

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC. Doing business as ALZHEIMER'S ASSOCIATION		D Employer identification number 13-3039601
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 225 N. MICHIGAN AVE. 17TH FLOOR		E Telephone number 312-335-8700
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601-7633		G Gross receipts \$ 523,872,600.
	F Name and address of principal officer: RICHARD HOVLAND SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.ALZ.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
L Year of formation: 1980			M State of legal domicile: DE

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ALZHEIMER'S ASSOCIATION LEADS THE WAY TO END ALZHEIMER'S AND ALL (CONTINUED IN SCHEDULE O)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	2360
	6	Total number of volunteers (estimate if necessary)	6	65141
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	460,358,014.	408,066,778.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,990,858.	4,460,702.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,932,447.	5,882,413.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,242,741.	-5,984,591.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	502,038,578.	412,425,302.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	84,842,289.	86,080,158.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	199,012,012.	219,796,799.
	b	Total fundraising expenses (Part IX, column (D), line 25)	2,093,518.	2,957,992.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75,895,215.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	157,226,680.	151,348,120.
19	Revenue less expenses. Subtract line 18 from line 12	443,174,499.	460,183,069.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	58,864,079.	-47,757,767.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	493,034,630.	512,971,086.
		173,166,662.	220,003,110.	
		319,867,968.	292,967,976.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	RICHARD HOVLAND, COO, CFO, & ASST. TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	BRIDGET ROCHE	<i>Bridget Roche</i>	12/13/23		P00666837
Firm's name GRANT THORNTON LLP			Firm's EIN 36-6055558		
Firm's address 171 N. CLARK ST., SUITE 200 CHICAGO, IL 60601			Phone no. 312-856-0200		

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

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request 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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

RICHARD HOVLAND

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

Telephone No. ▶ 312-335-5771

Fax No. ▶ 866-699-1246

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

1 I request an automatic 6-month extension of time until MAY 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 .

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE ALZHEIMER'S ASSOCIATION LEADS THE WAY TO END ALZHEIMER'S AND ALL
OTHER DEMENTIA - BY ACCELERATING GLOBAL RESEARCH, DRIVING RISK
REDUCTION (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 No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 236,017,829. including grants of \$ 1,567,874.) (Revenue \$ 728,174.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 99,598,598. including grants of \$ 74,604,327.) (Revenue \$ 3,728,478.)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 27,770,912. including grants of \$ 9,907,957.) (Revenue \$ 4,050.)
SEE SCHEDULE O

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

4e Total program service expenses 363,387,339.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		2360
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
	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? If "Yes," see the instructions and file Form 4720, Schedule N.	X	
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.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		
	17		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 30 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 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 RICHARD HOVLAND, COO, CFO, & ASST. TREASURER - 312-335-5771
 225 N. MICHIGAN AVE. 17TH FLOOR, CHICAGO, IL 60601-7633

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARRY JOHNS CHIEF EXEC. OFF. (THRU 12/2022)	60.00 1.06			X				1,218,968.	30,603.	231,945.
(2) KATHERINE "JOANNE" PIKE PRESIDENT/CEO (AS OF 01/2023)	60.00 0.78			X				828,552.	16,512.	112,658.
(3) DONNA MCCULLOUGH - CHIEF MISSION & FIELD OPERATIONS OFFICER	60.00 0.11				X			751,060.	1,984.	86,626.
(4) MARIA CARRILLO CHIEF SCIENCE OFFICER	60.00 0.00				X			702,500.	0.	108,461.
(5) RICHARD HOVLAND COO, CFO, & ASST. TREASURER	60.00 0.11			X				681,752.	1,865.	98,992.
(6) ROBERT EGGE CHIEF PUBLIC POLICY OFFICER	60.00 1.34				X			599,398.	21,176.	104,881.
(7) KENANN CASSIDY EAST AREA LEADER	60.00 0.00				X			635,639.	0.	78,278.
(8) CARL HILL CHIEF DE&I OFFICER	60.00 0.00				X			435,565.	0.	67,389.
(9) MICHELLE HELTON VP, FINANCIAL OPERATIONS	60.00 0.00					X		358,429.	0.	69,413.
(10) ANTHONY D'AMATO - ASST. SECY. & VP LEGAL & GENERAL COUNSEL	60.00 0.02			X				361,787.	232.	24,301.
(11) BRIAN RICHARDSON - BOARD CHAIR AND DIRECTOR (THRU 10/2022)	12.00 0.50	X		X				0.	0.	0.
(12) SARAH LORANCE - BOARD CHAIR (AS OF 10/2022) AND DIRECTOR	12.00 0.00	X		X				0.	0.	0.
(13) CECILE PERICH - VICE CHAIR AND DIRECTOR (THRU 10/2022)	12.00 0.00	X		X				0.	0.	0.
(14) MINOO JAVANMARDIAN - DIRECTOR AND VICE CHAIR (AS OF 10/2022)	10.00 0.00	X		X				0.	0.	0.
(15) RYAN MUNDY - SECRETARY (THRU 10/2022) & DIR. (THRU 06/30/2023)	10.00 0.00	X		X				0.	0.	0.
(16) DEBRA PIERSON - DIRECTOR AND SECRETARY (AS OF 10/2022)	10.00 0.00	X		X				0.	0.	0.
(17) BRUCE BAUDE TREASURER AND DIRECTOR	10.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALEX TSAO DIRECTOR	5.00 0.00	X						0.	0.	0.
(19) ANDREW DAHLKEMPER DIRECTOR	5.00 0.00	X						0.	0.	0.
(20) ARTHENA CASTON DIRECTOR (THRU 10/2022)	5.00 0.00	X						0.	0.	0.
(21) BRUCE LAMB DIRECTOR	5.00 0.00	X						0.	0.	0.
(22) DAVID GONZALES DIRECTOR	5.00 0.00	X						0.	0.	0.
(23) DAVID HUNTER DIRECTOR	5.00 0.00	X						0.	0.	0.
(24) DEAN BRENNER DIRECTOR	5.00 0.00	X						0.	0.	0.
(25) DEREK VAN AMERONGEN DIRECTOR	5.00 0.00	X						0.	0.	0.
(26) DON PLAUS DIRECTOR (AS OF 10/2022)	5.00 0.00	X						0.	0.	0.
1b Subtotal								6,573,650.	72,372.	982,944.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								6,573,650.	72,372.	982,944.

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 406

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NAVISTAR DIRECT MARKETING LLC 4612 NAVISTAR DRIVE, FREDERICK, MD 21703	DIRECT MARKETING	18,229,686.
HAWORTH MARKETING & MEDIA LLC, 45 S. 7TH STREET, SUITE 2400, MINNEAPOLIS, MN 55402	ADVERTISING	11,182,915.
NEVER WITHOUT LLC 580 TANACREST, ATLANTA, GA 30328	ADVERTISING	9,479,635.
SOFTCHOICE CORPORATION, 16609 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	EQUIPMENT/SOFTWARE	3,678,015.
PERSONIFY INC., 6500 RIVER PLACE BOULEVARD BLD 3 SUITE 250, AUSTIN, TX 78730	CRM/TECHNOLOGY	2,847,938.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 135

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DOZENE GUISHARD DIRECTOR	5.00 0.00	X						0.	0.	0.
(28) EILEEN KAMERICK DIRECTOR	5.00 0.00	X						0.	0.	0.
(29) ELIZABETH SHIH DIRECTOR	5.00 0.00	X						0.	0.	0.
(30) W. GABRIEL DE LA ROSA DIRECTOR (AS OF 10/2022)	5.00 0.00	X						0.	0.	0.
(31) GEOFF HEREDIA DIRECTOR	5.00 0.00	X						0.	0.	0.
(32) GEORGE JOHNSON DIRECTOR (THRU 10/2022)	5.00 0.00	X						0.	0.	0.
(33) GEORGE WALZ DIRECTOR	5.00 0.00	X						0.	0.	0.
(34) IRENE SUDAC DIRECTOR	5.00 0.00	X						0.	0.	0.
(35) JOE ARCINIEGA DIRECTOR	5.00 0.00	X						0.	0.	0.
(36) JOSEPH (JOE) MONTMINY DIRECTOR	5.00 0.00	X						0.	0.	0.
(37) JULIA WALLACE DIRECTOR	5.00 0.00	X						0.	0.	0.
(38) KAREN STEVENSON DIRECTOR (THRU 10/2022)	5.00 0.00	X						0.	0.	0.
(39) KARYNE JONES DIRECTOR	5.00 0.00	X						0.	0.	0.
(40) MIKAELA LOUIE DIRECTOR (AS OF 10/2022)	5.00 0.00	X						0.	0.	0.
(41) NANCY WESTCOTT DIRECTOR (AS OF 10/2022)	5.00 0.00	X						0.	0.	0.
(42) NICOLE WALKER DIRECTOR	5.00 0.00	X						0.	0.	0.
(43) TONY GONZALES DIRECTOR (AS OF 10/2022)	5.00 0.00	X						0.	0.	0.
(44) WENDY DRUMMOND DIRECTOR (AS OF 10/2022)	5.00 0.00	X						0.	0.	0.
(45) WILLIAM THOMAS DIRECTOR	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	488,961.				
	c Fundraising events	1c	21,919,915.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	28,082,901.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	357,575,001.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,159,565.				
	h Total. Add lines 1a-1f		408,066,778.				
Program Service Revenue	2 a PROGRAM CONFERENCES	Business Code					
		611710	3,757,584.	3,757,584.			
	b SAFE RETURN REG. FEES	611710	457,324.	457,324.			
	c JOURNAL	513120	136,427.	136,427.			
	d CAREGIVER TRAINING	611710	109,367.	109,367.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		4,460,702.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,868,070.			9,868,070.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		79,588.			79,588.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				95,503,489.	567,430.		
	b Less: cost or other basis and sales expenses	7b	99,758,759.	297,817.			
	c Gain or (loss)	7c	-4,255,270.	269,613.			
d Net gain or (loss)		-3,985,657.			-3,985,657.		
8 a Gross income from fundraising events (not including \$ 21,919,915. of contributions reported on line 1c). See Part IV, line 18	8a		3,779,070.				
		b Less: direct expenses	8b	11,228,500.			
		c Net income or (loss) from fundraising events		-7,449,430.			-7,449,430.
9 a Gross income from gaming activities. See Part IV, line 19	9a		89,647.				
		b Less: direct expenses	9b	23,367.			
		c Net income or (loss) from gaming activities		66,280.			66,280.
10 a Gross sales of inventory, less returns and allowances	10a		168,196.				
		b Less: cost of goods sold	10b	138,855.			
		c Net income or (loss) from sales of inventory		29,341.			29,341.
Miscellaneous Revenue	11 a STATE SPONSORED REV	Business Code					
		900099	1,057,722.			1,057,722.	
	b MISCELLANEOUS REVENUE	900099	207,908.			207,908.	
	c AFFILIATE REVENUE	900099	24,000.			24,000.	
	d All other revenue						
e Total. Add lines 11a-11d		1,289,630.					
12 Total revenue. See instructions		412,425,302.	4,460,702.	0.	-102,178.		

