

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and I declare that it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Sign Here	***** Signature of officer		
	RICHARD H HOVLAND COO/CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name BRIDGET T ROCHE		Preparer's signature BRIDGET T ROCHE
	Firm's name ▶ GRANT THORNTON LLP		
	Firm's address ▶ 171 N CLARK ST SUITE 200 CHICAGO, IL 60601		

Part III Statement of Program Service AccomplishmentsCheck 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 IS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER CARE, SUPPORT, AND RESEARCH (MISSION CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$	200,035,628	including grants of \$	2,975,894)	(Revenue \$	3,767,473)
See Additional Data							

4b	(Code)	(Expenses \$	46,544,673	including grants of \$	30,054,889)	(Revenue \$	6,637,040)
See Additional Data							

4c	(Code)	(Expenses \$	9,336,880	including grants of \$	0)	(Revenue \$	34,816)
See Additional Data							

4d	Other program services (Describe in Schedule O)					
	(Expenses \$	17,770,262	including grants of \$	6,526,577)	(Revenue \$	64,851)

4e	Total program service expenses ▶	273,687,443
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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>	Yes	
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>	Yes	
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>		No
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>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>	Yes	
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>	Yes	
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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,304
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,548
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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	28	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	28	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, CA, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TX, UT, VA, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► RICHARD HOVLAND COOCFO 225 N MICHIGAN AVE 17TH FLOOR Chicago, IL 606017633 (312) 335-5771

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

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

Form **990** (2017)

[illegible]

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 ▶ 221

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Hayworth Marketing Media LLC, 45 South 7th Street Suite 2400 MINNEAPOLIS, MN 55402	MEDIA	9,290,179
World-Wide Printing Distrib Inc, 2900 E Apache TULSA, OK 74110	Print/Letter Shop	6,456,759
Home Instead Inc, 13323 Claifornia Street OMAHA, NE 68154	Respite	3,278,607
Webb Mason Inc, PO Box 62414 BALTIMORE, MD 212642414	PRINT/LETTER SHOP	2,988,928
PERSONIFY INC, PO BOX 759470 BALTIMORE, MD 212759470	SOFTWARE DEVELOPMENT	2,481,327

Form 990 (2017)

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	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b	512,050				
	c	Fundraising events . . .	1c	3,689,609				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	22,529,518				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	294,577,911				
	g	Noncash contributions included in lines 1a-1f \$	11,782,522					
	h	Total. Add lines 1a-1f	321,309,088					
Program Service Revenue			Business Code					
	2a	PROGRAM CONFERENCES	611710	6,885,515	6,885,515			
	b	CAREGIVER TRAINING	611710	720,091	720,091			
	c	SAFE RETURN REGISTRATION FEES	611710	515,530	515,530			
	d	JOURNAL	511120	335,872	335,872			
	e	REGISTRATION/EVENT REVENUE	900099	2,047,172	2,047,172			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	10,504,180					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	6,111,379		6,111,379		
	4		Income from investment of tax-exempt bond proceeds	0				
	5		Royalties	244,247		244,247		
	6a	(i) Real	(ii) Personal					
		Gross rents						
		b Less rental expenses						
		c Rental income or (loss)						
	d		Net rental income or (loss)	0				
	7a	(i) Securities	(ii) Other					
		Gross amount from sales of assets other than inventory						
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
	d		Net gain or (loss)	298,739		298,739		
	8a	Gross income from fundraising events (not including \$ 3,689,609 of contributions reported on line 1c) See Part IV, line 18		a	10,397,634			
		b Less direct expenses		b	5,088,209			
		c Net income or (loss) from fundraising events		5,309,425				
	9a	Gross income from gaming activities See Part IV, line 19		a	46,245			
		b Less direct expenses		b	44,018			
		c Net income or (loss) from gaming activities		2,227				
	10a	Gross sales of inventory, less returns and allowances		a	318,798			
		b Less cost of goods sold		b	28,798			
		c Net income or (loss) from sales of inventory		290,000				
Miscellaneous Revenue		Business Code						
11a		3RD PARTY LITIGATION AWARD RECIPIENT	900099	734,166		734,166		
b		GROUP CHAPTER REVENUE	900099	520,936		520,936		
c		AFFILIATE REVENUE	900099	18,407		18,407		
d		All other revenue		115,833		115,833		
e		Total. Add lines 11a-11d	1,389,342					
12		Total revenue. See Instructions	345,458,627					
			10,504,180					
			13,645,359					

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	32,223,530	32,223,530		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,745,093	1,745,093		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	5,588,737	5,588,737		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	3,128,696	1,765,846	868,509	494,341
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	134,768,425	99,544,003	4,505,930	30,718,492
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	20,458,187	15,044,960	786,851	4,626,376
9 Other employee benefits.	14,959,819	11,023,658	670,599	3,265,562
10 Payroll taxes.	80,911	61,778	3,531	15,602
11 Fees for services (non-employees).				
a Management.	0			
b Legal.	1,099,064	648,018	321,902	129,144
c Accounting.	221,471		221,471	
d Lobbying.	1,016,065	1,016,065		
e Professional fundraising services. See Part IV, line 17.	1,306,686			1,306,686
f Investment management fees.	210,229	210,229		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,896,645	18,102,988	1,458,005	3,335,652
12 Advertising and promotion.	25,248,420	22,127,382	39,658	3,081,380
13 Office expenses.	38,465,057	26,352,226	3,836,430	8,276,401
14 Information technology.	1,841,380	1,324,022	253,758	263,600
15 Royalties.	0			
16 Occupancy.	18,650,402	14,203,359	1,864,940	2,582,103
17 Travel.	11,120,205	8,138,824	362,797	2,618,584
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	16,530,804	10,465,211	235,664	5,829,929
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	4,339,411	2,859,992	570,144	909,275
23 Insurance.	612,840	392,303	133,490	87,047
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	1,850,265	3,544	410,277	1,436,444
b	0			
c	0			
d	0			
e All other expenses	1,215,125	845,675	26,952	342,498
25 Total functional expenses. Add lines 1 through 24e.	359,577,467	273,687,443	16,570,908	69,319,116
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).	16,449,045	10,038,429	2,452,043	3,958,573

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		417,659	1	0
	2	Savings and temporary cash investments		57,724,862	2	68,055,793
	3	Pledges and grants receivable, net		54,827,463	3	46,695,790
	4	Accounts receivable, net		10,482,245	4	8,496,070
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		47,468	7	71,218
	8	Inventories for sale or use		885,536	8	1,040,794
	9	Prepaid expenses and deferred charges		8,562,543	9	6,136,245
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	50,265,646		
	b	Less: accumulated depreciation	10b	25,544,534		
				17,889,492	10c	24,721,112
	11	Investments—publicly traded securities		160,429,873	11	163,106,724
	12	Investments—other securities. See Part IV, line 11		32,978,937	12	34,892,159
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		843,711	15	836,154	
16	Total assets. Add lines 1 through 15 (must equal line 34)		345,089,789	16	354,052,059	
Liabilities	17	Accounts payable and accrued expenses		24,334,152	17	29,835,119
	18	Grants payable		37,213,895	18	48,509,764
	19	Deferred revenue		5,807,113	19	4,775,563
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		9,868,483	25	14,726,923
	26	Total liabilities. Add lines 17 through 25		77,223,643	26	97,847,369
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		136,430,935	27	126,389,072
	28	Temporarily restricted net assets		90,231,019	28	87,419,135
	29	Permanently restricted net assets		41,204,192	29	42,396,483
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		267,866,146	33	256,204,690	
34	Total liabilities and net assets/fund balances		345,089,789	34	354,052,059	

Part XI Reconciliation of Net AssetsCheck 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	345,458,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	359,577,467
3	Revenue less expenses Subtract line 2 from line 1	3	-14,118,840
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	267,866,146
5	Net unrealized gains (losses) on investments	5	2,105,849
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 in Schedule O)	9	351,535
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	256,204,690

Part XII Financial Statements and ReportingCheck 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 in 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		No
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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

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 5 MILLION AMERICANS ARE LIVING WITH ALZHEIMER'S AND AS MANY AS 15 MILLION PEOPLE ARE PROVIDING UNPAID CARE AND SUPPORT AND THIS MASSIVE GROUP IS IN NEED OF INFORMATION AND RESOURCES THE ALZHEIMER'S ASSOCIATION HAS INVESTED IN EDUCATION CAMPAIGNS AND INITIATIVES TO INCREASE KNOWLEDGE ABOUT ALZHEIMER'S DISEASE AND AWARENESS OF THE ALZHEIMER'S ASSOCIATION COMMUNICATING OUR ROLE AS LEADERS OF THE CAUSE KEY MESSAGES INCLUDE THE IMPORTANCE OF EARLY DETECTION, RESOURCES FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND THE SOCIETAL IMPACT OF THE DISEASE MILLIONS OF CONSTITUENTS PARTICIPATED IN OUR PROGRAMS IN LOCAL COMMUNITIES AND ON-LINE

Form 990, Part III, Line 4b:

RESEARCH - THE ALZHEIMER'S ASSOCIATION IS ON THE FOREFRONT OF THE ALZHEIMER'S SCIENTIFIC FIELD, GLOBALLY CONNECTING RESEARCHERS IN THE QUEST TO FIND METHODS OF TREATMENT, PREVENTION AND A CURE THE ALZHEIMER'S ASSOCIATION IMPLEMENTS AN AGGRESSIVE GLOBAL RESEARCH AND SCIENCE PROGRAM STRATEGICALLY DESIGNED TO ACCELERATE PROGRESS BY FOSTERING INNOVATION, IDENTIFYING AND CLOSING CRITICAL KNOWLEDGE GAPS, DEVELOPING AND DISSEMINATING TOOLS, AND NURTURING SCIENTIFIC TALENT THE ALZHEIMER'S ASSOCIATION HAS BEEN A CATALYST AND CONVENER FOR MORE THAN 30 YEARS WHETHER FUNDING INNOVATIVE GRANTS TO HELP FURTHER TREATMENTS AND DISCOVERY, HOSTING THE ALZHEIMER'S ASSOCIATION INTERNATIONAL CONFERENCE* (AAIC*), THE WORLD'S LARGEST GATHERING OF 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:

