCIATION HAS 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 VI, LINE 1A

GOVERNING BODY:

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

Employer identification number 13-3039601

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

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 PREPARE A PROJECTED BUDGET FOR EACH FISCAL YEAR TO BE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. THE FINANCE COMMITTEE SHALL OVERSEE AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS WITH RESPECT TO THE FINANCIAL OPERATION OF ALZHEIMER'S ASSOCIATION 401(K) SAVINGS PLAN AND THE APPOINTMENT OF FIDUCIARIES WITH RESPECT THERETO.

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 AND CHIEF EXECUTIVE OFFICER. THE COMPENSATION COMMITTEE SHALL CONDUCT ITS REVIEW AND APPROVAL OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER'S TOTAL COMPENSATION AND BENEFITS IN A MANNER INTENDED TO QUALIFY FOR THE

REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED ("SECTION 4958"). THE COMPENSATION COMMITTEE ALSO SHALL BE RESPONSIBLE FOR REVIEWING AND APPROVING APPROPRIATE MARKET DATA, TO BE USED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER 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.

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 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 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, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

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

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 XII, SECTION 2 OR ANY OTHER BOARD POLICY, AND IN NO EVENT LESS OFTEN THAN ANNUALLY. INTERESTED PERSONS SHALL DISCLOSE ANY CONFLICT AND SHALL NOT VOTE ON A MATTER AND FURTHER IF REQUESTED BY THE CHAIR OR RESOLUTION OF THE BOARD SHALL LEAVE THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED PERSON DID NOT PARTICIPATE IN ANY DISCUSSION OF THE MATTER AND DID NOT VOTE ON THE MATTER IN PERSON OR BY PROXY. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD, THE INTERESTED PERSON SHALL DISCLOSE SUCH CONFLICT TO THE BOARD OF DIRECTORS OR SUCH COMMITTEE AND SHALL NOT VOTE ON THE MATTER. FURTHER THE

INTERESTED PERSON OR REPRESENTATIVE HAVING A CONFLICT IF REQUESTED BY THE CHAIR OR RESOLUTION OF THE BOARD SHALL LEAVE THE ROOM 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, LINES 15A & 15B

PROCESS FOR DETERMINING COMPENSATION

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 2019. 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). FOR FISCAL YEAR 2020, THE SALARY AND TOTAL COMPENSATION PACKAGE OF THE CEO WAS BENCHMARKED BY SULLIVAN COTTER. COMPENSATION IS CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES.

FORM 990, PART VI, LINE 18

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

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

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

Employer identification number 13-3039601

MAKES ITS FORM 1023 AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART VI, 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

OTHER CHANGE IN NET ASSETS OR FUND BALANCE

CHANGE IN PERPETUAL TRUST	$(514,280)
CHANGE IN SPLIT INTEREST	$(542,513)
BAD DEBT EXPENSE	$(4,538,460)

TOTAL	$(5,595,253)

GENERAL NOTE

EFFECTIVE JULY 1, 2016, ONE CHAPTER DISSOLVED AND 46 CHAPTERS MERGED WITH THE ASSOCIATION TO CREATE A UNITED ALZHEIMER'S ASSOCIATION. TOTAL ASSETS ACQUIRED FROM THE 47 CHAPTERS WERE APPROXIMATELY $152,004,000 AND NET ASSETS ACQUIRED WERE APPROXIMATELY $130,859,000. THE ASSOCIATION OVERSEES THE OPERATIONS AND ACTIVITIES FOR 75 CHAPTERS TO FACILITATE STRATEGIC ALIGNMENT, DELIVER ON THE OVERARCHING ASSOCIATION-WIDE STRATEGIC OBJECTIVES AND PRIORITY ACTIVITIES, AND TO ENSURE COVERAGE FOR ALL GEOGRAPHIC TERRITORIES.

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

Employer identification number 13-3039601

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CONCERN AND AWARENESS - ALZHEIMER'S IS A PROGRESSIVE, DEGENERATIVE AND ULTIMATELY FATAL DISEASE. TOO FEW AMERICANS UNDERSTAND THE CURRENT AND FUTURE ECONOMIC IMPACT OF ALZHEIMER'S. ALREADY MORE THAN 5 MILLION AMERICANS ARE LIVING WITH ALZHEIMER'S AND AS MANY AS 15 MILLION PEOPLE ARE PROVIDING UNPAID CARE AND SUPPORT. AND THIS MASSIVE GROUP IS IN NEED OF INFORMATION AND RESOURCES.

THE ALZHEIMER'S ASSOCIATION HAS INVESTED IN EDUCATION CAMPAIGNS AND INITIATIVES TO INCREASE KNOWLEDGE 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.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

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

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

Employer identification number 13-3039601

ATTACHMENT 2 (CONT'D)

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 40 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 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.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,CA,CT,

DC,FL,GA,IL,KS,KY,ME,MD,MA,MI,

MN,MS,NH,NJ,NM,NY,NC,OK,OR,PA,

RI,SC,TX,UT,VA,WA,WV,WI,

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

Employer identification number 13-3039601

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HAYWORTH MARKETING & MEDIA LLC 45 S. 7TH STREET, SUITE 2400 MINNEAPOLIS, MN 55402	ADVERTISING	17,929,631.
WORLD-WIDE PRINTING & DISTRIB., INC. 2900 E. APACHE TULSA, OK 74110	DIRECT MARKETING	10,842,193.
NEVER WITHOUT, LLC 580 TANACREST CIRCLE NW ATLANTA, GA 30328	ADVERTISING	5,325,723.
SOFTCHOICE CORPORATION 314 W. SUPERIOR, SUITE 301 CHICAGO, IL 60654	TECHNOLOGY/EQUIPMENT	4,177,542.
NAVISTAR DIRECT MARKETING LLC 4612 NAVISTAR DRIVE FREDERICK, MD 21703	DIRECT MARKETING	2,945,872.

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

2019

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) ALZHEIMER'S IMPACT MOVEMENT (AIM) 27-1961435 225 N. MICHIGAN AVE., FL. 17 CHICAGO, IL 60601	SOC WELFARE	IL	501(C)(4)		ALZ. ASSOC	X	
(2) ALZHEIMER'S ASSOCIATION INTERNATIONAL 99-9999999 181 BAY ST BROOKFIELD PL #2100 TORONTO, ONTARIO CA M5J2T3	PUBLIC FDN	CA	501(C)(3)		ALZ. ASSOC	X	
(3) COALITION OF NY STATE ALZ ASSN CHAPS INC 13-4076596 4 PINE WEST PLAZA, #405 ALBANY, NY 12205	PUBLIC CHAR	NY	501(C)(3)		ALZ. ASSOC	X	
(4)							
(5)							
(6)							
(7)							

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
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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		
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	6,024,958.	FMV
(2)	ALZHEIMER'S IMPACT MOVEMENT	N	308,978.	FMV
(3)	ALZHEIMER'S IMPACT MOVEMENT	O	3,790,549.	FMV
(4)	COALITION OF NY STATE ALZ ASSN CHAPS INC	O	57,674.	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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**
Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, 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 2020 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.