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 ...	69,774,080.	69,774,080.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,633,806.	1,633,806.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	14,672,272.	14,672,272.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,812,052.	1,741,964.	1,769,345.	300,743.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	541,236.	105,247.	435,989.	
7 Other salaries and wages	165,250,355.	125,571,122.	4,056,828.	35,622,405.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,793,571.	11,194,008.	463,020.	3,136,543.
9 Other employee benefits	23,586,221.	17,648,118.	841,837.	5,096,266.
10 Payroll taxes	11,813,364.	8,917,584.	414,461.	2,481,319.
11 Fees for services (nonemployees):				
a Management				
b Legal	720,691.	491,093.	120,632.	108,966.
c Accounting	183,993.		183,993.	
d Lobbying	785,500.	785,500.		
e Professional fundraising services. See Part IV, line 17	2,957,992.			2,957,992.
f Investment management fees	1,056,926.		1,056,926.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	33,117,180.	25,501,696.	1,778,260.	5,837,224.
12 Advertising and promotion	23,660,587.	20,611,879.	23,627.	3,025,081.
13 Office expenses	38,739,036.	26,327,186.	4,782,582.	7,629,268.
14 Information technology	5,006,883.	3,743,891.	619,590.	643,402.
15 Royalties				
16 Occupancy	17,834,363.	12,281,983.	2,858,414.	2,693,966.
17 Travel	10,346,257.	7,833,620.	380,782.	2,131,855.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	15,027,343.	11,148,192.	400,704.	3,478,447.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,568,032.	2,435,830.	580,795.	551,407.
23 Insurance	801,809.	561,607.	126,203.	113,999.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a VOLUNTEER EXPENSES	327,858.	270,983.	3,243.	53,632.
b _____				
c _____				
d _____				
e All other expenses _____	171,662.	135,678.	3,284.	32,700.
25 Total functional expenses. Add lines 1 through 24e	460,183,069.	363,387,339.	20,900,515.	75,895,215.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	20,746,862.	11,453,533.	3,314,672.	5,978,657.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	33,251,956.	2	33,005,194.
	3 Pledges and grants receivable, net	65,618,284.	3	69,914,175.
	4 Accounts receivable, net	7,842,339.	4	9,281,932.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	994,394.	8	1,139,552.
	9 Prepaid expenses and deferred charges	7,884,837.	9	6,878,562.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 52,049,550.		
	b Less: accumulated depreciation	10b 29,505,492.		
	11 Investments - publicly traded securities	23,047,798.	10c	22,544,058.
	12 Investments - other securities. See Part IV, line 11	307,441,707.	11	279,895,138.
	13 Investments - program-related. See Part IV, line 11	46,162,297.	12	48,862,387.
	14 Intangible assets	0.	13	0.
	15 Other assets. See Part IV, line 11	791,018.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	493,034,630.	15	41,450,088.	
		16	512,971,086.	
Liabilities	17 Accounts payable and accrued expenses	42,837,349.	17	40,815,538.
	18 Grants payable	113,363,842.	18	119,714,478.
	19 Deferred revenue	3,137,654.	19	5,328,836.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,827,817.	25	54,144,258.
	26 Total liabilities. Add lines 17 through 25	173,166,662.	26	220,003,110.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	182,693,824.	27	145,095,594.
	28 Net assets with donor restrictions	137,174,144.	28	147,872,382.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	319,867,968.	32	292,967,976.
33 Total liabilities and net assets/fund balances	493,034,630.	33	512,971,086.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	412,425,302.
2	Total expenses (must equal Part IX, column (A), line 25)	2	460,183,069.
3	Revenue less expenses. Subtract line 2 from line 1	3	-47,757,767.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	319,867,968.
5	Net unrealized gains (losses) on investments	5	18,773,985.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,083,790.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	292,967,976.

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

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).
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).
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).
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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 [] An organization organized and operated exclusively to test for public safety.
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).
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	361,019,360.	377,982,664.	375,847,517.	459,516,582.	408,066,778.	1982432901.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	361,019,360.	377,982,664.	375,847,517.	459,516,582.	408,066,778.	1982432901.
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)						19,706,429.
6 Public support. Subtract line 5 from line 4.						1962726472.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	361,019,360.	377,982,664.	375,847,517.	459,516,582.	408,066,778.	1982432901.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,237,819.	8,384,406.	9,916,186.	12,768,441.	9,947,658.	49,254,510.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,245,835.	5,689,260.	7,972,899.	5,786,019.	5,326,543.	33,020,556.
11 Total support. Add lines 7 through 10						2064707967.
12 Gross receipts from related activities, etc. (see instructions)					12	27,359,005.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.06	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	94.60	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI

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

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

AFFILIATE REVENUE

2018 AMOUNT: \$ 15,030.

2019 AMOUNT: \$ 14,103.

2020 AMOUNT: \$ 16,363.

2021 AMOUNT: \$ 28,524.

2022 AMOUNT: \$ 24,000.

FUNDRAISING AND GAMING EVENTS

2018 AMOUNT: \$ 7,532,657.

2019 AMOUNT: \$ 4,700,628.

2020 AMOUNT: \$ 6,637,711.

2021 AMOUNT: \$ 3,959,917.

2022 AMOUNT: \$ 3,868,717.

INCOME FROM SALES OF INVENTORY

2018 AMOUNT: \$ 242,384.

2019 AMOUNT: \$ 132,390.

2020 AMOUNT: \$ 115,729.

2021 AMOUNT: \$ 99,420.

2022 AMOUNT: \$ 168,196.

GROUP CHAPTER REVENUE

2018 AMOUNT: \$ 247,444.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

Part VI

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

2022 AMOUNT: \$ 0.

CHAPTER RENT ABATEMENT

2018 AMOUNT: \$ 171,073.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 0.

OTHER INCOME

2018 AMOUNT: \$ 37,247.

2019 AMOUNT: \$ 842,139.

2020 AMOUNT: \$ 1,203,096.

2021 AMOUNT: \$ 334,434.

2022 AMOUNT: \$ 207,908.

SPONSORED PROCEEDS

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 1,363,724.

2022 AMOUNT: \$ 1,057,722.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 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

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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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		\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		239,689.
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		9,857,233.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,422,042.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,706,751.
i Other activities?		X	
j Total. Add lines 1c through 1i			15,225,715.
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 expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

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

LINE 1A:

VOLUNTEERS

MOST OF ALZHEIMER'S ASSOCIATION ADVOCACY IS THROUGH VOLUNTEERS AND

DELIVERS TRAINING TO DEVELOP AND ORGANIZE GRASSROOTS ACTIVITIES. AS

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

BUSINESSES, AND THE HEALTHCARE SYSTEM, SCIENTISTS ARE FINDING TREATMENTS

Part IV Supplemental Information (continued)

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

LINE 1B:

PAID STAFF OR MANAGEMENT

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

LINE 1C:

MEDIA ADVERTISEMENTS

MEDIA ADVERTISEMENTS RAN IN WASHINGTON D.C. FOR KEY ADVOCACY AWARENESS
 OPPORTUNITIES DURING THE YEAR.

LINE 1D:

MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC

IN KEEPING WITH RECENT YEARS, NO MAILINGS WERE SENT OUT TO LEGISLATORS IN
 FY23.

LINE 1E:

PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS

ALZHEIMER'S ASSOCIATION DISTRIBUTED FEDERAL AND STATE UPDATES VIA EMAIL
 APPROXIMATELY 400 TIMES DURING THE YEAR.

Part IV Supplemental Information (continued)

LINE 1F:

GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES

ALZHEIMER'S ASSOCIATION MAKES A GRANT TO ALZHEIMER'S IMPACT MOVEMENT (AIM)

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

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

THE GRANT IS REPORTED TWICE FOR TRANSPARENCY PURPOSES.

LINE 1G:

DIRECT CONTACT

ALZHEIMER'S ASSOCIATION USES INTERNAL STAFF AND RETAINED LOBBYISTS TO

EDUCATE POLICYMAKERS ABOUT ALZHEIMER'S ASSOCIATION POLICY RECOMMENDATIONS.

LINE 1H:

RALLIES, DEMONSTRATIONS, SEMINARS, ETC.

THE AIM ADVOCACY FORUM WAS HELD IN PERSON IN MARCH 2023. IN THE SPRING OF

2023, THE ALZHEIMER'S ASSOCIATION ORGANIZED RALLIES ACROSS THE COUNTRY TO

COMMUNICATE TO POLICYMAKERS THE IMPORTANCE OF UNDERSTANDING THE NEEDS AND

PERSPECTIVES OF THOSE WITH DEMENTIA AND THEIR CAREGIVERS WHEN MAKING

FEDERAL AND STATE POLICIES.

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

2022

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for conservation contributions, and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and required amounts for revenue and assets.