Chapter Services - Approximately 290 offices across the U S are doing business as the Alzheimer's Association and various names as a collection of 78 chapters of the Association and are in communities nationwide providing services to families and professionals including information and referral, support groups, care consultation, and education and safety services

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Christopher Binkley Chair And Director	12 0 0 0	X						0	0	0
Bill Buechele Thru 1017 Treasurer and Director	10 0 0 0	X		X				0	0	0
Jack Faer Director	5 0 0 0	X						0	0	0
David Goltermann Vice Chair and Director	12 0 0 0	X		X				0	0	0
Louis Holland Jr Director	5 0 0 0	X						0	0	0
Paul Hornback Director	5 0 0 0	X						0	0	0
David Knopman MD Director	5 0 0 0	X						0	0	0
Jacqueline Kouri Thru 1017 Secretary and Director	10 0 0 0	X		X				0	0	0
Margaret Noel MD Director (Thru 10/17)	5 0 0 0	X						0	0	0
Debra Pierson Director	5 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Kimberly Reed Director	5 0 0 0	X						0	0	0
Karen Stevenson Director	5 0 0 0	X						0	0	0
Carolyn Tieger Director	5 0 0 0	X						0	0	0
Derek van Amerongen Director	5 0 0 0	X						0	0	0
Electa Anderson Thru 1017 Director	5 0 0 0	X						0	0	0
Helen Brooks Director	5 0 0 0	X						0	0	0
Anna Catalano Secretary and Director	10 0 0 0	X		X				0	0	0
James Grossmann Director	5 0 0 0	X						0	0	0
David Hunter Director	5 0 0 0	X						0	0	0
Verna Jones-Rodwell Director (Thru 03/18)	5 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Diana Kerwin MD Director	5 0 0 0	X						0	0	0
Sarah Lorange Director	5 0 0 0	X						0	0	0
Ralph Nixon MD PhD Director	5 0 0 0	X						0	0	0
Robert O'Keefe Thru 1017 Director	5 0 0 0	X						0	0	0
Steven Osgood Treasurer and Director	10 0 0 0	X		X				0	0	0
Cecile Perich DIRECTOR	5 0 0 0	X						0	0	0
Brian Richardson Director	5 0 0 0	X						0	0	0
Julia Wallace Director	5 0 0 0	X						0	0	0
Paul Wexler DIRECTOR	5 0 0 0	X						0	0	0
Bruce Baude BEG 1017 Director	5 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Minoo Javanmardian BEG 1017 Director	5 0 0 0	X						0	0	0
Pam Montana BEG 1017 Director	5 0 0 0	X						0	0	0
William Thomas BEG 1017 Director	5 0 0 0	X						0	0	0
John Tracy BEG 1017 Director	5 0 0 0	X						0	0	0
HARRY JOHNS President & CEO	60 0 0 27			X				1,927,785	9,318	52,902
RICHARD HOVLAND COO/CFO	60 0 0 06			X				671,403	1,123	54,770
Christine Foh Asst Secy & VP Legal & GC	60 0 0 23			X				242,634	1,752	37,982
Maria Carrillo Chief Science Officer	60 0 0 0					X		460,886	0	58,880
Robert Egge Chief Public Policy Officer	60 0 1 41					X		431,012	19,558	86,240
Donna McCullough Chief Development Officer	60 0 0 06					X		410,198	656	67,629

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Scott Gardner Chief Change Mgmt Officer	60 0 0 0					X		367,030	0	42,092
William Fisher West Area Leader	60 0 0 0					X		333,356	0	53,097

SCHEDULE A

(Form 990 or 990EZ)

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Alzheimer's Disease & Related Disorders Association Inc

Employer identification number

13-3039601

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

- g

Provide the following information about the supported organization(s)

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	120,142,741	149,251,302	158,669,271	301,450,526	321,309,088	1,050,822,928
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	120,142,741	149,251,302	158,669,271	301,450,526	321,309,088	1,050,822,928
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						1,050,822,928

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	120,142,741	149,251,302	158,669,271	301,450,526	321,309,088	1,050,822,928
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,089,505	3,055,023	3,039,352	4,882,618	6,355,626	19,422,124
9 Net income from unrelated business activities, whether or not the business is regularly carried on					135,584	135,584
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,103,829	6,633,496	7,077,019	12,716,507	12,152,019	44,682,870
11 Total support. Add lines 7 through 10						1,115,063,506
12 Gross receipts from related activities, etc. (see instructions)					12	36,445,369
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	94.239 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	93.970 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
	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?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
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>		
	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)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

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)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Alzheimer's Disease & Related Disorders Association Inc	Employer identification number 13-3039601
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		251,000
d	Mailings to members, legislators, or the public?	Yes		300
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		6,475,586
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,662,167
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,115,000
i	Other activities?		No	
j	Total. Add lines 1c through 1i			9,504,053
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1A	VOLUNTEERS MOST OF THE ASSOCIATION'S ADVOCACY IS THROUGH VOLUNTEERS. ADDITIONALLY THE ASSOCIATION HAS TRAINING TO DEVELOP AND ORGANIZE CHAPTER BASED GRASSROOTS ACTIVITIES. AS ALZHEIMER'S DISEASE AND RELATED DEMENTIAS, HEREAFTER REFERRED TO AS ALZHEIMER'S DISEASE, THREATEN TO BANKRUPT FAMILIES, BUSINESSES AND THE HEALTHCARE SYSTEM, SCIENTISTS ARE MOVING CLOSER TO FINDING BETTER TREATMENTS THAT COULD ALTER THE COURSE OF THE DISEASE. THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF PREVENTION AND ULTIMATELY A CURE, AS WELL AS FOR HIGH QUALITY HEALTHCARE AND LONG TERM SERVICES AND SUPPORT FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. THIS INCLUDES ADVOCACY FOR BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. ADVOCACY ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.
SCHEDULE C, PART II-B, LINE 1B	PAID STAFF OR MANAGEMENT THE ASSOCIATION HAS PAID STAFF WHO ENGAGE ON BEHALF OF THE ASSOCIATION IN PUBLIC POLICY WORK, INCLUDING EDUCATING POLICYMAKERS AND SUPPORTING THE ADVOCACY WORK OF VOLUNTEERS.
SCHEDULE C, PART II-B, LINE 1C	MEDIA ADVERTISEMENTS MEDIA ADVERTISEMENTS WERE RUN IN WASHINGTON, D C FOR KEY ADVOCACY AWARENESS OPPORTUNITIES DURING THE YEAR.
SCHEDULE C, PART II-B, LINE 1D	MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC MAILING COSTS TO DISTRIBUTE FACTS AND FIGURES TO LEGISLATORS.
SCHEDULE C, PART II-B, LINE 1E	PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS THE ASSOCIATION DISTRIBUTED FEDERAL AND STATE UPDATES VIA EMAIL APPROXIMATELY 80 TIMES DURING THE YEAR.

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As Filed Data -

DLN: 93493353011538

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III

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

1a

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

1b

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	24,038,631	13,717,133	13,690,883	13,715,104	12,654,952
b Contributions	5,200	10,321,498	26,250	121,524	1,060,152
c Net investment earnings, gains, and losses	894,633	1,125,281	545,968	537,643	1,961,725
d Grants or scholarships			545,968	683,388	1,961,725
e Other expenditures for facilities and programs	894,633	1,125,281			
f Administrative expenses					
g End of year balance	24,043,831	24,038,631	13,717,133	13,690,883	13,715,104

2

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

a

Board designated or quasi-endowment

97 530 %

b

Permanent endowment

2 470 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		568,500		568,500
b Buildings		1,310,495	81,528	1,228,967
c Leasehold improvements		12,448,422	5,265,167	7,183,255
d Equipment		9,274,330	7,055,242	2,219,088
e Other		26,663,899	13,142,597	13,521,302
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				24,721,112

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	34,643,715	F
(B) ASSETS HELD IN TRUST	248,444	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	34,892,159	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED RENT	8,631,325
GIFT ANNUITY OBLIGATIONS	4,228,248
DUE TO CHAPTERS	1,848,211
OTHER LIABILITIES	19,139
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	14,726,923

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 FIN 48 (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	352,773,529
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,105,849
b	Donated services and use of facilities	2b	4,811,018
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	369,237
e	Add lines 2a through 2d	2e	7,286,104
3	Subtract line 2e from line 1	3	345,487,425
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-28,798
c	Add lines 4a and 4b	4c	-28,798
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	345,458,627

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	364,434,987
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	4,828,722
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	28,798
e	Add lines 2a through 2d	2e	4,857,520
3	Subtract line 2e from line 1	3	359,577,467
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	359,577,467

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.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	<p>INTENDED USES OF ENDOWMENT FUNDS Permanently restricted net assets are restricted as investments in perpetuity The Association's endowment only consists of donor-restricted endowment funds Net assets associated with the Association's endowment funds are classified and reported based on the existence of donor-imposed restrictions Donors restrict the earnings of some of the Association's endowment funds to fund the Association's research program</p> <p>In accordance with donor stipulations, the income generated from these assets is restricted for research (approximately 57%) or not purpose restricted (approximately 43%) The Association accounts for endowment net assets by preserving the fair value of the original gift as of the gift date of the donor-restricted endowment fund absent explicit donor stipulations to the contrary As a result, the Association classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the endowment fund The Association considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds -The duration and preservation of the fund -The purposes of the Association and the donor-restricted endowment fund -General economic conditions -The possible effects of inflation and deflation -The expected total return from income and the appreciation of investments -Other resources of the Association -The investment policies of the Association The Association has adopted an investment policy that attempts to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets As of June 30, 2018 and 2017, endowment assets only include those assets of donor-restricted funds that the Association must hold in perpetuity, as the Association does not have any board-designated endowment funds Under this policy, as approved by the board of directors, the endowment assets are invested in a manner that is intended to provide adequate liquidity, maximizing returns on all funds invested and achieving full employment of all available funds as earning assets The Association has an active finance committee and investment sub-committee that meets regularly to ensure that the objectives of the investment policy are met, and that the strategies used to meet the objectives are in accordance with the investment policy The Association's policy is to appropriate spending amounts deemed prudent for donor-restricted funds</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>FIN 48 THE ASSOCIATION AND THE Alzheimer's Impact Movement (AIM) HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE, STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(4), RESPECTIVELY, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME Alzheimer's Impact Movement Political Action Committee (AIMPAC) IS A POLITICAL ACTION COMMITTEE ORGANIZATION EXEMPT FROM FEDERAL TAXES UNDER SECTION 527 OF THE IRC THE ALZHEIMER'S ASSOCIATION INTERNATIONAL IS A NOT-FOR-PROFIT CANADIAN ENTITY THE COALITION of New York State Alzheimer's Association Chapters, Inc IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE IRC AND HAS NOT BEEN CLASSIFIED AS A PRIVATE FOUNDATION, THEREFORE, NO PROVISION FOR INCOME 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</p>