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	16,036,792.	24,505,547.	24,252,597.	24,252,597.	24,043,831.
b Contributions	96,187.	2,500.	252,950.		208,766.
c Net investment earnings, gains, and losses	-138,029.	-2,111,453.	4,771,161.	1,490,922.	1,557,825.
d Grants or scholarships					
e Other expenditures for facilities and programs	-138,029.	6,359,802.	4,771,161.	1,490,922.	1,557,825.
f Administrative expenses					
g End of year balance	16,132,979.	16,036,792.	24,505,547.	24,252,597.	24,252,597.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 100 _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | 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		562,618.		562,618.
b Buildings		1,417,706.	278,746.	1,138,960.
c Leasehold improvements		11,628,998.	7,553,570.	4,075,428.
d Equipment		4,742,881.	3,924,922.	817,959.
e Other		33,697,347.	17,748,254.	15,949,093.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,544,058.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST	34,999,392.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERHSIP	5,825,075.	END-OF-YEAR MARKET VALUE
(C) COMMINGLED TRUST FUND	5,802,103.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	2,190,222.	END-OF-YEAR MARKET VALUE
(E) ASSETS HELD IN TRUST	45,595.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	48,862,387.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RIGHT-OF-USE OPERATING ASSETS	40,680,233.
(2) OTHER ASSETS	769,855.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	41,450,088.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE OBLIGATIONS	48,246,941.
(3) GIFT ANNUITY OBLIGATIONS	5,897,317.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	54,144,258.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	446,382,615.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 18,773,985.		
b	Donated services and use of facilities	2b 11,052,478.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d -380,295.		
e	Add lines 2a through 2d		2e	29,446,168.
3	Subtract line 2e from line 1		3	416,936,447.
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 1,056,926.		
b	Other (Describe in Part XIII.)	4b -5,568,071.		
c	Add lines 4a and 4b		4c	-4,511,145.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	412,425,302.

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	473,282,607.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 11,052,478.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 3,103,986.		
e	Add lines 2a through 2d		2e	14,156,464.
3	Subtract line 2e from line 1		3	459,126,143.
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 1,056,926.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	1,056,926.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	460,183,069.

Part XIII Supplemental Information.

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

PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUNDS

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

INVESTMENTS IN PERPETUITY. ALZHEIMER'S ASSOCIATION ENDOWMENT ONLY CONSISTS

OF DONOR-RESTRICTED ENDOWMENT FUNDS. NET ASSETS ASSOCIATED WITH

ALZHEIMER'S ASSOCIATION ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED

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

EARNINGS OF SOME OF ALZHEIMER'S ASSOCIATION ENDOWMENT FUNDS TO FUND

ALZHEIMER'S ASSOCIATION RESEARCH PROGRAM. IN ACCORDANCE WITH DONOR

STIPULATIONS, THE INCOME GENERATED FROM THESE ASSETS IS RESTRICTED FOR

RESEARCH (APPROXIMATELY 56%) OR NOT PURPOSE RESTRICTED (APPROXIMATELY

44%).

Part XIII Supplemental Information (continued)

ALZHEIMER'S 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, ALZHEIMER'S 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. ALZHEIMER'S
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 ALZHEIMER'S ASSOCIATION AND THE DONOR-RESTRICTED
ENDOWMENT FUND;
- GENERAL ECONOMIC CONDITIONS;
- THE POSSIBLE EFFECTS OF INFLATION AND DEFLATION;
- THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF
INVESTMENTS;
- OTHER RESOURCES OF ALZHEIMER'S ASSOCIATION; AND
- THE INVESTMENT POLICIES OF ALZHEIMER'S ASSOCIATION.

ALZHEIMER'S 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, 2023 AND 2022, ENDOWMENT ASSETS ONLY INCLUDE THOSE
ASSETS OF DONOR-RESTRICTED FUNDS THAT ALZHEIMER'S ASSOCIATION MUST HOLD IN

Part XIII Supplemental Information (continued)

PERPETUITY, AS ALZHEIMER'S 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. ALZHEIMER'S
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. ALZHEIMER'S ASSOCIATION POLICY IS
TO APPROPRIATE SPENDING AMOUNTS DEEMED PRUDENT FOR DONOR-RESTRICTED FUNDS.

PART IX, RIGHT-OF-USE OPERATING ASSETS, LINE 1 AND PART X, OPERATING LEASE
OBLIGATIONS, LINE 1(2):
THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") IMPLEMENTED A NEW LEASE
ACCOUNTING STANDARD THAT BECAME EFFECTIVE FOR ALZHEIMER'S DISEASE &
RELATED DISORDERS ASSOCIATION, INC. IN THE YEAR ENDING JUNE 30, 2023. THIS
ACCOUNTING STANDARD WAS EFFECTUATED TO IMPROVE THE TRANSPARENCY
SURROUNDING KEY INFORMATION PERTAINING TO AN EXEMPT ORGANIZATION'S LEASING
ARRANGEMENTS (AND TO ENSURE THAT ALL ORGANIZATIONS WERE RECORDING THE
TRANSACTIONS UNIFORMLY ON THEIR BALANCE SHEETS).

PART X, LINE 2:

FIN 48

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

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUSTS 636,460.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -1,016,755.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -380,295.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COST OF GOODS SOLD -138,855.

RECLASS OF FUNDRAISING EXPENSES -5,405,849.

Part XIII Supplemental Information (continued)

RECLASS OF GAMING EXPENSES -23,367.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -5,568,071.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 841,432.

RECLASS OF GAMING EXPENSES 23,367.

RESCINDED RESEARCH GRANTS -3,305,517.

RECLASS OF FUNDRAISING EXPENSES 5,405,849.

RECLASS OF COST OF GOODS SOLD 138,855.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,103,986.

**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

2022

Open to Public
Inspection

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		9,164,903.
SOUTH AMERICA	0	0	GRANTMAKING		2,102,904.
NORTH AMERICA	0	0	GRANTMAKING		2,084,960.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		868,527.
SOUTH ASIA	0	0	GRANTMAKING		199,974.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		174,841.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		51,163.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		25,000.
3 a Subtotal	0	0			14,672,272.
b Total from continuation sheets to Part I	0	0			2,747,206.
c Totals (add lines 3a and 3b)	0	0			17,419,478.

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

Schedule F (Form 990) 2022

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		2,747,206.
Totals					2,747,206.

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)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	867,431.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	199,866.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM SUPPORT	24,897.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	249,460.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	131,218.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 92

3 Enter total number of other organizations or entities 92

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	153,348.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	300,000.	WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PROGRAM SUPPORT	199,974.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	39,193.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	43,557.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	200,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	22,805.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	199,980.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	59,925.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	24,987.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	175,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	150,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	749,094.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	44,762.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	645,150.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM SUPPORT	24,945.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	249,995.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	500,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	152,033.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM SUPPORT	199,729.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM SUPPORT	24,580.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM SUPPORT	25,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	199,483.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	24,852.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	94,500.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	55,161.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	60,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	15,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	124,786.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	108,840.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	117,800.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	202,712.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	107,436.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	100,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM SUPPORT	199,169.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM SUPPORT	197,471.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	249,700.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	25,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	37,998.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	24,141.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM SUPPORT	51,163.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	50,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	200,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	199,999.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	160,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	60,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	250,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	24,996.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	199,998.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	53,155.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	199,650.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	200,000.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	124,653.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	81,635.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	200,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	219,268.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	193,200.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM SUPPORT	24,999.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	199,951.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM SUPPORT	197,578.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	200,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	298,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	196,350.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	250,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	200,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	199,830.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	199,826.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	188,467.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM SUPPORT	47,379.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	299,999.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	637,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	300,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	300,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	200,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	199,980.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	180,000.	WIRE	0.		

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

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

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

THE ALZHEIMER'S ASSOCIATION VOLUNTARY MEDICAL & SCIENTIFIC ADVISORY GROUP

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

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

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

DURING THE GRANT REVIEW PROCESS AND DEVELOPS FOCUSED REQUESTS FOR

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

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

ENGAGED IN A PORTFOLIO ANALYSIS OF SCIENTIFIC AREAS OF INVESTMENT TO

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

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

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

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

MONITOR PROGRAM AND SCIENTIFIC AND FINANCIAL INTEGRITY AND, FOR THE

FELLOWSHIP PROGRAM, THERE IS A MENTOR EVALUATION.

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

AND OUTSIDE OF THE UNITED STATES AS FOLLOWS:

ALL AWARDEES ARE REQUIRED TO PROVIDE ANNUAL AND IN SOME CASES BI-ANNUAL

REPORTING TO THE ALZHEIMER'S ASSOCIATION ON BOTH THE STATUS OF THE

RESEARCH PROJECT AND FINANCIAL EXPENDITURES ASSOCIATED WITH THE PROJECT.

SEVERAL PROGRAMS ARE LEVERAGED FUNDING OPPORTUNITIES WITH PARTNER

ORGANIZATIONS. THESE RESEARCH PROJECTS AND FINANCIAL EXPENDITURE REPORTS

Part V Supplemental Information

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

ARE SHARED BETWEEN THE PARTNER ORGANIZATION(S). ALZHEIMER'S ASSOCIATION

GRANT MANAGEMENT SYSTEM SENDS NOTIFICATIONS PRIOR TO THE ANNIVERSARY OF

THE AWARD START DATE AS A REMINDER OF THE REQUIRED REPORTS AND DEADLINES,

WHICH INCLUDE AN INTERIM SCIENTIFIC REPORT, INTERIM FINANCIAL REPORT,

MENTOR EVALUATION, DOCUMENTATION OF ANY PUBLICATIONS AS A RESULT OF

ASSOCIATION FUNDING, AND ANNUAL VERIFICATION OF REQUIRED ETHICAL (ANIMAL

AND HUMAN AND RECOMBINANT DNA APPROVALS) APPROVALS. THE INSTITUTIONAL

OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD CANNOT BE THE

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

A TEMPLATE FOR THE INTERIM SCIENTIFIC REPORT AND A TEMPLATE FOR THE

INTERIM FINANCIAL REPORT AND THE MENTOR EVALUATION, BOTH OF WHICH ARE

AVAILABLE FOR DOWNLOAD BY THE RESEARCHERS AS WELL AS THE OFFICIAL WITH

FISCAL RESPONSIBILITY FOR THE GRANT AT THE AWARDED INSTITUTION AT

[HTTPS://PROPOSALCENTRAL.COM](https://proposalcentral.com).

THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WITH

FISCAL RESPONSIBILITY, AND FOR THE FELLOWSHIP PROGRAMS, THE MENTOR

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

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

FINANCIAL REPORTS ARE REVIEWED BY AN ALZHEIMER'S ASSOCIATION SPECIALIST

FOR ACCURACY AND CONSISTENCY WITH THE AGREED UPON BUDGET. IN ADDITION,

ALZHEIMER'S ASSOCIATION REQUIRES PROTOCOL CONTINUATION APPROVAL (I.E.,

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC), INSTITUTIONAL

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

APPLICABLE FOR THE RESEARCH PROJECT. ANY SUBSEQUENT PAYMENTS TO GRANT

AWARDEES ARE GENERATED AFTER THE RECEIPT OF THESE DOCUMENTS AND APPROVAL

BY THE CHIEF SCIENCE OFFICER, MEDICAL AND SCIENTIFIC RELATIONS.

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.

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

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

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

Part V Supplemental Information

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

ALZHEIMER'S ASSOCIATION.

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

VERIFICATION OF THEIR TAX STATUS.

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

ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM, WITH THE EXCEPTION OF

THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM, ALZHEIMER'S

INNOVATION AWARD AND CERTAIN PARTNERSHIP PROGRAMS, INCLUDING TAU PIPELINE

ENABLING PROGRAM (T-PEP) AND THE ENDOLYSOSOMAL ACTIVITY IN ALZHEIMER'S

PROGRAM (E2A). ELIGIBILITY OF ORGANIZATIONS APPLICABLE FOR A PROGRAM ARE

DETAILED IN THAT PROGRAM'S RFA.

UNLESS OTHERWISE STATED IN PROGRAM, ALL INSTITUTIONS ARE REQUIRED TO

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

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

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

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

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

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

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

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

THE W-8BEN-E FORM FOR CONSIDERATION. THESE FORMS ARE UPLOADED WITHIN

THEIR SUBMITTED APPLICATION TO PROPOSALCENTRAL. AFTER RECEIPT, THESE

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

FOLLOWING REVIEW BY A GRANT SPECIALIST, APPLICATIONS ARE THEN MOVED

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.

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

SPECIALIST INCLUDES THE APPROPRIATE FORMS IN PAYMENT REQUESTS FOR GRANT

FUNDING PAYMENTS.

PRIOR TO AWARD CONFIRMATION, THE MEDICAL AND SCIENTIFIC RELATIONS

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

PATRIOT ACT AND DOES NOT APPEAR ON THE SPECIALLY DESIGNATED NATIONALS

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

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

PATRIOT ACT (THROUGH OFAC). THE GRANT SPECIALIST CONFIRMS ELIGIBILITY AND

PROVIDES THIS DOCUMENTATION TO THE GRANT ONLINE FILE AT PROPOSALCENTRAL

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

MATCH TO ONE OF THE SDN LISTS IS FOUND BY ALZHEIMER'S 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 GRANT

AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND

INTELLECTUAL PROPERTY THAT RESULT FROM FUNDED STUDIES. ALZHEIMER'S

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.

PART I, LINE 3:

METHOD USED TO ACCOUNT FOR EXPENDITURES AND GRANTS

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

NONCASH ASSISTANCE USING THE ACCRUAL METHOD.

PART II, LINE 1:

METHOD USED TO ACCOUNT FOR EXPENDITURES AND GRANTS

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

NONCASH ASSISTANCE USING THE ACCRUAL METHOD.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THD - 80 HAYDEN AVENUE, STE. 300, LEXINGTON, MA 02421	MAIL		X	44,567,629.	2,095,284.	42,472,345.
MOORE DIGITAL LLC - 4200 PARLIAMENT PLACE, STE. 300,	EMAIL		X	34,296,558.	862,708.	33,433,850.
Total				78,864,187.	2,957,992.	75,906,195.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		PTC-GALA (event type)	NAPA VALLEY (event type)	63 (total number)		
Revenue	1	Gross receipts	2,295,031.	1,486,061.	21,917,893.	25,698,985.
	2	Less: Contributions	2,074,631.	1,136,611.	18,708,673.	21,919,915.
	3	Gross income (line 1 minus line 2)	220,400.	349,450.	3,209,220.	3,779,070.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		4,100.	1,258,605.	1,262,705.
	6	Rent/facility costs		166,972.	627,720.	794,692.
	7	Food and beverages	217.	156,686.	2,391,857.	2,548,760.
	8	Entertainment			211,745.	211,745.
	9	Other direct expenses	95,409.	246,241.	6,068,948.	6,410,598.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				11,228,500.
11	Net income summary. Subtract line 10 from line 3, column (d)				-7,449,430.	

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	5,762.	83,885.	89,647.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes	1,842.	20,701.	22,543.
	4	Rent/facility costs			
	5	Other direct expenses	824.		
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				23,367.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				66,280.

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name LYNNE CAREY

Address 225 N MICHIGAN AVE. - CHICAGO, IL 60601

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name LYNNE CAREY

Gaming manager compensation \$ _____

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

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: THD

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

(I) NAME OF FUNDRAISER: MOORE DIGITAL LLC

(I) ADDRESS OF FUNDRAISER: _____

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

Part IV Supplemental Information (continued)

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

FUNDRAISING CONSULTANT - CONTROL ARRANGEMENT

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

(THD) FOR PROFESSIONAL FUNDRAISING CONSULTANT SERVICES. A DESCRIPTION

OF THE ARRANGEMENT IS LISTED BELOW:

DIRECT MARKETING STRATEGY AND PROGRAM DIRECTION; PRODUCTION MANAGEMENT;

DATABASE MANAGEMENT; BUDGETING MANAGEMENT; AND REPORT MANAGEMENT.

THE ALZHEIMER'S ASSOCIATION ENGAGES MOORE DIGITAL LLC (MOORE) FOR

PROFESSIONAL FUNDRAISING DIGITAL MARKETING CONSULTANT SERVICES. A

DESCRIPTION OF THE ARRANGEMENT IS LISTED BELOW:

DIGITAL MARKETING STRATEGY AND PROGRAM DIRECTION; E-MAIL PROGRAM

MANAGEMENT; PRODUCTION MANAGEMENT; DATABASE MANAGEMENT; AND BUDGETING

MANAGEMENT.

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

FUNDRAISING CONSULTANT - FEE ARRANGEMENT

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

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

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

CONTROL AND APPROVAL OVER THE CONTENT AND FREQUENCY OF ALL

SOLICITATIONS.

THE AGREEMENT BETWEEN MOORE DIGITAL LLC (MOORE) AND THE ALZHEIMER'S

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

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

APPROVAL.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACURASTEM INC. 605 E. HUNTINGTON DR., SUITE 103 MONROVIA, CA 91016	81-1640548	501(C)(3)	807,430.	0.			PROGRAM SUPPORT
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE BELFER BUILDING - ROOM 1106 - BRONX, NY 10461	83-0621846	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
ALZHEIMER'S IMPACT MOVEMENT 225 NORTH MICHIGAN AVE CHICAGO, IL 60601	27-1961435	501(C)(4)	9,857,233.	0.			PUBLIC POLICY
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	84,999.	0.			PROGRAM SUPPORT
AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191	36-2261602	501(C)(3)	1,231,274.	0.			PROGRAM SUPPORT
AQUINNAH PHARMACEUTICALS INC. 650 E. KENDALL STREET CAMBRIDGE, MA 02142	46-5070024	501(C)(3)	1,000,000.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **94.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA BOARD OF REGENTS, ARIZONA STATE UNIVERSITY - PO BOX 876011 - TEMPE, AZ 85287	86-0196696	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARIZONA - P O BOX 210158B, ROOM 538 - TUCSON, AZ 85721	74-2652689	501(C)(3)	198,726.	0.			PROGRAM SUPPORT
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MS: BCM 310 HOUSTON, TX 77030	74-1613878	501(C)(3)	199,801.	0.			PROGRAM SUPPORT
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE, OV-540 - BOSTON, MA 02215	04-2103881	501(C)(3)	197,472.	0.			PROGRAM SUPPORT
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	1,645,000.	0.			PROGRAM SUPPORT
BROAD INSTITUTE, INC. 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	2,151,426.	0.			PROGRAM SUPPORT
BROWN UNIVERSITY 350 EDDY STREET, BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	199,937.	0.			PROGRAM SUPPORT
CENTER FOR HOME CARE POLICY & RESEARCH - 220 EAST 42ND ST. - NEW YORK, NY 10017	13-3189926	501(C)(3)	115,479.	0.			PROGRAM SUPPORT
CLEMSON UNIVERSITY 230 KAPPA STREET, CLEMSON UNIVERSIT CLEMSON, SC 29634	57-6000254	501(C)(3)	138,928.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION P.O. BOX 931531 CLEVELAND, OH 44193	34-0714585	501(C)(3)	205,364.	0.			PROGRAM SUPPORT
CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
DAVID GEFLEN SCHOOL OF MEDICINE AT UNIVERSITY OF CALIFORNIA, LOS ANGELES - 635 CHARLES E YOUNG DRIVE SOUTH - LOS ANGELES, CA	95-6006143	501(C)(3)	198,200.	0.			PROGRAM SUPPORT
DUKE UNIVERSITY 2200 W. MAIN STREET, SUITE 710 DURHAM, NC 27705	56-0532129	501(C)(3)	302,386.	0.			PROGRAM SUPPORT
EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	649,379.	0.			PROGRAM SUPPORT
FOUNDATION FOR NATIONAL INSTITUTES OF HEALTH - 11400 ROCKVILLE PIKE, SUITE 600 - NORTH BETHESDA, MD 20852	52-1986675	501(C)(3)	638,000.	0.			PROGRAM SUPPORT
HOSPICE OF SAN LUIS OBISPO COUNTY 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	95-3195126	501(C)(3)	8,525.	0.			PROGRAM SUPPORT
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE BOX 1075 - NEW YORK, NY 10029	13-6171197	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
IDEAS INSTITUTE 3345 N PARK BLVD CLEVELAND HEIGHTS, OH 44118	34-1905156	501(C)(3)	230,488.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

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INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501(C)(3)	2,248,813.	0.			PROGRAM SUPPORT
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 NORTH BROADWAY, SUITE 117 - BALTIMORE, MD 21205	52-0595110	501(C)(3)	759,733.	0.			PROGRAM SUPPORT
LSU HEALTH SCIENCES CENTER IN SHREVEPORT - 1501 KINGS HWY. P. O.BOX 33932 - SHREVEPORT, LA 71130	72-0702002	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02145	04-2697983	501(C)(3)	2,321,409.	0.			PROGRAM SUPPORT
MAYO CLINIC ROCHESTER, MN 200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	400,000.	0.			PROGRAM SUPPORT
MCLEAN HOSPITAL 115 MILL STREET BELMONT, MA 02478	04-2697981	501(C)(3)	449,999.	0.			PROGRAM SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVE - CHARLESTON, SC 29425	57-6000722	501(C)(3)	400,000.	0.			PROGRAM SUPPORT
MEHARRY MEDICAL COLLEGE 1005 DR. D. B. TODD JR. BOULEVARD NASHVILLE, TN 37208	62-0488046	501(C)(3)	300,000.	0.			PROGRAM SUPPORT
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	501(C)(3)	241,427.	0.			PROGRAM SUPPORT