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2D	RECONCILIATION OF REVENUE CHANGE IN PERPETUAL TRUST \$1,027,840 CHANGE IN SPLIT INTEREST (\$658,603) ----- TOTAL \$369,237 SCHEDULE D, PART XI, LINE 4B RECONCILIATION OF REVENUE COST OF GOODS SOLD (\$28,798) ----- TOTAL (\$28,798) SCHEDULE D, PART XII, LINE 2D RECONCILIATION OF EXPENSES COST OF GOODS SOLD \$28,798 ----- TOTAL \$28,798

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
Alzheimer's Disease & Related Disorders
Association Inc

Employer identification number

13-3039601

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			5,612,984
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			5,612,984

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

[illegible]

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶	34
3	Enter total number of other organizations or entities	▶	

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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, do not 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, do not 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	<p>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 Council along with the Alzheimer's Association Medical & Scientific Relations division, ensures peer review and high quality of funded awards during the grant review process and develops focused requests for applications (RFAs) based on identified needs in the Alzheimer's 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 and areas of RFA focus Third, there is a detailed process once a grant is awarded to monitor program and scientific and financial integrity The Alzheimer's Association monitors the use of grant funds both inside and outside of the United States as follows All awardees are required to provide annual and in some cases bi-annual reporting to the Alzheimer's Association on both the status of the research project and financial expenditures associated with the award Several programs are leveraged funding opportunities with partner organizations These research projects and financial expenditure reports are shared between the partner organization(s) Sixty days prior to the anniversary of the award, an Alzheimer's Association Post-Award Specialist notifies all researchers and all designated institutional financial officials with fiscal responsibility for the award of the required reports, which include an interim scientific report, and interim financial report and documentation of any publications as a result of Association funding The institutional official who has fiscal responsibility for the award cannot be the primary investigator of the project The Alzheimer's Association provides a template for the interim scientific report and a template for the interim financial report, both of which are available for download by the researchers as well as the official with fiscal responsibility for the grant at the awarded institution at https://proposalcentral.alum.com/login.asp The financial report must be signed by the institutional official with fiscal responsibility, 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 Post-Award Specialist for accuracy and consistency with the agreed upon budget In addition, the Association requires protocol continuation approval (i.e., INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC), INSTITUTIONAL REVIEW BOARD (IRB), RECOMBINANT DNA PROTOCOL (RDNA)) annually, if applicable for the research project Any subsequent payments to grant awardees are generated after the receipt 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 Proposal Central 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 Proposal Central 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 agree to submit/share data, as applicable, through the Global Alzheimer's Association Interactive Network (GAAIN*), a global infrastructure connecting research studies from around the world through one portal where data can be interrogated in aggregate for analysis using a virtual machine GAAIN is wholly funded by the Alzheimer's Association In addition, the Association requests, monitors, and follows-up to ensure submission compliance on all awarded contracts and that financial reporting requirements are met Awardees' financial reports are audited 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 This Researcher becomes ineligible to apply for funding from the Alzheimer's Association Foreign Institutions are required to submit one of the following as verification of Non-Profit status - Organization's charter, bylaws and other governing documents (In english, if possible) In cases where translation is not possible, a dated and signed letter in english from the rector or other authorized signing official of the institution is acceptable - Documentation of non-profit designation from organization's government For-profit organizations are not eligible to apply to the Alzheimer's Association's International Research Grant Program, with the exception of the Part the Cloud Translational Research Grant Program AND PARTNERSHIP PROGRAMS SUCH AS BIOMARKERS ACROSS NEURODEGENERATIVE DISEASES (BAND) and Tau Pipeline Enabling Program (T-PEP) Unless otherwise stated in program, all institutions are required to submit verification of their non-profit status dated within the last five years (e.g., IRS tax determination letter) If the IRS determination letter is dated prior to this five year period, the institution is required to provide documentation from an authorized SIGNING OFFICIAL IN THEIR GRANTS AND CONTRACTS OFFICE OR OFFICE OF SPONSORED RESEARCH to confirm there has not been a status change for the organization For the Part the Cloud Translational Research Grant Program and other programs with for-profit awardees, any for-profit applicant is required to submit 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 proposal central After receipt, these forms are reviewed by an Alzheimer's Association pre-award specialist Following review by a pre-award specialist, applications are then moved forward to peer-review If awarded, the Alzheimer's Association post-award 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 awardee is compliant with the U.S. Patriot Act and does not appear on the Specially Designated Nationals (SDN) list</p> <p>S A FORM IS COMPLETED FOR EACH APPROVED ALZHEIMER'S ASSOCIATION AWARDEE THAT VERIFIES COMPLIANCE WITH THE U.S. Patriot Act AND UPLOADED TO THEIR ONLINE FILE AT PROPOSAL CENTRAL PRIOR TO PAYMENT BEING SENT TO THE AWARDEE IN THE EVENT THAT A POSITIVE MATCH TO ONE OF THE SDN LISTS IS FOUND BY THE ASSOCIATION, IT WOULD 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 verification is performed The Alzheimer's Association monitors the scientific advances of the Association's grant awardees by maintaining records of publications, presentations, and intellectual property that result from funded studies The Association requires the grant recipient to notify the Alzheimer's Association on an annual basis with updates to these records Follow-on funding from federal agencies is also monitored * These are names that are trademarks to Alzheimer's Association</p>

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3, Column (f) and Part II, Line 1	Method Used to Account for Expenditures and Grants The Alzheimer's Association accounts for expenditures, cash grants, and noncash assistance using the accrual method

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

Form 990 Schedule F Part I - Activities Outside The United States

(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 and Greenland)	0	0	Program Services	Grantmaking	3,501,935
North America			Program Services	Grantmaking	859,628

Form 990 Schedule F Part I - Activities Outside The United States					
(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
East Asia and the Pacific			Program Services	Grantmaking	811,421
South America			Program Services	Grantmaking	290,000

Form 990 Schedule F Part I - Activities Outside The United States					
(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
Middle East and North Africa			Program Services	Grantmaking	150,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 and Greenland)	Program Services	170,858	Wire			
		Europe (Including Iceland and Greenland)	Program Services	175,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 and Greenland)	Program Services	174,070	Wire			
		Europe (Including Iceland and Greenland)	Program Services	175,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Program Services	174,786	Wire			
		Europe (Including Iceland and Greenland)	Program Services	175,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 and Greenland)	Program Services	174,283	Wire			
		South America	Program Services	140,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 and Greenland)	Program Services	150,000	Wire			
		North America	Program Services	75,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Program Services	150,000	Wire			
		Europe (Including Iceland and Greenland)	Program Services	150,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Program Services	150,000	Wire			
		Middle East and North Africa	Program Services	150,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 and Greenland)	Program Services	147,520	Wire			
		South America	Program Services	150,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Program Services	149,835	Wire			
		East Asia and the Pacific	Program Services	149,800	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 and Greenland)	Program Services	135,000	Wire			
		Europe (Including Iceland and Greenland)	Program Services	120,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Program Services	450,000	Wire			
		North America	Program Services	334,628	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 and Greenland)	Program Services	25,000	Wire			
		Europe (Including Iceland and Greenland)	Program Services	25,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 and Greenland)	Program Services	21,780	Wire			
		Europe (Including Iceland and Greenland)	Program Services	24,247	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 and Greenland)	Program Services	25,000	Wire			
		Europe (Including Iceland and Greenland)	Program Services	45,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 and Greenland)	Program Services	24,970	Wire			
		Europe (Including Iceland and Greenland)	Program Services	999,244	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Program Services	37,000	Wire			
		Europe (Including Iceland and Greenland)	Program Services	43,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 and Greenland)	Program Services	431,963	Wire			
		Europe (Including Iceland and Greenland)	Program Services	90,000	Wire			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THD 80 Hayden Avenue Ste 300 Lexington, MA 02421	Mail		No	40,426,798	1,074,260	39,352,538
CDR 16900 Science Drive Suite 210 Bowie, MD 20715	Email		No	27,179,699	232,426	26,947,273
Total ▶				67,606,497	1,306,686	66,299,811

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2017

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)
		Chicago Gala (event type)	Part the Cloud (event type)	51 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,669,750	1,074,500	11,342,993	14,087,243
	2 Less Contributions	659,450	349,700	2,680,459	3,689,609
	3 Gross income (line 1 minus line 2)	1,010,300	724,800	8,662,534	10,397,634
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	124,562	0	1,394,084	1,518,646
	6 Rent/facility costs	37,304	0	782,357	819,661
	7 Food and beverages	165,375	127,299	1,032,051	1,324,725
	8 Entertainment	122,956	501,567	350,894	975,417
	9 Other direct expenses	0	0	449,760	449,760
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				5,088,209
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				5,309,425

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			46,245	46,245
Direct Expenses	2 Cash prizes			2,227	2,227
	3 Noncash prizes			41,791	41,791
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				44,018
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				2,227

9 Enter the state(s) in which the organization conducts gaming activities IL, IA, NE, NY, OH

a Is the organization licensed to conduct gaming activities in each of these states?