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ALZHEIMER'S DISEASE & RELATED DISORDERS

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ASSOCIATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLER SCHOOL OF MEDICINE OF THE UNIVERSITY OF MIAMI - 1320 SOUTH DIXIE HIGHWAY, SUITE 650 - CORAL GABLES, FL 33146	59-0624458	501(C)(3)	599,999.	0.			PROGRAM SUPPORT
NEW YORK MEMORY CENTER 199 14TH ST BROOKLYN, NY 11215	11-2713960	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE - SPONSORED PROGRAMS ADMINISTRATION ONE PARK AVENUE, 6TH FLOOR - NEW YORK, NY	13-5562308	501(C)(3)	796,641.	0.			PROGRAM SUPPORT
NORTHEAST OHIO MEDICAL UNIVERSITY 4209 STATE ROUTE 44, PO BOX 95 ROOTSTOWN, OH 44272	34-1131512	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION - 4150 CLEMENT STREET - SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501(C)(3)	397,278.	0.			PROGRAM SUPPORT
REGENTS OF THE UNIVERSITY OF MINNESOTA - TWIN CITIES - 450 MCNAMARA ALUMNI CENTER 200 OAK STREET S.E. - MINNEAPOLIS, MN	41-6007513	501(C)(3)	183,612.	0.			PROGRAM SUPPORT
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	234,255.	0.			PROGRAM SUPPORT
RUTGERS BIOMEDICAL AND HEALTH SCIENCES - 65 BERGEN STREET - NEWARK, NJ 07107	22-6001086	501(C)(3)	357,359.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS UNIVERSITY 221 NORTH GRAND BOULEVARD ST. LOUIS, MO 63103	43-0654872	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
STANFORD UNIVERSITY SCHOOL OF MEDICINE - 269 CAMPUS DRIVE WEST - STANFORD, CA 94305	94-1156365	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER - 400 HARVEY MITCHELL PARKWAY SOUTH, SUITE 300 - COLLEGE STATION, TX 77845	74-2907553	501(C)(3)	199,961.	0.			PROGRAM SUPPORT
TEXAS TECH UNIVERSITY 2625 MEMORIAL CIRCLE LUBBOCK, TX 79409	75-6002622	501(C)(3)	199,918.	0.			PROGRAM SUPPORT
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY ST - REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - UNIVERSITY OF ILLINOIS AT - 28395 NETWORK PLACE - CHICAGO, IL 60673	37-6000511	501(C)(3)	400,000.	0.			PROGRAM SUPPORT
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN - HENRY ADMINISTRATION BUILDING 506 S.	37-6000511	501(C)(3)	449,559.	0.			PROGRAM SUPPORT
THE GEORGE WASHINGTON UNIVERSITY 1922 F STREET NW 4TH FLOOR WASHINGTON, DC 20052	53-0196584	501(C)(3)	82,000.	0.			PROGRAM SUPPORT
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04906	01-0211513	501(C)(3)	725,490.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PENNSYLVANIA STATE UNIVERSITY 110 TECHNOLOGY CENTER UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	218,559.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, BERKELEY - SPONSORED PROJECTS OFFICE 1608 FOURTH STREET, SUITE 220 UNIVERSITY OF	94-6002123	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 1850 RESEARCH PARK DRIVE, SUITE 300 - DAVIS, CA 95618	94-6036494	501(C)(3)	199,797.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - 160 ALDRICH HALL - IRVINE, CA 92697	95-2226406	501(C)(3)	445,987.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, SUITE 700 - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE MAIL CODE 0041 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	620,000.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	2,335,686.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 3201 SAASB - SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	673,663.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RESEARCH FOUNDATION OF SUNY 1400 WASHINGTON AVENUE, MSC 100A ALBANY, NY 12222	14-1368361	501(C)(3)	399,995.	0.			PROGRAM SUPPORT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - COLUMBIA UNIVERSITY MEDICAL CENTER BOX 49 630 WEST 168TH	13-5598093	501(C)(3)	1,109,459.	0.			PROGRAM SUPPORT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET FRANKLIN BUILDING 5TH FLOOR - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	759,225.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF IOWA 2660 UNIVERSITY CAPITOL CENTRE IOWA CITY, IA 52242	42-6004813	501(C)(3)	450,000.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - 1111 SPRING GARDEN STREET 2702 MHRA BUILDING - GREENSBORO, NC 27412	56-6001468	501(C)(3)	199,986.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN, UCT 1006 - HOUSTON, TX 77030	74-1761309	501(C)(3)	400,000.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390	75-6002868	501(C)(3)	239,179.	0.			PROGRAM SUPPORT
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON, M-921 BOSTON, MA 02218	04-2103547	501(C)(3)	799,959.	0.			PROGRAM SUPPORT
TULANE UNIVERSITY HEALTH SCIENCES CENTER - 1430 TULANE AVENUE - NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	198,833.	0.			PROGRAM SUPPORT

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

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UNIVERSITY OF COLORADO DENVER 13001 E. 17TH PLACE, RM W1124 AURORA, CO 80045	84-6000555	501(C)(3)	249,927.	0.			PROGRAM SUPPORT
UNIVERSITY OF CONNECTICUT HEALTH CENTER - 263 FARMINGTON AVENUE - FARMINGTON, CT 06030	52-1725543	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - MSN 1039, 3901 RAINBOW BOULEVARD - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	199,999.	0.			PROGRAM SUPPORT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 500 SOUTH LIMESTONE - LEXINGTON, KY 40526	61-6033693	501(C)(3)	199,331.	0.			PROGRAM SUPPORT
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. - 300 E MARKET STREET, SUITE 300 - LOUISVILLE, KY 40202	61-1029626	501(C)(3)	199,857.	0.			PROGRAM SUPPORT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	199,986.	0.			PROGRAM SUPPORT
UNIVERSITY OF MISSOURI 601 TURNER AVENUE TURNER AVENUE GARAGE, RM. 201 - COLUMBIA, MO 65211	43-6003859	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF OREGON SPONSORED PROJECTS SERVICES 5219 UNIVERSITY OF OREGON - EUGENE, OR 97403	46-4727800	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING - 418 CURIE BLVD UNIVERSITY OF PENNSYLVANIA PHILADELPHIA, PA 19104 -	23-1352685	501(C)(3)	199,999.	0.			PROGRAM SUPPORT

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

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UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING 3420 FORBES AV PITTSBURGH, PA 15260	25-0965591	501(C)(3)	998,807.	0.			PROGRAM SUPPORT
UNIVERSITY OF ROCHESTER 518 HYLAN BLDG. BOX 270140 ROCHESTER, NY 14627	16-0743209	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 414 COLUMBIA, SC 29208	57-6001153	501(C)(3)	199,930.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTH DAKOTA 414 EAST CLARK STREET VERMILLION, SD 57069	46-6000364	501(C)(3)	199,482.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD SUITE 165 TAMPA, FL 33612	59-3102112	501(C)(3)	599,289.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET, 3RD FLOOR LOS ANGELES, CA 90089	95-1642394	501(C)(3)	3,822,938.	0.			PROGRAM SUPPORT
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	608,529.	0.			PROGRAM SUPPORT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	450,001.	0.			PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK STREET, SUITE 6301 MADISON, WI 53715	39-6006492	501(C)(3)	449,621.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY BAKER BUILDING, SUITE 800 110 21ST AVENUE, SOUTH - NASHVILLE, TN 37203	62-0476822	501(C)(3)	199,899.	0.			PROGRAM SUPPORT
VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVENUE, STE 970 - NASHVILLE, TN 37203	35-2528741	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	8,162,606.	0.			PROGRAM SUPPORT
WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1054 ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501(C)(3)	7,093,843.	0.			PROGRAM SUPPORT
WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202 DETROIT, MI 48202	38-6028429	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVE - NEW YORK, NY 10065	13-1623978	501(C)(3)	400,000.	0.			PROGRAM SUPPORT
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION - 886 CHESTNUT RIDGE ROAD - MORGANTOWN, WV 26506	55-0665758	501(C)(3)	399,976.	0.			PROGRAM SUPPORT
YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	399,999.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESPITE CAREGIVER	1301	1,532,206.	0.		
SCHOLARSHIPS	129	78,477.	0.		
SAFE RETURN	309	23,123.	0.		

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

PART I, LINE 2:

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

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

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

ALZHEIMER'S ASSOCIATION VOLUNTARY MEDICAL & SCIENTIFIC ADVISORY GROUP

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

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

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

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

Part IV Supplemental Information

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

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

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

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

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

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

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

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

EVALUATION.

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

OUTSIDE OF THE UNITED STATES AS FOLLOWS:

ALL AWARDEES ARE REQUIRED TO PROVIDE ANNUAL AND IN SOME CASES BI-ANNUAL

REPORTING TO THE ALZHEIMER'S ASSOCIATION ON BOTH THE STATUS OF THE RESEARCH

PROJECT AND FINANCIAL EXPENDITURES ASSOCIATED WITH THE PROJECT. SEVERAL

PROGRAMS ARE LEVERAGED FUNDING OPPORTUNITIES WITH PARTNER ORGANIZATIONS.

THESE RESEARCH PROJECTS AND FINANCIAL EXPENDITURE REPORTS ARE SHARED

BETWEEN THE PARTNER ORGANIZATION(S). ALZHEIMER'S ASSOCIATION GRANT

MANAGEMENT SYSTEM SENDS NOTIFICATIONS PRIOR TO THE ANNIVERSARY OF THE AWARD

START DATE AS A REMINDER OF THE REQUIRED REPORTS AND DEADLINES, WHICH

INCLUDE AN INTERIM SCIENTIFIC REPORT, INTERIM FINANCIAL REPORT, MENTOR

EVALUATION, DOCUMENTATION OF ANY PUBLICATIONS AS A RESULT OF ASSOCIATION

FUNDING, AND ANNUAL VERIFICATION OF REQUIRED ETHICAL (ANIMAL AND HUMAN AND

RECOMBINANT DNA APPROVALS) APPROVALS. THE INSTITUTIONAL OFFICIAL WHO HAS

FISCAL RESPONSIBILITY FOR THE AWARD CANNOT BE THE PRIMARY INVESTIGATOR OF

THE PROJECT. THE ALZHEIMER'S ASSOCIATION PROVIDES A TEMPLATE FOR THE

INTERIM SCIENTIFIC REPORT AND A TEMPLATE FOR THE INTERIM FINANCIAL REPORT

Part IV Supplemental Information

AND THE MENTOR EVALUATION, BOTH OF WHICH ARE AVAILABLE FOR DOWNLOAD BY THE
RESEARCHERS AS WELL AS THE OFFICIAL WITH FISCAL RESPONSIBILITY FOR THE
GRANT AT THE AWARDED INSTITUTION AT [HTTPS://PROPOSALCENTRAL.COM](https://PROPOSALCENTRAL.COM).

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

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

DATA GENERATED AS A RESULT OF ALZHEIMER'S ASSOCIATION FUNDED WORK IS
SUBJECT TO DATA SHARING, AS A CONDITION OF AWARD. DATA AND OTHER OUTPUTS OF
THE PROJECT ARE SUBJECT TO THIS POLICY FOR QUICK, REASONABLE SUBMISSIONS

Part IV Supplemental Information

FOR COMPLETED WORK. FURTHER, AWARDEES HAVE THE OPPORTUNITY TO SUBMIT/SHARE

DATA, AS APPLICABLE, THROUGH THE GLOBAL ALZHEIMER'S ASSOCIATION INTERACTIVE

NETWORK (GAAIN*), A GLOBAL INFRASTRUCTURE CONNECTING RESEARCH STUDIES FROM

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

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

THE ALZHEIMER'S ASSOCIATION.

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

ENSURE SUBMISSION COMPLIANCE ON ALL AWARDED GRANTS AND THAT FINANCIAL

REPORTING REQUIREMENTS ARE MET. AWARDEES' FINANCIAL REPORTS ARE REVIEWED

ANNUALLY TO ENSURE ELIGIBILITY FOR CONTINUED FUNDING. DELINQUENT REPORT(S)

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

DELINQUENT REPORTING COULD LEAD TO WITHDRAWAL OF FUNDING WHEN THE REQUEST

FOR ANNUAL REPORT(S) IS SENT. IF FUNDING IS WITHDRAWN DUE TO DELINQUENT

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

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

ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM, WITH THE EXCEPTION OF

THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM, ALZHEIMER'S

INNOVATION AWARD AND CERTAIN PARTNERSHIP PROGRAMS, INCLUDING TAU PIPELINE

ENABLING PROGRAM (T-PEP) AND THE ENDOLYSOSOMAL ACTIVITY IN ALZHEIMER'S

PROGRAM (E2A). ELIGIBILITY OF ORGANIZATIONS APPLICABLE FOR A PROGRAM ARE

DETAILED IN THAT PROGRAM'S RFA.

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

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

AND OTHER PROGRAMS WITH FOR-PROFIT AWARDEES, ANY FOR-PROFIT APPLICANT IS

REQUIRED TO SUBMIT THE ORGANIZATION'S FINANCIAL STATEMENTS.

Part IV Supplemental Information

AS PART OF THE APPLICATION PROCESS, APPLICANTS ARE TO UPLOAD A W-9 FORM THAT HAS BEEN DATED AND SIGNED BY AN AUTHORIZED SIGNING OFFICIAL. THIS FORM VERIFIES THAT AN INSTITUTION OR ORGANIZATION IS DESIGNATED AS A 501(C)(3) OR OTHER NON-PROFIT ENTITY. FOR PROFIT ORGANIZATIONS MUST SUBMIT DOCUMENTATION OF NET ASSETS AND ANNUAL EARNINGS, IN ADDITION TO THE W-9 FORM FOR CONSIDERATION. THESE FORMS ARE UPLOADED WITHIN THEIR SUBMITTED APPLICATION TO PROPOSAL CENTRAL. AFTER RECEIPT, THESE FORMS ARE REVIEWED BY AN ALZHEIMER'S ASSOCIATION GRANT SPECIALIST. FOLLOWING REVIEW BY A GRANT SPECIALIST, APPLICATIONS ARE THEN MOVED FORWARD TO PEER-REVIEW. IF AWARDED, THE ALZHEIMER'S ASSOCIATION GRANT SPECIALIST INCLUDES THE APPROPRIATE FORMS IN PAYMENT REQUESTS FOR GRANT FUNDING PAYMENTS.

PRIOR TO AWARD CONFIRMATION, THE MEDICAL AND SCIENTIFIC RELATIONS DIVISION VERIFIES THAT EACH INSTITUTION IS COMPLIANT WITH THE U.S. PATRIOT ACT AND DOES NOT APPEAR ON THE SPECIALLY DESIGNATED NATIONALS (SDN) LISTS. PRIOR TO PAYMENT, EACH FUNDED ALZHEIMER'S ASSOCIATION GRANT AWARDEE (I.E. THE INSTITUTION) IS VERIFIED FOR COMPLIANCE WITH THE U.S. PATRIOT ACT (THROUGH OFAC). THE GRANT SPECIALIST CONFIRMS ELIGIBILITY AND PROVIDES THIS DOCUMENTATION TO THE GRANT ONLINE FILE AT 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 ALZHEIMER'S 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 GRANT

Part IV Supplemental Information

AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND

INTELLECTUAL PROPERTY THAT RESULT FROM FUNDED STUDIES. ALZHEIMER'S

ASSOCIATION REQUIRES THE GRANT RECIPIENT TO NOTIFY THE ALZHEIMER'S

ASSOCIATION ON AN ANNUAL BASIS WITH UPDATES TO THESE RECORDS. FOLLOW-ON

FUNDING FROM FEDERAL AGENCIES IS ALSO MONITORED.

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

(AIM) FOR PUBLIC POLICY DIVISION ACTIVITIES IN FISCAL YEAR 2023 TO

SUPPORT PRIORITIES IDENTIFIED IN THE ALZHEIMER'S ASSOCIATION'S

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

ACTIVITIES AND THE ANCILLARY ACTIVITIES NECESSARY TO ACCOMPLISH

SPECIFIC GOALS INCLUDING: IMPLEMENTATION OF THE NATIONAL ALZHEIMER'S

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

UNANIMOUSLY PASSED AND THE PRESIDENT SIGNED INTO LAW THE NATIONAL

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

ALZHEIMER'S RESEARCH; EXPANDING EDUCATION EFFORTS AND CAREGIVER SUPPORT

SERVICES; EXPANDING DIAGNOSIS AND PLANNING.

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

PART III:

THE ASSOCIATION PROVIDES RESPITE CAREGIVER ASSISTANCE TO INDIVIDUALS

FOR THE BENEFIT OF SPECIFIED INDIVIDUALS TO COVER CARETAKING COSTS. THE

ASSOCIATION DOES NOT KEEP A RECORD TO TRACK EACH GRANT GIVEN TO EVERY

SINGLE INDIVIDUAL, SO THEY ARE USING AN ESTIMATE FOR THE NUMBER OF

RECIPIENTS BASED ON CURRENT DATA AVAILABLE AT THIS TIME.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Employer identification number
13-3039601

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HARRY JOHNS CHIEF EXEC. OFF. (THRU 12/2022)	(i)	844,010.	367,100.	7,858.	207,964.	23,981.	1,450,913.	0.
	(ii)	30,603.	0.	0.	0.	0.	30,603.	0.
(2) KATHERINE "JOANNE" PIKE PRESIDENT/CEO (AS OF 01/2023)	(i)	626,318.	190,500.	11,734.	79,397.	33,261.	941,210.	0.
	(ii)	16,512.	0.	0.	0.	0.	16,512.	0.
(3) DONNA MCCULLOUGH - CHIEF MISSION & FIELD OPERATIONS OFFICER	(i)	576,296.	170,200.	4,564.	74,279.	12,347.	837,686.	0.
	(ii)	1,984.	0.	0.	0.	0.	1,984.	0.
(4) MARIA CARRILLO CHIEF SCIENCE OFFICER	(i)	551,258.	150,000.	1,242.	73,129.	35,332.	810,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RICHARD HOVLAND COO, CFO, & ASST. TREASURER	(i)	521,488.	155,700.	4,564.	71,050.	27,942.	780,744.	0.
	(ii)	1,865.	0.	0.	0.	0.	1,865.	0.
(6) ROBERT EGGE CHIEF PUBLIC POLICY OFFICER	(i)	500,444.	97,800.	1,154.	70,963.	33,918.	704,279.	0.
	(ii)	21,176.	0.	0.	0.	0.	21,176.	0.
(7) KENANN CASSIDY EAST AREA LEADER	(i)	409,637.	120,800.	105,202.	62,663.	15,615.	713,917.	53,056.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CARL HILL CHIEF DE&I OFFICER	(i)	336,456.	97,800.	1,309.	57,243.	10,146.	502,954.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHELLE HELTON VP, FINANCIAL OPERATIONS	(i)	310,147.	46,771.	1,511.	33,550.	35,863.	427,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANTHONY D'AMATO - ASST. SECY. & VP LEGAL & GENERAL COUNSEL	(i)	328,834.	32,188.	765.	11,839.	12,462.	386,088.	0.
	(ii)	232.	0.	0.	0.	0.	232.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

PERSONAL SERVICES

THE PRESIDENT RECEIVED A ONE-TIME PERSONAL SERVICE IN THE AMOUNT OF \$9,925

THAT IS INCLUDED ON SCHEDULE J, PART III, COLUMN B(III).

TRAVEL FOR COMPANIONS

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

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

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

KEY CONSTITUENTS AND APPROPRIATELY FULFILLING THE MISSION OF THE

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

PART I, LINE 4B:

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

EACH OF THE INDIVIDUALS LISTED BELOW HAD CONTRIBUTIONS OF THE AMOUNTS

INDICATED BELOW INTO THEIR 457(F) PLAN IN CALENDAR YEAR 2022 WHICH IS

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

JOANNE PIKE - \$45,847

DONNA MCCULLOUGH - \$40,729

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.

ROBERT EGGE - \$37,413

MARIA CARRILLO - \$39,579

KENANN CASSIDY - \$29,112

CARL HILL - \$23,693

THE ABOVE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION. NONE OF THE PARTICIPANTS ABOVE HAVE VESTED IN ANY OF THE SERP BENEFITS. THESE INDIVIDUALS VESTED IN CONTRIBUTIONS FOR THE FIRST TIME IN 2022. THE VESTED BALANCES WERE NOT PAID OUT UNTIL JANUARY 2023.