☒ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☒ **Yes** ☐ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☒ **No**
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Michelle Helton

Address ▶ 225 N Michigan Ave 17th Flr
Chicago, IL 606017633

- 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 ▶ \$ _____ 600

Description of services provided ▶ Overall supervision and management

☐ 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 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).

Return Reference	Explanation
Schedule G, Part I, Line 2B, Box (III)	<p>FUNDRAISING CONSULTANT - CONTROL ARRANGEMENT The Alzheimer's association engages Thompson, Habib & Denison INC (THD) for professional fundraising consultant services. A description of the arrangement is listed below: Direct marketing strategy and program direction, production management, database management, budgeting management, and report management. The Alzheimer's Association engages Creative Direct Response, Inc (CDR) for professional fundraising digital marketing consultant services. A description of the arrangement is listed below: Digital Marketing strategy and program direction, E-Mail program management, production management, database management, and budgeting management. Schedule G, Part I, Line 2B, Box (VI)</p> <p>FUNDRAISING CONSULTANT - FEE ARRANGEMENT The agreement between Thompson, Habib & Denison (THD) and the Alzheimer's Association is not a percentage-based agreement. THD is paid a fixed fee per month. The Alzheimer's Association exercises control and approval over the content and frequency of all solicitations. The agreement between Creative Direct Response, Inc (CDR) and the Alzheimer's Association is not a Percentage-Based Agreement. CDR is paid a fixed fee per month. The Alzheimer's Association exercises control and approval. Schedule G, Part III, Line 16 GAMING MANAGER INFORMATION 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.</p>

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 92

3 Enter total number of other organizations listed in the line 1 table 6

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2	<p>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 Council along with the Alzheimer's Association Medical & Scientific Relations division, ensures peer review and high quality of funded awards during the grant review process and develops focused requests for applications (RFAs) based on identified needs in the Alzheimer research 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 and areas of RFA focus Third, there is a detailed process once a grant is awarded to monitor program and scientific and financial integrity The Alzheimer's Association monitors the use of grant funds both inside and outside of the United States as follows All awardees are required to provide annual and in some cases bi-annual reporting to the Alzheimer's Association on both the status of the research project and financial expenditures associated with the award Several programs are leveraged funding opportunities with partner organizations These research projects and financial expenditure reports are shared between the partner organization(s) Sixty days prior to the anniversary of the award, an Alzheimer's Association Post-Award Specialist notifies all researchers and all designated institutional financial officials with fiscal responsibility for the award of the required reports, which include an interim scientific report, and interim financial report and documentation of any publications as a result of Association funding The institutional official who has fiscal responsibility for the award cannot be the primary investigator of the project The Alzheimer's Association provides a template for the interim scientific report and a template for the interim financial report, both of which are available for download by the researchers as well as the official with fiscal responsibility for the grant at the awarded institution at https://proposalcentral.alz.org/login.asp The financial report must be signed by the institutional official with fiscal responsibility, 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 Post-Award Specialist for accuracy and consistency with the agreed upon budget In addition, the Association requires protocol continuation approval (i e , INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC), INSTITUTIONAL REVIEW BOARD (IRB), RECOMBINANT DNA PROTOCOL (RDNA)) annually, if applicable for the research project Any subsequent payments to grant awardees are generated after the receipt 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 Proposal Central 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 Proposal Central 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 agree to submit/share data, as applicable, through the Global Alzheimer's Association Interactive Network (GAAIN*), a global infrastructure connecting research studies from around the world through one portal where data can be interrogated in aggregate for analysis using a virtual machine GAAIN is wholly funded by the Alzheimer's Association In addition, the Association requests, monitors, and follows-up to ensure submission compliance on all awarded contracts and that financial reporting requirements are met Awardees' financial reports are audited 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 This Researcher becomes ineligible to apply for funding from 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 AND PARTNERSHIP PROGRAMS SUCH AS BIOMARKERS ACROSS NEURODEGENERATIVE DISEASES (BAND) and Tau Pipeline Enabling Program (T-PEP) Unless otherwise stated in program, all institutions are required to submit verification of their non-profit status dated within the last five years (e g , IRS tax determination letter) If the IRS determination letter is dated prior to this five year period, the institution is required to provide documentation from an authorized SIGNING OFFICIAL IN THEIR GRANTS AND CONTRACTS OFFICE OR OFFICE OF SPONSORED RESEARCH to confirm there has not been a status change for the organization For the Part the Cloud Translational Research Grant Program and other programs with for-profit awardees, any for-profit applicant is required to submit the Organization's financial statements As part of the application process, applicants are required to upload a w-9 form that has been dated and signed by an authorized signing official This form verifies that an institution or organization is designated as a 501(c)(3) or other non-profit entity For profit organizations must submit documentation of net assets and annual earnings, in addition to the w9 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 pre-award specialist Following review by a pre-award specialist, applications are then moved forward to peer-review If awarded, the Alzheimer's Association post-award 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 awardee is compliant with the U S Patriot Act and does not appear on the Specially Designated Nationals (SDN) lists A FORM IS COMPLETED FOR EACH APPROVED ALZHEIMER'S ASSOCIATION AWARDEE THAT VERIFIES COMPLIANCE WITH THE U S Patriot Act AND UPLOADED TO THEIR ONLINE FILE AT PROPOSAL CENTRAL PRIOR TO PAYMENT BEING SENT TO THE AWARDEE IN THE EVENT THAT A POSITIVE MATCH TO ONE OF THE SDN LISTS IS FOUND BY THE ASSOCIATION, IT WOULD 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 verification is performed The Alzheimer's Association monitors the scientific advances of the Association's grant awardees by maintaining records of publications, presentations, and intellectual property that result from funded studies The Association requires the grant recipient to notify the Alzheimer's Association on an annual basis with updates to these records Follow-on funding from federal agencies is also monitored The Alzheimer's Association granted funds to Alzheimer's Impact Movement (AIM) for public policy division activities in fiscal year 2018 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</p>

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University in St Louis One Brookings Drive St Louis, MO 63130	43-0653611	501(c)(3)	174,990				Program Services
Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	10-4231290	501(c)(3)	140,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104	23-1352685	501(c)(3)	175,000				Program Services
UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas, TX 95390	17-5600286	501(c)(3)	175,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts General Hospital 101 Huntington Avenue Boston, MA 02199	04-2697983	501(c)(3)	174,991				Program Services
University of Miami 1320 S Dixie Highway Coral Gables, FL 331462403	59-0624458	501(c)(3)	175,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jackson Laboratory 600 Main Street Bar Harbour, ME 04609	01-0211513	501(c)(3)	174,720				Program Services
Boston University 85 East Newton Street M-921 Boston, MA 02118	04-2103547	501(c)(3)	174,971				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Duke University Suite 820 Erwin Square 2200 W Ma Durham, NC 27705	56-0532129	501(c)(3)	175,000				Program Services
Massachusetts General Hospital 55 Fruit Street Boston, MA 02199	04-2697983	501(c)(3)	174,999				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The J David Gladstone Institutes 1650 Owens Street San Francisco, CA 94158	23-7203666	501(c)(3)	175,000				Program Services
University of Texas Medical Center 301 University Boulevard Galveston, TX 77555	74-6000949	501(c)(3)	140,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mayo Clinic Jacksonville 4500 San Pablo Road Jacksonville, FL 32224	15-9337028	501(c)(3)	174,811				Program Services
Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215	04-2103881	501(c)(3)	175,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Wisconsin-Madison 21 North Park Street Suite 6401 Madison, WI 53715	39-6006492	501(c)(3)	174,870				Program Services
Mayo Clinic Jacksonville 4500 San Pablo Road Jacksonville, FL 32224	15-9337028	501(c)(3)	140,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Icahn School of Medicine at Mount Sinai One Gustave L Levy Place Box 1075 New York, NY 10029	13-6171197	501(c)(3)	169,927				Program Services
The Jackson Laboratory 600 Main Street Bar Harbor, ME 046091523	01-0211513	501(c)(3)	174,973				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Trustees of the Univ of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104	23-1352685	501(c)(3)	175,000				Program Services
Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215	04-2103881	501(c)(3)	175,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the Univ of CA San Fran 3333 California Suite 315 San Francisco, CA 94118	94-6036493	501(c)(3)	175,000				Program Services
Stanford University 3172 Porter Drive Palo Alto, CA 94304	94-1156365	501(c)(3)	175,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yale University PO Box 208327 New Haven, CT 065208327	06-0646973	501(c)(3)	175,000				Program Services
The Trustees of Columbia University 630 West 168th Street New York, NY 100323702	13-5598093	501(c)(3)	164,039				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Menorah Home and Hospital 1516 Oriental Boulevard Brooklyn, NY 11235	11-1672777	501(c)(3)	175,000				Program Services
Wake Forest University Health Sciences Medical Center Blvd WinstonSalem, NC 27157	22-3849199	501(c)(3)	169,999				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Massachusetts Medical School 55 Lake Avenue North Worcester, MA 01655	04-3167352	501(c)(3)	175,000				Program Services
Mayo Clinic Jacksonville 4500 San Pablo Road Jacksonville, FL 32224	15-9337028	501(c)(3)	140,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts General Hospital 55 Fruit Street Boston, MA 02114	04-2697983	501(c)(3)	150,000				Program Services
Colorado Seminary University of Denver 2199 S University Blvd MRB 222 Denver, CO 80208	84-0404231	501(c)(3)	149,997				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Rector of the University of Virginia Office of Sponsored Prgrms PO Bo Charlottesville, VA 229044195	54-6001796	501(c)(3)	149,820				Program Services
The Regents of the Univ of CA San Diego 9500 Gilman Drive Dept 0934 La Jolla, CA 920930934	95-6006144	501(c)(3)	150,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of South Florida 3702 Spectrum Blvd Suite 165 Tampa, FL 33612	59-3102112	501(c)(3)	150,000				Program Services
Icahn School of Medicine at Mount Sinai Box 1075 New York, NY 10029	13-6171197	501(c)(3)	149,999				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the Univ of CA San Fran 3333 California Street Suite 315 San Francisco, CA 94118	94-6036493	501(c)(3)	150,000				Program Services
University of North Carolina at Chapel Hill 104 Airport Drive South Chapel Hill, NC 275991350	56-6001393	501(c)(3)	150,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pittsburgh 123 University Place Pittsburgh, PA 15213	25-0965591	501(c)(3)	150,000				Program Services
Icahn School of Medicine at Mount Sinai 1 Gustave L Levy New York, NY 10029	13-6171197	501(c)(3)	150,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Utah Room 215 Salt Lake City, UT 84112	87-6000525	501(c)(3)	150,000				Program Services
Boston Medical Center Corporation 660 Harrison Avenue Gambro 2 Boston, MA 02118	04-3314093	501(c)(3)	149,103				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University in St Louis One Brookings Drive St Louis, MO 63130	43-0653611	501(c)(3)	150,000				Program Services
Illinois Institute of Technology 10 W 35th Street Suite 7D7-1 Chicago, IL 606163717	36-2170136	501(c)(3)	149,997				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501(c)(3)	150,000				Program Services
Georgia State University Research Found 58 Edgewood Ave NE 3rd Floor Atlanta, GA 303023999	58-1845423	501(c)(3)	150,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Texas Health Science Center 7000 Fannin UCT 1006 Houston, TX 770305401	74-1761309	501(c)(3)	149,997				Program Services
Georgia Institute of Technology North Avenue Atlanta GA 30332 Atlanta, GA 30332	58-0603146	501(c)(3)	150,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts General Hospital 101 Huntington Avenue Boston, MA 02199	04-2697983	501(c)(3)	146,415				Program Services
University of Texas Health Science Center 7000 Fannin UCT 1006 Houston, TX 77030	74-1761309	501(c)(3)	119,998				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the Univ of CA Davis 1850 Research Park Drive Suite 300 Davis, CA 95618	94-6036494	501(c)(3)	149,975				Program Services
Indiana University (Indianapolis) 980 Indiana Avenue Indianapolis, IN 46202	35-6001673	501(c)(3)	150,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cleveland State University 2121 Euclid Avenue PH220 Cleveland, OH 441152214	34-0966056	501(c)(3)	149,914				Program Services
University of North Carolina at Chapel Hill 104 Airport Drive South Chapel Hill, NC 275991350	56-6001393	501(c)(3)	150,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts General Hospital 101 Huntington Avenue Boston, MA 02199	04-2697983	501(c)(3)	150,000				Program Services
The Rockefeller University 1230 York Avenue Box 82 New York, NY 10065	13-1624158	501(c)(3)	450,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	10-4231290	501(c)(3)	449,999				Program Services
Mayo Clinic 200 First St SW Rochester, MN 559050001	41-6011702	501(c)(3)	450,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Neurokine Therapeutics LLC 2700 Broadway Suite 5H New York New York, NY 10025	81-4494107	N/A	436,745				Program Services
University of California San Francisco Contracts and Grants 3333 Californi San Francisco, CA 941430962	23-7203666	501(c)(3)	25,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL BRAIN HEALTH INSTITUTE 675 Nelson Rising Lane San Francisco, CA 94158	94-6036493	501(c)(3)	25,000				Program Services
University of California San Francisco 3333 California Street Suite 315 U San Francisco, CA 941430962	23-7203666	501(c)(3)	24,999				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The J David Gladstone Institutes 1650 Owens Street San Francisco, CA 94158	12-3720366	501(c)(3)	150,000				Program Services
Amylyx Pharmaceuticals Inc 210 Broadway 201 Cambridge, MA 02139	46-4600503	N/A	928,234				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vanderbilt University 2301 Vanderbilt Place Nashville TN Nashville, TN 372407749	62-0476822	501(c)(3)	100,000				Program Services
Regents of the Univ of MN Twin Cities 450 McNamara Alumni Center 200 Oak Minneapolis, MN 55455	41-6007513	501(c)(3)	374,866				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas, TX 753909020	17-5600286	501(c)(3)	375,000				Program Services
Johns Hopkins University-School of Medicine 733 N Broadway Suite 117 Baltimore, MD 21205	52-0595110	501(c)(3)	274,805				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of California San Francisco 3333 California Street Suite 315 San Francisco, CA 94118	94-6036493	501(c)(3)	58,224				Program Services
Aquinnah Pharmaceuticals Inc Lab Central 610 Main Street Cambridge, MA 02139	46-5070024	N/A	375,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
M3 Biotechnology Inc 4000 Mason Rd Suite 300 Seattle, WA 98195	45-3368487	N/A	1,000,000				Program Services
Yale University PO Box 208327 New Haven, CT 065208327	06-0646973	501(c)(3)	999,895				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arizona Board of Regents Univ of Arizona PO Box 210158 Room 510 Tucson, AZ 857210158	74-2652689	501(c)(3)	1,000,000				Program Services
INmuneBio Inc 1224 Prospect Street Suite 150 La Jolla, CA 92037	47-5205835	N/A	1,000,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vanderbilt University 2301 Vanderbilt Place Nashville, TN 372407749	62-0476822	501(c)(3)	998,151				Program Services
The University of Kansas Ctr for Research 2385 Irving Hill Road Lawrence, KS 66045	48-0680117	501(c)(3)	148,500				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University in St Louis One Brookstone Drive St Louis, MO 63130	43-0653611	501(c)(3)	106,453				Program Services
Washington University in St Louis One Brookstone Drive St Louis, MO 63130	43-0653611	501(c)(3)	814,598				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rush University 1700 West Van Buren St Chicago, IL 60612	36-2174823	501(c)(3)	54,409				Program Services
Rush University 1700 West Van Buren St Chicago, IL 60612	36-2174823	501(c)(3)	45,591				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts General Hospital 101 Huntington Avenue Boston, MA 02199	04-2697983	501(c)(3)	600,000				Program Services
University of Southern California 837 W Downey Way Los Angeles, CA 90089	95-1642394	501(c)(3)	300,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon Health and Sciences 3181 SW Sam Jackson Park Rd Portland, OR 97239	93-1176109	501(c)(3)	149,422				Program Services
American College of Radiology 1891 Preston White Drive Reston, VA 20191	36-2216602	501(c)(3)	200,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rush University 1700 West Van Buren St Chicago, IL 60612	36-2174823	501(c)(3)	39,824				Program Services
Rush University 1700 West Van Buren St Chicago, IL 60612	36-2174823	501(c)(3)	483,200				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Southern California 837 W Downey Way Los Angeles, CA 90089	95-1642394	501(c)(3)	457,000				Program Services
Washington University in St Louis One Brookstone Drive St Louis, MO 63130	43-0653611	501(c)(3)	10,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Southern California 837 W Downey Way Los Angeles, CA 90089	95-1642394	501(c)(3)	27,399				Program Services
Found for the National Institute of Health 9650 Rockfille Pike Bethesda, MD 20814	52-1986675	501(c)(3)	200,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Brain Foundation 201 Chicago Avenue Minneapolis, MN 55415	41-1717098	501(c)(3)	106,666				Program Services
University of Southern California 837 W Downey Way Los Angeles, CA 90089	95-1642394	501(c)(3)	503,592				Program Services

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University in St Louis One Brookstone Drive St Louis, MO 63130	43-0653611	501(c)(3)	867,598				Program Services
Washington University in St Louis One Brookstone Drive St Louis, MO 63130	43-0653611	501(c)(3)	670,458				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Banner Alzheimer's Foundation 2901 N Central Avenue Ste 160 Phoenix, AZ 85012	20-4862361	501(c)(3)	750,000				Program Services
Florida Department of Health 4052 Bald Cypress Way Bin A13 Tallahassee, FL 32999	59-3502843	501(c)(3)	35,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
State of KS Dept of Health and Environment 1000 SW Jackson St Topeka, KS 66612	48-6029925	501(c)(3)	35,000				Program Services
Minnesota Department of Health PO Box 64882 St Paul, MN 55164	41-6007162	501(c)(3)	35,000				Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Missouri Dept of Health and Senior Services 920 Wildwood Drive Jefferson City, MO 65102	44-6000987	501(c)(3)	35,000				Program Support
Alzheimers Impact Movement 225 North Michigan Ave Chicago, IL 60601	27-1961435	501(c)(4)	6,475,586				Public Policy

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

1b Yes

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

2 Yes

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

4a No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b Yes

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

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

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

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

a The organization?

5a No

b Any related organization?

5b No

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

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

a The organization?

6a No

b Any related organization?

6b No

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 in lines 5 and 6? If "Yes," describe in Part III.