PART I, LINE 7:

ALZHEIMER'S ASSOCIATION HAS A PERFORMANCE-BASED INCENTIVE COMPENSATION PLAN. CERTAIN INDIVIDUALS OF ALZHEIMER'S ASSOCIATION CAN EARN INCENTIVE COMPENSATION IF THEY MEET THE CRITERIA OUTLINED IN THEIR RESPECTIVE EMPLOYMENT AGREEMENTS.

THE CEO IS ALSO ELIGIBLE TO PARTICIPATE IN THE INCENTIVE COMPENSATION PLAN AND HIS INCENTIVE COMPENSATION PAYMENTS ARE REVIEWED AND APPROVED BY 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.

COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE RETAINS SOLE DISCRETION

TO DETERMINE THE AMOUNT OF ANY INCENTIVE COMPENSATION PAID TO EXECUTIVES.

PART II, COLUMN (B) (II):

SUPPLEMENTAL COMPENSATION INFORMATION: BONUS AND INCENTIVE COMPENSATION

HARRY JOHNS RECEIVED PERFORMANCE BASED INCENTIVE COMPENSATION OF

\$367,100 BASED ON HIS SUCCESSFUL ACHIEVEMENT OF SPECIFIC GOALS, WHICH

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

THE BOARD OF DIRECTORS IN CONSULTATION WITH THE BOARD'S INDEPENDENT

THIRD-PARTY COMPENSATION CONSULTANTS. THIS PERFORMANCE BASED INCENTIVE

COMPENSATION WAS EARNED FOR PERFORMANCE IN FISCAL YEAR 2022 AND WAS

PAID IN CALENDAR YEAR 2022.

RICHARD HOVLAND, JOANNE PIKE, DONNA MCCULLOUGH, ROBERT EGGE, MARIA

CARRILLO, KENANN CASSIDY, CARL HILL, ANTHONY D'AMATO AND MICHELLE

HELTON RECEIVED PERFORMANCE BASED INCENTIVES EARNED IN FISCAL YEAR 2022

AND PAID IN CALENDAR YEAR 2022.

PART II, COLUMN (B) (III):

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.

HARRY JOHNS AND RICHARD HOVLAND RECEIVE A BASIC LIFE INSURANCE BENEFIT

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

IS IMPUTED INCOME FOR THE GROUP TERM LIFE BENEFIT.

JOANNE PIKE, DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, KENANN

CASSIDY, CARL HILL, ANTHONY D'AMATO AND MICHELLE HELTON ALSO RECEIVE

THE LIFE INSURANCE BENEFIT. HARRY JOHNS, RICHARD HOVLAND, JOANNE PIKE,

DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARILLO, KENANN CASSIDY, CARL

HILL, ANTHONY D'AMATO, AND MICHELLE HELTON HAVE ADDITIONAL IMPUTED

INCOME FOR VOLUNTARY ELECTIONS UNDER THE GROUP DISABILITY PLAN.

JOANNE PIKE HAS ADDITIONAL TAXABLE FRINGE INCOME FOR PERSONAL SECURITY

ASSESSMENT FEES.

DURING FY23, KENANN CASSIDY MET THE AGE VESTING REQUIREMENT AND

RECEIVED A PAYOUT OF THE 457(F) PLAN OF \$25,577 AND \$27,478 WHICH WAS

REPORTED ON THE FY21 AND FY22 990'S AS DEFERRED COMPENSATION IN

SCHEDULE J, PART II, COLUMN C. ON THE FY23 990, THESE AMOUNTS ARE

INCLUDED WITHIN THE TOTAL REPORTED IN SCHEDULE J, PART II, COLUMN

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.

B(III) AND COLUMN (F).

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 -\$33,550

RICHARD HOVLAND - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES

EMPLOYER CONTRIBUTIONS TO A QUALIFIED 401(K) RETIREMENT PLAN - \$33,550

JOANNE PIKE, DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, KENANN

CASSIDY, CARL HILL, ANTHONY D'AMATO AND MICHELLE HELTON - RETIREMENT

AND OTHER DEFERRED COMPENSATION INCLUDES EMPLOYER CONTRIBUTIONS TO A

QUALIFIED 401(K) RETIREMENT PLAN.

JOANNE PIKE, DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, KENANN

CASSIDY, AND CARL HILL - RETIREMENT AND OTHER DEFERRED COMPENSATION

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.

ALSO INCLUDES EMPLOYER CONTRIBUTIONS TO A NON-QUALIFIED 457(F)

SUPPLEMENTAL RETIREMENT PLAN.

PART II, COLUMN (D):

SUPPLEMENTAL COMPENSATION INFORMATION: NONTAXABLE BENEFITS

HARRY JOHNS - NON-TAXABLE BENEFITS OF \$23,981 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 2022 THROUGH THE BENEFIT OFFERINGS

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

THE AMOUNTS REPRESENTED FOR RICHARD HOVLAND, JOANNE PIKE, DONNA

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

ANTHONY D'AMATO 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 L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

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

Department of the Treasury Internal Revenue Service

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

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

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

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SARA GIAMMARISE, SENIOR DI	DAUGHTER OF DAVID H	95,311.	EMPLOYMENT		X
RAZA LAMB, HEALTH DATA ANA	SON OF BRUCE LAMB,	9,936.	EMPLOYMENT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF DAVID HUNTER, DIRECTOR

(A) NAME OF PERSON: RAZA LAMB, HEALTH DATA ANALYST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF BRUCE LAMB, DIRECTOR

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	771	6,240,188.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GALA-RELATED)	X	240	1,186,049.	FMV
26 Other (NON-GALA-RLTD)	X	2,138	551,244.	FMV
27 Other (FUNDRAISING)	X	16	154,970.	FMV
28 Other (RAFFLE)	X	15	20,701.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 6

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

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

PART I, OTHER TYPES OF PROPERTY:

CRYPTO CURRENCY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 24

(C) REVENUE REPORTED ON FORM 990, PART VIII § 6413.

(D) METHOD OF DETERMINING REVENUE: FMV

PART I, LINE 25 AND LINE 32B:

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

LINE 25:

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

LINE 32B:

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

PART I, COLUMN B:

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

OTHER DEMENTIA - BY ACCELERATING GLOBAL RESEARCH, DRIVING RISK

REDUCTION AND EARLY DETECTION, AND MAXIMIZING QUALITY CARE AND SUPPORT.

FORM 990, PART III, LINE I, DESCRIPTION OF ORGANIZATION MISSION:

(MISSION CONTINUED)

AND EARLY DETECTION, AND MAXIMIZING QUALITY CARE AND SUPPORT.

THE ALZHEIMER'S ASSOCIATION IS A VALUED RESOURCE FOR CAREGIVERS AND

THOSE LIVING WITH THE DISEASE, OFFERING INFORMATION, EDUCATION AND

SUPPORT. APPROXIMATELY 180 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, SINCE AWARDING THE FIRST GRANTS IN 1982, ALZHEIMER'S

ASSOCIATION HAS COMMITTED MORE THAN \$700 MILLION TO MORE THAN 3,900

BEST-OF-FIELD GRANTS. AS A LEADER IN THE FIELD, THE ALZHEIMER'S

ASSOCIATION FOSTERS COLLABORATION OF THE SCIENTIFIC COMMUNITY BY

HOSTING THE LARGEST INTERNATIONAL CONFERENCE FOCUSING ON ALZHEIMER'S

DISEASE RESEARCH IN THE WORLD.

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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 ALZHEIMER'S 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. ALZHEIMER'S ASSOCIATION IS QUALIFIED TO USE THE "BBB TORCH LOGO" AND A NATIONAL CHARITY SEAL ("SEAL").

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

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

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

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

PATIENT AND FAMILY SERVICES - THE ALZHEIMER'S ASSOCIATION* PROVIDES AN ARRAY OF INFORMATION AND SUPPORT SERVICES DESIGNED SPECIFICALLY FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILIES, FRIENDS AND CAREGIVERS. IN ORDER TO MEET THE DIVERSE NEEDS OF INDIVIDUALS AFFECTED BY ALZHEIMER'S DISEASE, ALZHEIMER'S ASSOCIATION 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, ALZHEIMER'S 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

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COMMUNITY THAT INCLUDES MULTIPLE FORUMS FOR DIVERSE AUDIENCES.

THROUGH ALZHEIMER'S ASSOCIATION 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. THE HELPLINE RECEIVES

APPROXIMATELY 225,000 CALLS AND CHATS PER YEAR.

ALZHEIMER'S ASSOCIATION WEBSITE (WWW.ALZ.ORG*) RECEIVES MORE THAN 33

MILLION VISITS A YEAR. ONLINE PROGRAMS INCLUDE: SELF-SERVICE EDUCATION

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

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

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

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

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

ALZHEIMER'S DISEASE AND THEIR CARE PARTNERS.

THROUGH ALZHEIMER'S ASSOCIATION EARLY STAGE INITIATIVE, INDIVIDUALS IN

THE EARLY STAGES OF THE DISEASE CAN PARTICIPATE IN EDUCATION PROGRAMS,

SUPPORT GROUPS AND SOCIAL ENGAGEMENT PROGRAMS. ADDITIONALLY,

ALZHEIMER'S ASSOCIATION CONVENES AN EARLY STAGE ADVISORY GROUP WHOSE

MEMBERS RAISE AWARENESS, ADVOCATE FOR THE CAUSE, AND PROVIDE GUIDANCE

AND REVIEW OF PROGRAMS AND SERVICES.

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

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

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
RESEARCH - THE ALZHEIMER'S ASSOCIATION IS ON THE FOREFRONT OF THE ALZHEIMER'S SCIENTIFIC FIELD, GLOBALLY CONNECTING RESEARCHERS IN THE QUEST TO FIND METHODS OF TREATMENT, PREVENTION AND A CURE. THE ALZHEIMER'S ASSOCIATION IMPLEMENTS AN AGGRESSIVE GLOBAL RESEARCH AND SCIENCE PROGRAM STRATEGICALLY DESIGNED TO ACCELERATE PROGRESS BY FOSTERING INNOVATION, IDENTIFYING AND CLOSING CRITICAL KNOWLEDGE GAPS, DEVELOPING AND DISSEMINATING TOOLS, AND NURTURING SCIENTIFIC TALENT.