7 No

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

8 No

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

9

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HARRY JOHNS President & CEO	(i)	742,984	180,000	1,004,801	29,700	23,202	1,980,687	817,500
	(ii)	9,318	0	0	0	0	9,318	0
2 RICHARD HOVLAND COO/CFO	(i)	403,673	114,855	152,875	29,700	25,070	726,173	150,000
	(ii)	1,123	0	0	0	0	1,123	0
3 Maria Carrillo Chief Science Officer	(i)	360,660	99,750	476	54,700	4,180	519,766	0
	(ii)	0	0	0	0	0	0	0
4 Robert Egge Chief Public Policy Officer	(i)	330,786	99,750	476	54,700	31,540	517,252	0
	(ii)	19,558	0	0	0	0	19,558	0
5 Donna McCullough Chief Development Officer	(i)	319,058	89,775	1,365	54,700	12,929	477,827	0
	(ii)	656	0	0	0	0	656	0
6 Scott Gardner Chief Change Mgmt Officer	(i)	283,215	81,863	1,952	29,700	12,392	409,122	0
	(ii)	0	0	0	0	0	0	0
7 Christine Foh Asst Secy & VP Legal & GC	(i)	209,885	31,044	1,705	27,231	10,751	280,616	0
	(ii)	1,752	0	0	0	0	1,752	0
8 William Fisher West Area Leader	(i)	299,326	30,000	4,030	29,700	23,397	386,453	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	Travel for Companions At times a board member with early onset Alzheimer's disease may require a companion to accompany him or her on business travel for safety reasons. Since his or her involvement in the meetings is critical to representing key constituents and appropriately fulfilling the mission of the Alzheimer's association, the expenses of companion travel are reimbursed.
SCHEDULE J, PART I, LINE 4B	Supplemental Non-Qualified Retirement Plan Harry Johns participates in a 457(f) supplemental non-qualified deferred compensation or retirement plan. The accrual amount under the plan in calendar years 2013 - 2017 was \$600,000. The accrual is part of a multi-year benefit which became vested in 2017. There were no additional amounts accrued or reported for Harry Johns, or Richard Hovland related to a 457(b) plan in calendar year 2017. Schedule J, Part II, Column (b) (ii) Supplemental Compensation Information Harry Johns received performance based incentive compensation of \$180,000 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 2017 and was paid in calendar year 2017. Schedule J, Part II, Column (b) (iii) Supplemental Compensation Information Other Reportable Compensation Harry Johns' other reportable compensation is comprised of the following: -Employer accrual of retirement benefit to a supplemental retirement account under the previously discussed 457(f) - \$600,000 and payment of \$801,310 -Retention incentive accrual of \$200,000 which was paid in calendar year 2017 was tied to multi-year vesting through June 30, 2017, payable November 1, 2017. Richard Hovland's other reportable compensation includes a retention incentive accrual of \$150,000 which was paid in calendar year 2017 and was tied to specific multi-year vesting requirements through June 30, 2017, payable in July 2017. 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. Robert Egge, Maria Carrillo, Donna McCullough, Scott Gardner, William Fisher and Christine Foh also receive the life insurance benefit. Harry Johns, Richard Hovland, and Christine Foh have additional imputed income for voluntary elections under the group disability plan. Schedule J, Part II, Column (c) Supplemental Compensation Information Harry Johns - retirement and other deferred compensation include employer contributions to a qualified broad-based 401(k) retirement plan - \$29,700. Richard Hovland - Retirement and other deferred compensation include employer contributions to a qualified 401(k) retirement plan - \$29,700. Robert Egge, Maria Carrillo, and Donna McCullough - Retirement and other deferred compensation include employer contributions to a qualified 401(k) plan and a retention incentive accrual which was not paid as of December 31, 2017, but which is tied to specific multi-year vesting requirements through June 30, 2018 for Robert Egge and Maria Carrillo, 2019 for Donna McCullough, Scott Gardner, William Fisher, and Christine Foh - Retirement and other deferred compensation include employer contributions to a qualified 401(k) plan. Schedule J, Part II, Column (d) Supplemental Compensation Information Harry Johns - Non-taxable benefits of \$23,202 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 2017 through the benefit offerings available to all other benefits-eligible employees at our organization. The amounts represented for Richard Hovland, Robert Egge, Maria Carrillo, Donna McCullough, Scott Gardner, William Fisher and Christine Foh represent company contributions to the medical, dental, basic life insurance, short and long term disability, and long term care insurances based on individual elections.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Alzheimer's Disease & Related Disorders Association Inc

Employer identification number

13-3039601

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TANDEM SOLUTIONS	FORMER BOARD MEMBER	74,811	INDEPENDENT CONTRACTOR		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DESCRIPTION OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS Alzheimer's Association had a business transaction with Tandem Solutions, which Joseph McCafferty, a former board member of Alzheimer's Association has a business relationship Joseph McCafferty resigned from the Alzheimer's Association board on July 7, 2016 Following his resignation, Mr McCafferty's company, Tandem Solutions, was engaged as an independent contractor by the Association The business transaction between the Association and Tandem Solutions was an arm's length transaction

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Alzheimer's Disease & Related Disorders
Association Inc

Employer identification number
13-3039601

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	396	10,042,426	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► See Additional Data				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

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

Yes

No

30a

No

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?

Yes

31

32a

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

Yes

32a

b If "Yes," describe in Part II

33

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

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.

Return Reference	Explanation
SCHEDULE M, PART I, LINE 25 AND LINE 32B	THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS LINE 25 - THE ALZHEIMER'S ASSOCIATION RECEIVES VARIOUS NONCASH CONTRIBUTIONS FOR THEIR FUNDRAISING EVENTS THESE ITEMS INCLUDE SPORTING TICKETS, JEWELRY, CONCERT TICKETS, DINNERS AND VARIOUS OTHER PACKAGES LINE 32B - A THIRD PARTY RECEIVES DIRECTLY, SELLS AND REMITS PROCEEDS FROM AUTOMOBILE SALES Schedule M, Part I, Column B Alzheimer's Association is reporting the dollar amount of noncash contributions as well as the number of items received

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

Part I, Lines 25-28

Other ► (NON GALA-RELATED NONCASH ITEMS)
Other ► (GALA-RELATED NONCASH ITEMS)
Other ► (MISC NONCASH ITEMS)
Other ► (FUNDRAISING NONCASH ITEMS)
Other ► (RAFFLE NONCASH ITEMS)

(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
X	268	793,004	FAIR MARKET VALUE
X	297	580,380	FAIR MARKET VALUE
X	157	179,660	FAIR MARKET VALUE
X	216	145,262	FAIR MARKET VALUE
X	201	41,791	FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Alzheimer's Disease & Related Disorders
Association Inc

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-3039601

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	<p>Organization's Mission, continued THE MISSION OF THE ALZHEIMER'S ASSOCIATION IS TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH, TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED, AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH THE VISION OF THE ALZHEIMER'S ASSOCIATION IS A WORLD WITHOUT ALZHEIMER'S THE ALZHEIMER'S ASSOCIATION IS A VALUED RESOURCE FOR CAREGIVERS AND THOSE LIVING WITH THE DISEASE, OFFERING INFORMATION, EDUCATION AND SUPPORT Approximately 290 offices across the U S are doing business as the Alzheimer's Association and various names as a collection of 78 chapters working to accomplish the mission THE ORGANIZATION IS HEADQUARTERED IN CHICAGO, AND HAS A PUBLIC POLICY OFFICE IN WASHINGTON, D C THE ALZHEIMER'S ASSOCIATION PROVIDES 24/7 CONSTITUENT SUPPORT IN OVER 170 LANGUAGES THROUGH THE USE OF A PROFESSIONAL LANGUAGE LINE 365 DAYS A YEAR (1-800-272-3900) AS WELL AS ON OUR WEBSITE, ALZ.ORG* AS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN CARE, SUPPORT AND RESEARCH, SINCE AWARDED THE FIRST GRANTS IN 1982, THE ASSOCIATION HAS COMMITTED MORE THAN \$435 MILLION TO MORE THAN 2,900 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 IN ADDITION, THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S, THEIR FAMILIES AND CAREGIVERS, SPEAKING UP TO HELP ENCOURAGE CONGRESS TO TAKE ACTION IN THE FIGHT AGAINST THIS DISEASE, (INCLUDING THROUGH AN ANNUAL ADVOCACY FORUM IN WASHINGTON, D C) AND LEADS ADVOCACY EFFORTS IN EVERY STATE CONCERN ABOUT ALZHEIMER'S DISEASE AND AWARENESS ABOUT THE ASSOCIATION ARE CRITICAL TO ACCELERATING PROGRESS THE ALZHEIMER'S ASSOCIATION STRIVES TO MAKE MORE PEOPLE AWARE OF THE SERVICES AVAILABLE FOR THOSE FACING THIS DISEASE AND THE BENEFITS OF EARLY DETECTION (MORE THAN 5 MILLION ALZHEIMER'S ASSOCIATION CONSTITUENTS HAVE SIGNED UP TO EDUCATE, ADVOCATE, DONATE, AND PARTICIPATE TO MOVE THIS CAUSE FORWARD) A DONOR-SUPPORTED ORGANIZATION, THE ALZHEIMER'S ASSOCIATION ALLOCATES ITS FUNDS IN AN ETHICAL AND RESPONSIBLE MANNER THAT EXCEEDS THE RIGOROUS STANDARDS OF AMERICA'S MOST EXPERIENCED CHARITY EVALUATOR, THE BETTER BUSINESS BUREAU WISE GIVING ALLIANCE THE ASSOCIATION IS QUALIFIED TO USE THE "BBB TORCH LOGO" NATIONAL CHARITY SEAL ("SEAL") * INDICATED NAME THAT IS A TRADEMARK OF THE ALZHEIMER'S ASSOCIATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>OTHER PROGRAM SERVICES ADVOCACY - AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES, BUSINESSES AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE MOVING CLOSER TO FINDING BETTER TREATMENTS THAT COULD ALTER THE COURSE OF THE DISEASE. THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF 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. PATIENT AND FAMILY SERVICES - THE ALZHEIMER'S ASSOCIATION* PROVIDES AN ARRAY OF INFORMATION AND SUPPORT SERVICES DESIGNED SPECIFICALLY FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILIES, FRIENDS AND CAREGIVERS. IN ORDER TO MEET THE DIVERSE NEEDS OF INDIVIDUALS AFFECTED BY ALZHEIMER'S DISEASE, THE ASSOCIATION'S PROGRAMS AND SERVICES ARE OFFERED IN PERSON, BY PHONE AND ONLINE. IN CHAPTERS THROUGHOUT THE COUNTRY, CONSTITUENTS CAN ATTEND EDUCATION PROGRAMS AND SUPPORT GROUPS, RECEIVE PERSONALIZED CARE CONSULTATION, ENGAGE IN EARLY STAGE PROGRAMS, ENROLL IN SUPPORT PROGRAMS AND PURCHASE PRODUCTS TO REDUCE THE RISKS ASSOCIATED WITH WANDERING. IN ORDER TO MEET THE NEEDS OF CONSTITUENTS WHO RELY ON THE WEB FOR INFORMATION AND SUPPORT, THE ASSOCIATION OFFERS A ROBUST CAREGIVER CENTER. WITHIN THE CAREGIVER CENTER, FAMILIES AND CAREGIVERS CAN ACCESS ALZHEIMER'S NAVIGATOR*, AN INNOVATIVE TOOL TO HELP CAREGIVERS AND PEOPLE WITH DEMENTIA EVALUATE THEIR NEEDS, CREATE A CUSTOMIZED ACTION PLAN AND LINK TO INFORMATION, SUPPORT AND LOCAL RESOURCES FOR INDIVIDUALS LIVING WITH ALZHEIMER'S. ALSO AVAILABLE THROUGH THE CAREGIVER CENTER, FOR INDIVIDUALS LOOKING FOR SUPPORT FROM OTHERS LIVING IN SIMILAR SITUATIONS IS ALZCONNECTED*, AN ON-LINE COMMUNITY THAT INCLUDES MULTIPLE FORUMS FOR DIVERSE AUDIENCES. THROUGH THE ASSOCIATION'S HELPLINE, AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR, INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILIES AND CAREGIVERS CAN TALK TO A SPECIALIST TO RECEIVE INFORMATION AND BASIC EDUCATION ABOUT THE DISEASE, AND GUIDANCE FOR MORE COMPLICATED OR URGENT SITUATIONS, WITH MASTERS-LEVEL COUNSELORS WHO ARE AVAILABLE TO CONSTITUENTS, ANY TIME, DAY OR NIGHT. ADDITIONALLY, CALLS CAN BE HANDLED IN OVER 170 DIFFERENT LANGUAGES THROUGH THE USE OF A PROFESSIONAL LANGUAGE LINE. ANNUALLY, THE HELPLINE RECEIVES MORE THAN 302,000 CALLS. THE ASSOCIATION'S WEBSITE (WWW.ALZ.ORG*) RECEIVES MORE THAN 45 MILLION VISITS A YEAR. ONLINE PROGRAMS INCLUDE SELF-SERVICE EDUCATION PROGRAMS, AN ONLINE COMMUNITY, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN 15 LANGUAGES).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>GES), 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 A LZHEIMER'S DISEASE AND THEIR CARE PARTNERS THROUGH THE ASSOCIATION'S EARLY STAGE INITIATIVE, INDIVIDUALS IN THE EARLY STAGES OF THE DISEASE CAN PARTICIPATE IN EDUCATION PROGRAMS, SUPPORT GROUPS AND SOCIAL ENGAGEMENT PROGRAMS ADDITIONALLY, THE ASSOCIATION CONVENES AN E ARLY STAGE ADVISORY GROUP WHOSE MEMBERS RAISE AWARENESS, ADVOCATE FOR THE CAUSE, AND PROVIDE GUIDANCE AND REVIEW OF PROGRAMS AND SERVICES 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 * INDICATED NAMES THAT ARE TRADEMARKS OF THE ALZHEIMER'S ASSOCIATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>GOVERNING BODY THE BOARD OF DIRECTORS OF THE ALZHEIMER'S ASSOCIATION IS THE ORGANIZATION'S GOVERNING BODY THE BOARD HAS DELEGATED AUTHORITY TO ITS STANDING AND OTHER BUSINESS COMMITTEES AS DESCRIBED IN ARTICLE VII OF THE ORGANIZATIONAL BYLAWS THE FOLLOWING EXCERPT FROM THE ASSOCIATION'S BYLAWS DISCUSS COMMITTEES OF THE BOARD OF DIRECTORS COMMITTEES OF DIRECTORS THE BOARD OF DIRECTORS SHALL HAVE THE FOLLOWING STANDING COMMITTEES EXECUTIVE, FINANCE, GOVERNANCE AND NOMINATING, COMPENSATION AND AUDIT EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL SUPERVISE THE AFFAIRS OF THE ASSOCIATION, APPROVE EXPENDITURES AND COMMITMENTS ACCORDING TO POLICIES PRESCRIBED BY THE BOARD OF DIRECTORS, ACT FOR AND CARRY OUT THE ESTABLISHED POLICIES OF THE ASSOCIATION AS DEFINED BY THE BOARD OF DIRECTORS, INCLUDING THE POLICIES AND PROCEDURES, REPORT TO THE BOARD OF DIRECTORS AT EACH MEETING OF THE BOARD OF DIRECTORS AND HAVE SUCH OTHER ADDITIONAL POWERS AS MAY BE BY LAW OR RESOLUTION OF THE BOARD OF DIRECTORS PROVIDED THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL AUTHORITY (INCLUDING THE ELECTION OF OFFICERS OTHER THAN THE CHAIR, CHAIR ELECT, ONE OR MORE VICE CHAIRS, SECRETARY, TREASURER OR PRESIDENT AND CHIEF EXECUTIVE OFFICER, IT BEING UNDERSTOOD THAT THE EXECUTIVE COMMITTEE MAY ELECT AN INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER TO SERVE UNTIL THE NEXT MEETING OF THE BOARD OF DIRECTORS) IN THE MANAGEMENT OF THE ASSOCIATION, SUBJECT TO THE LIMITATIONS CONTAINED IN THE DELAWARE CORPORATION LAW THE COMMITTEE'S RESPONSIBILITIES SHALL INCLUDE, BUT NOT BE LIMITED TO, INITIATING LONG-RANGE PLANNING, ENVIRONMENTAL SCANNING AND PERFORMANCE EVALUATION, INITIATING THE BOARD'S ANNUAL STRATEGIC PRIORITIES FOR APPROVAL BY THE BOARD, ASSISTING THE CHAIR IN DEVELOPING CHARGES TO THE COMMITTEES, IDENTIFYING PROGRAMMATIC AND FINANCIAL INDICATORS OF ASSOCIATION PERFORMANCE, CONDUCTING THE REVIEW, PERFORMANCE EVALUATION AND SUCCESSION PLANNING FOR THE PRESIDENT AND CEO, MAKING BYLAW RECOMMENDATIONS TO THE BOARD, REVIEWING THE ACTIVITIES OF THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL AT EACH OF ITS ANNUAL MEETINGS, THE BOARD OF DIRECTORS BY DULY ADOPTED RESOLUTION SHALL ELECT AN EXECUTIVE COMMITTEE CONSISTING OF NOT LESS THAN SEVEN OR MORE THAN FIFTEEN DIRECTORS THE CHAIR, CHAIR ELECT, VICE CHAIRS, SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEES AND CHAIR OF A MISSION OUTCOMES COMMITTEE, AS WELL AS THE CHAIR OF THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL SHALL BE MEMBERS OF THE EXECUTIVE COMMITTEE THE CHAIR OF THE BOARD OF DIRECTORS SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE MAY HOLD REGULAR MEETINGS MONTHLY OR AS IT MAY OTHERWISE DETERMINE, AT SUCH PLACE AND AT SUCH TIMES AND UPON SUCH NOTICE AS IT MAY DETERMINE SPECIAL MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE CALLED AT ANY TIME BY THE CHAIR OR BY ANY THREE OF ITS MEMBERS, BY NOTICE DELIVERED PERSONALLY OR BY MAIL, TELEPHONE, ELECTRONIC MAIL OR FACSIMILE AT LEAST SEVEN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>DAYS (OR AT LEAST 48 HOURS IN THE CASE OF TELEPHONIC MEETINGS) PRIOR TO THE MEETING A MAJORITY OF THE CURRENTLY SERVING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR ALL PURPOSES FINANCE COMMITTEE THE FINANCE COMMITTEE SHALL CONSIST OF AT LEAST FIVE DIRECTORS AND SHALL BE CHAIRED BY THE TREASURER THE FINANCE COMMITTEE SHALL OVERSEE AND REVIEW ALL FINANCIAL REPORTS, ACCOUNTING ACTIVITIES AND INVESTMENT DECISIONS OF THE ASSOCIATION AND ALSO SHALL PREPARE A PROJECTED BUDGET FOR EACH FISCAL YEAR TO BE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL 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 NOT LESS THAN NINE NOR MORE THAN FIFTEEN INDIVIDUALS CURRENTLY SERVING AS A DIRECTOR AT LEAST ONE-THIRD OF THE GOVERNANCE AND NOMINATING COMMITTEE SHALL BE DIRECTORS HAVING CHAPTER EXPERIENCE THE GOVERNANCE AND NOMINATING COMMITTEE SHALL ASSIST THE BOARD IN ENSURING THE SUCCESSFUL GOVERNANCE OF THE ASSOCIATION THROUGH BOARD ASSESSMENT, RECRUITMENT, NOMINATIONS, ORIENTATION AND DEVELOPMENT THE GOVERNANCE AND NOMINATING COMMITTEE SHALL NOMINATE CANDIDATES FOR DIRECTORS, OFFICERS AND MEMBERS OF THE EXECUTIVE COMMITTEE THE GOVERNANCE AND NOMINATING COMMITTEE MAY NOMINATE CANDIDATES FOR DIRECTOR EMERITUS, HONORARY DIRECTOR AND ANY ADVISORY OR HONORARY COUNCILS OR COMMITTEES AND APPROVE AND PRESENT TO THE BOARD FOR APPROVAL THE CANDIDATES FOR MEDICAL AND SCIENTIFIC ADVISORY COUNCIL MEMBERSHIP THE GOVERNANCE AND NOMINATING COMMITTEE ALSO SHALL PROVIDE INPUT TO THE CHAIR ON THE SELECTION OF VICE CHAIRS AND COMMITTEE CHAIRS COMPENSATION COMMITTEE A COMPENSATION COMMITTEE WHICH SHALL RECOMMEND SALARY AND BENEFITS FOR THE PRESIDENT AND CEO AND SENIOR OFFICERS OF THE ASSOCIATION, HELP ENSURE SUCCESSION PLANS ARE IN PLACE FOR KEY POSITIONS IN THE ASSOCIATION AND PROVIDE OVERSIGHT ON THE RETIREMENT PROGRAMS OFFERED BY THE ASSOCIATION TO ITS EMPLOYEES AUDIT COMMITTEE THE AUDIT COMMITTEE SHALL BE RESPONSIBLE FOR RECOMMENDING AN AUDITOR TO THE BOARD OF DIRECTORS AND SHALL OVERSEE THE ACTIVITIES OF ANY INTERNAL AUDITOR OF THE ASSOCIATION THE 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 COMMITTEE SHALL PREVIEW THE AUDIT REPORT FOR SUBMISSION TO THE BOARD OF DIRECTORS EACH YEAR THE COMMITTEE SHALL REVIEW THE FINANCIAL REPORTS OF THE ASSOCIATION, ITS SYSTEM OF INTERNAL CONTROLS, AND THE AUDIT PROCESS, INCLUDING THE REVIEW OF THE ACTIVITIES OF THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>ED 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 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 OTHER COMMITTEES SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING BUSINESS COMMITTEES A A CHAPTER RELATIONS COMMITTEE WHICH SHALL RECOMMEND AND MONITOR CONSISTENT, PREDICTABLE AND ACCOUNTABLE BOARD POLICY IN CHAPTER RELATIONS B A DEVELOPMENT COMMITTEE WHICH SHALL ADVISE THE BOARD ON PHILANTHROPIC GIVING TO THE ASSOCIATION AND RECOMMEND FUNDRAISING POLICIES C A PROGRAM COMMITTEE WHICH SHALL RECOMMEND FOR BOARD CONSIDERATION AND APPROVAL POLICY ISSUES RELATED TO MARKET AND NEEDS ASSESSMENT, PROGRAMS AND SERVICES, QUALITY AND STANDARDS AND RELATED MATTERS D A PUBLIC POLICY COMMITTEE WHICH SHALL PROVIDE GUIDANCE TO THE BOARD ON FEDERAL, STATE AND LOCAL PUBLIC POLICY ISSUES AND STRATEGIES INCLUDING RESEARCH FUNDING, HEALTH CARE, LONG TERM CARE, AND PUBLICLY FUNDED CARE AND SUPPORT PROGRAMS E A DIVERSITY & INCLUSION COMMITTEE WHICH SHALL HELP ENSURE THAT THE ASSOCIATION SERVES AND REFLECTS DIVERSE COMMUNITIES, SHALL WORK WITH THE BOARD OF DIRECTORS AND OTHER COMMITTEES TO FOSTER DIVERSITY AND INCLUSION WITH RESPECT TO THE ASSOCIATION STRATEGIC PLAN AND SHALL REPORT ON PROGRESS THE ASSOCIATION AND BOARD ARE MAKING ON ACHIEVING THE ASSOCIATION'S DIVERSITY AND INCLUSION STRATEGIC GOALS 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>Conflict of Interest Policy Monitoring & Enforcement THE ALZHEIMER'S ASSOCIATION CONFLICT OF INTEREST POLICY IS DESCRIBED IN ARTICLE XIII, 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 PARTY WHOSE INTERESTS ARE OR MAY APPEAR TO BE IN CONFLICT WITH THE ASSOCIATION ALL INTERESTED PARTIES ARE REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE ASSOCIATION AND THEREAFTER SHALL FILE WITH THE ASSOCIATION AN UPDATED DISCLOSURE STATEMENT AS MAY BE REQUIRED FROM TIME TO TIME BY THE BOARD OF DIRECTORS OR ITS COMMITTEE DESIGNEE AND IN NO EVENT LESS OFTEN THAN ANNUALLY AS CITED FROM ARTICLE XIII, SECTION 2 OF THE BYLAWS, INTERESTED PERSONS SHALL DISCLOSE ANY CONFLICT AND SHALL NOT VOTE ON A MATTER AND FURTHER IF REQUESTED BY THE CHAIR OR RESOLUTION OF THE BOARD SHALL LEAVE THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION THE MINUTES SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED PERSON DID NOT PARTICIPATE IN ANY DISCUSSION OF THE MATTER AND DID NOT VOTE ON THE MATTER IN PERSON OR BY PROXY WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD, THE INTERESTED PERSON SHALL DISCLOSE SUCH CONFLICT TO THE BOARD OF DIRECTORS OR SUCH COMMITTEE AND SHALL NOT VOTE ON THE MATTER FURTHER THE INTERESTED PERSON OR REPRESENTATIVE HAVING A CONFLICT IF REQUESTED BY THE CHAIR OR RESOLUTION OF THE BOARD SHALL LEAVE THE ROOM IN WHICH THE BOARD OR THE COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS OR THE COMMITTEE, AS THE CASE MAY BE, EXCLUDING THE INTERESTED PERSON CONCERNING WHOM THE DOUBT HAS ARISEN COPIES OF THE ASSOCIATION BYLAWS ARTICLE, INCLUDING THE CONFLICT OF INTEREST POLICY AND ANY RELATED ETHICAL POLICY OR GUIDELINES AS FROM TIME TO TIME ADOPTED OR AMENDED BY THE BOARD OF DIRECTORS, SHALL BE PRESENTED TO ALL INTERESTED PERSONS SERVING THE ASSOCIATION AT THE TIME OF ANY SUCH ADOPTION OR AMENDMENT AND IN NO EVENT LESS OFTEN THAN ANNUALLY, AND TO ALL INDIVIDUALS SEEKING TO SERVE THE ASSOCIATION AS AN INTERESTED PERSON PRIOR TO REQUESTING ANY SUCH INDIVIDUAL TO EXECUTE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AT THE START OF EACH MEETING OF THE BOARD OF DIRECTORS AS WELL AS EACH MEETING OF THE EXECUTIVE COMMITTEE, THE AGENDA IS REVIEWED AND ALL DIRECTORS IN ATTENDANCE ARE REMINDED OF THE CONFLICT OF INTEREST POLICY AND ADVISED TO DISCLOSE ANY POTENTIAL CONFLICTS SHOULD THEY EXIST OR ARISE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A & 15B	<p>Process for Determining Compensation COMPENSATION IS ESTABLISHED FOR THE CEO BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE AFTER A THOROUGH SALARY/MARKET REVIEW CONDUCTED BY OUTSIDE COMPENSATION CONSULTANTS FOR THE CEO POSITION, THE GATHERING OF RELEVANT COMPARABILITY DATA FROM INDEPENDENT SOURCES OCCURRED IN 2017 THE PROCESS WAS CONDUCTED IN A MANNER INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES AS TO THE MEMBERS OF THE SENIOR MANAGEMENT TEAM OTHER THAN THE CEO, ANNUALLY UPDATED MARKET DATA IS ALSO PROVIDED BY THE OUTSIDE COMPENSATION CONSULTANT, SO THAT THE UPDATED MARKET DATA CAN BE USED IN SETTING REASONABLE COMPENSATION FOR EACH MEMBER OF THE SENIOR MANAGEMENT TEAM EACH YEAR THE COMPENSATION COMMITTEE EVALUATES THE CEO'S PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS WHICH INCLUDES COLLECTION, INTERVIEWS AND PERFORMANCE EVALUATION COMPARING RESULTS TO GOALS THE COMMITTEE AND CHAIR OF THE BOARD USE THIS DATA TO DETERMINE INCENTIVE COMPENSATION ELIGIBILITY THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW DONE AT THE END OF EACH FISCAL YEAR THESE INCLUDE A SELF-ASSESSMENT AND EVALUATION BY THE CEO UPDATED MARKET DATA FOR USE IN SETTING REASONABLE COMPENSATION IS PROVIDED BY A NATIONAL COMPENSATION CONSULTING FIRM TO THE COMPENSATION COMMITTEE FOR CONFIRMATION OF REASONABLENESS USING A PROCESS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS (INCLUDING CONTEMPORANEOUS DOCUMENTATION IN THE COMMITTEE'S MINUTES) FOR FISCAL YEAR 2018, THE SALARY AND TOTAL COMPENSATION PACKAGE OF THE CEO WAS BENCHMARKED BY SULLIVAN COTTER COMPENSATION IS CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 18	<p>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.</p> <p>FORM 990, PART VI, LINE 19 HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC The organization's audited financial statements are made available to the general public by posting on the organization's website at www.alz.org and upon request. The organization makes its governing documents and conflict of interest policy available to the general public upon request.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGE IN NET ASSETS OR FUND BALANCE CHANGE IN PERPETUAL TRUST \$1,027,840 CHANGE IN SPLIT INTEREST \$(658,603) MISCELLANEOUS \$(17,702) ----- TOTAL \$(351,535)