THE ALZHEIMER'S ASSOCIATION HAS BEEN A CATALYST AND CONVENER FOR MORE THAN 40 YEARS. WHETHER FUNDING INNOVATIVE GRANTS TO HELP FURTHER

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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.

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

ADVOCACY - AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES,

BUSINESSES AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE MOVING CLOSER TO

FINDING BETTER TREATMENTS THAT COULD ALTER THE COURSE OF THE DISEASE.

THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES AIMED AT

ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF

PREVENTION AND ULTIMATELY A CURE, AS WELL AS FOR BETTER CARE AND

RESOURCES, AND HEALTH AND LONG-TERM COVERAGE TO ENSURE HIGH QUALITY

COST EFFECTIVE CARE FOR PEOPLE WITH ALZHEIMER'S DISEASE AND THEIR

FAMILIES. MORE THAN 600,000 GRASS ROOTS ALZHEIMER'S ASSOCIATION

ADVOCATES SPEAK UP FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S

AND THEIR FAMILIES, AND ENCOURAGE CONGRESS TO INCREASE FUNDING FOR

RESEARCH AND CARE. ADVOCACY ACTIVITIES ALSO INCLUDE COLLABORATING WITH

OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY

ISSUES.

FORM 990, PART VI, SECTION A, LINE 1A:

GOVERNING BODY:

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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 ALZHEIMER'S ASSOCIATION 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 ALZHEIMER'S ASSOCIATION IN BETWEEN MEETINGS OF THE BOARD OF DIRECTORS; PROVIDED, THAT THE EXECUTIVE COMMITTEE SHALL NOT TAKE ANY ACTION WHICH IS CONTRARY TO POLICIES OF ALZHEIMER'S ASSOCIATION AS ADOPTED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL HAVE SUCH ADDITIONAL POWERS AS MAY BE PROVIDED BY LAW OR RESOLUTION OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL REPORT TO THE BOARD OF DIRECTORS AT EACH MEETING OF THE BOARD OF DIRECTORS AND REPORT EXECUTIVE COMMITTEE ACTIONS IN A TIMELY MANNER IN BETWEEN BOARD OF DIRECTORS MEETINGS.

AT EACH OF ITS ANNUAL MEETINGS, THE BOARD OF DIRECTORS BY DULY ADOPTED RESOLUTION SHALL ELECT AN EXECUTIVE COMMITTEE CONSISTING OF NO FEWER THAN SEVEN NOR MORE THAN FIFTEEN DIRECTORS. THE CHAIR, CHAIR ELECT, VICE CHAIRS, SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEES, AND THE CHAIR OF

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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, OR ELECTRONIC TRANSMISSION AT LEAST SEVEN DAYS (OR AT LEAST 48 HOURS IN THE CASE OF MEETINGS HELD BY REMOTE COMMUNICATION) PRIOR TO THE MEETING. A MAJORITY OF THE CURRENTLY SERVING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR ALL PURPOSES.

FINANCE COMMITTEE:

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

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BOARD OF DIRECTORS WITH RESPECT TO SUCH OVERSIGHT AND ACTIONS.

GOVERNANCE AND NOMINATING COMMITTEE:

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

RESOLUTION SHALL ELECT A GOVERNANCE AND NOMINATING COMMITTEE CONSISTING OF

NO FEWER THAN SEVEN NOR MORE THAN FIFTEEN INDIVIDUALS CURRENTLY SERVING AS

A DIRECTOR. AT LEAST ONE-THIRD OF THE GOVERNANCE AND NOMINATING COMMITTEE

SHALL BE DIRECTORS HAVING CHAPTER EXPERIENCE. THE GOVERNANCE AND NOMINATING

COMMITTEE SHALL ASSIST THE BOARD IN ENSURING THE SUCCESSFUL GOVERNANCE OF

ALZHEIMER'S 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. THE GOVERNANCE AND NOMINATING COMMITTEE ALSO SHALL PROVIDE

INPUT TO THE CHAIR ON THE SELECTION OF OFFICERS AND COMMITTEE CHAIRS.

COMPENSATION COMMITTEE:

THE COMPENSATION COMMITTEE SHALL BE RESPONSIBLE FOR REVIEWING AND

APPROVING, SUBJECT TO FURTHER AND FINAL APPROVAL BY THE BOARD OF DIRECTORS,

ALL FORMS OF COMPENSATION AND BENEFITS FOR THE PRESIDENT AND CHIEF

EXECUTIVE OFFICER OR CHIEF EXECUTIVE OFFICER. THE COMPENSATION COMMITTEE

SHALL CONDUCT ITS REVIEW AND APPROVAL OF HIS OR HER TOTAL COMPENSATION AND

BENEFITS IN A MANNER INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF

REASONABLENESS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS

AMENDED ("SECTION 4958"). THE COMPENSATION COMMITTEE ALSO SHALL BE

RESPONSIBLE FOR REVIEWING AND APPROVING APPROPRIATE MARKET DATA, TO BE USED

BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OR CHIEF EXECUTIVE OFFICER TO

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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 ALZHEIMER'S ASSOCIATION WITHIN THE MEANING OF SECTION 4958.

THE COMPENSATION COMMITTEE ALSO SHALL BE RESPONSIBLE FOR OVERSIGHT OF

EXECUTIVE-LEVEL BENEFITS AND SUCCESSION PLANNING FOR KEY POSITIONS IN

ALZHEIMER'S ASSOCIATION.

THE COMPENSATION COMMITTEE AND THE FINANCE COMMITTEE SHALL HAVE SEPARATE

BUT COORDINATED FIDUCIARY AND OVERSIGHT RESPONSIBILITY WITH RESPECT TO THE

ALZHEIMER'S ASSOCIATION 401(K) SAVINGS PLAN AND ANY OTHER TAX-QUALIFIED

RETIREMENT PLANS SPONSORED BY ALZHEIMER'S ASSOCIATION (THE PLANS).

WORKING IN COORDINATION WITH THE FINANCE COMMITTEE, THE COMPENSATION

COMMITTEE SHALL BE RESPONSIBLE FOR PROVIDING APPROPRIATE GOVERNANCE

OVERSIGHT AS TO THE ADMINISTRATIVE OPERATIONS OF THE PLANS, INCLUDING

APPOINTMENT OF FIDUCIARIES RELATING TO ADMINISTRATIVE MANAGEMENT UNDER THE

PLANS, FOR TAKING FINAL ACTIONS WITH RESPECT TO SUCH ADMINISTRATIVE

OPERATIONS, AND FOR PROVIDING APPROPRIATE REPORTS TO THE BOARD OF DIRECTORS

WITH RESPECT TO SUCH OVERSIGHT AND ACTIONS.

AUDIT COMMITTEE:

THE AUDIT COMMITTEE SHALL BE RESPONSIBLE FOR RECOMMENDING AN AUDITOR TO THE

BOARD OF DIRECTORS AND SHALL OVERSEE THE ACTIVITIES OF ANY INTERNAL AUDITOR

OF ALZHEIMER'S ASSOCIATION. THE AUDIT COMMITTEE SHALL SEE THAT AN ANNUAL

AUDIT IS PREPARED BY AN INDEPENDENT FIRM OF CERTIFIED PUBLIC ACCOUNTANTS

SELECTED BY THE BOARD OF DIRECTORS AND, UPON RECEIVING SUCH AUDITOR'S

REPORT, THE AUDIT COMMITTEE SHALL PREVIEW THE AUDIT REPORT FOR SUBMISSION

TO THE BOARD OF DIRECTORS EACH YEAR. THE AUDIT COMMITTEE SHALL REVIEW THE

FINANCIAL REPORTS OF ALZHEIMER'S ASSOCIATION, ITS SYSTEM OF INTERNAL

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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.

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

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

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

ARTICLE XII, SECTION 2 OF THE ORGANIZATIONAL BYLAWS.

THE RESPONSIBILITY FOR DISCLOSING ANY KNOWN OR REASONABLY FORESEEABLE

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

OF DIRECTORS OR ITS COMMITTEE DESIGNEE BY THE INTERESTED PERSON WHOSE

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

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

DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE

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

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

PERSONS SERVING ALZHEIMER'S ASSOCIATION SHALL FILE DISCLOSURE STATEMENTS,

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

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

OFTEN THAN ANNUALLY. INTERESTED PERSONS SHALL DISCLOSE ANY CONFLICT AND

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

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

COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR

DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES SHALL

REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED

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

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

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

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

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

MATTER. FURTHER THE INTERESTED PERSON OR REPRESENTATIVE HAVING A CONFLICT

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

FORM 990, PART VI, SECTION B, LINE 15:
 PROCESS FOR DETERMINING COMPENSATION
 COMPENSATION IS ESTABLISHED FOR THE PRESIDENT & CEO BY THE COMPENSATION
 COMMITTEE AND THE EXECUTIVE COMMITTEE AFTER A THOROUGH SALARY/MARKET REVIEW
 CONDUCTED BY OUTSIDE COMPENSATION CONSULTANTS. FOR THE PRESIDENT & CEO
 POSITION, THE GATHERING OF RELEVANT COMPARABILITY DATA FROM INDEPENDENT
 SOURCES OCCURRED IN 2023. 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

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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). THE MOST RECENT COMPENSATION STUDY WAS CONDUCTED

IN 2023 AND 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 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC

TN, UT, VA, WA

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

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE GENERAL PUBLIC BY

POSTING ON THE WEBSITE AT WWW.ALZ.ORG AND UPON REQUEST. THE ORGANIZATION

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

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

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

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

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

CHANGE IN VALUE OF PERPETUAL TRUSTS	636,460.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-1,016,755.
BAD DEBT EXPENSE	-841,432.
RESCINDED RESEARCH GRANTS	3,305,517.
TOTAL TO FORM 990, PART XI, LINE 9	2,083,790.

**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

2022

**Open to Public
Inspection**

Name of the organization	ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number	13-3039601
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

Schedule R (Form 990) 2022

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?		(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	

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	No

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALZHEIMER'S IMPACT MOVEMENT	B	9,857,233.	FMV
(2) ALZHEIMER'S IMPACT MOVEMENT	N	878,761.	FMV
(3) ALZHEIMER'S IMPACT MOVEMENT	O	5,043,322.	FMV
(4) COALITION OF NY STATE ALZ ASSN CHAPS INC	O	283,610.	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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

PART V, LINE 2:

AMOUNT INVOLVED IN RELATIONSHIP

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

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

2023 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.