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Note	Effective July 1, 2016, one chapter dissolved and 46 chapters merged with the Association to create a united Alzheimer's Association. Total assets acquired from the 47 chapters were approximately \$152,004,000 and net assets acquired were approximately \$130,859,000. The Association oversees the operations and activities for 78 chapters to facilitate strategic alignment, deliver on the overarching Association-wide strategic objectives and priority activities, and to ensure coverage for all geographic territories.

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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Alzheimer's Disease & Related Disorders Association Inc

Employer identification number
13-3039601

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)Alzheimer's Impact Movement (AIM) 225 N Michigan Ave Fl 17 Chicago, IL 60601 27-1961435	SOC Welfare	IL	501(C)(4)		Alz Assoc	Yes	
(2)Alzheimer's Association International 181 Bay St Brookfield Pl 2100 Toronto, Ontario M5J2T3 CA 99-9999999	PUBLIC CHAR	CA	501(C)(3)		Alz Assoc		No
(3)Coalition of NY State Alz Chapters Inc 4 Pine West Plaza 405 Albany, NY 12205 13-4076596	Public Char	NY	501(c)(3)		Alz Assoc		No

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?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

No

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

r Other transfer of cash or property to related organization(s)

1r

No

s Other transfer of cash or property from related organization(s)

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Alzheimer's Impact Movement	B	6,475,586	FMV
(2)Alzheimer's Impact Movement	n	327,321	FMV
(3)Alzheimer's Impact Movement	o	3,098,117	fmv

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part V, Line 2	AMOUNT INVOLVED IN RELATIONSHIP The Alzheimer's Association granted funds to Alzheimer's Impact Movement (AIM) for public policy division activities in fiscal year 2018 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.

