Form <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



H(c) Group exemption	7 4 r 2856 3,034,932. eturn ? Yes X No ncluded? Yes No list. (see instructions) n number ► 4 State of legal domicile: DC NHANCE THE
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3 4 5 6	17 17 13 1
3 4 5 6	17 17 13 1
4 5 6	17 13 1
5	13 1
6	1
	0
	υ.
7b	0.
Prior Year	Current Year
2,568,722.	2,767,169.
0.	0.
95,302.	78,842.
-54,280.	-100,043.
2,609,744.	2,745,968.
92,826.	0.
0.	0.
1,335,009.	1,246,648.
0.	0.
	1,314,601.
	2,561,249.
-297,901.	184,719.
Beginning of Current Year	End of Year
	3,419,554.
	309,210.
<u> </u>	3,110,344.
	0. 95,302. -54,280. 2,609,744. 92,826. 0. 1,335,009. 0. 1,479,810. 2,907,645. -297,901.

#### Part II Signature Block

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

Sign	Signature of officer		Date
Here		DENT AND CEO	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	PATRICIA DROLET	PATRICIA DROLET	11/05/20 <sup>if</sup> self-employed P00362984
Preparer		HANAN & MITCHELL,	P.C. Firm's EIN 52-1711839
Use Only	Firm's address 7910 WOODMONT	AVE. STE. 500	
	BETHESDA, MD 2	0814	Phone no. (301) 986-0600
May the I	RS discuss this return with the preparer showr	above? (see instructions)	X Yes No
932001 01-2	20-20 LHA For Paperwork Reduction Act I	lotice, see the separate instruction	ons. Form <b>990</b> (2019)

orm	990 (2019) ALLIANCE FOR AGING RESEARCH	54-1379174	Pag
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	[
1	Briefly describe the organization's mission:		
	THE ALLIANCE FOR AGING RESEARCH IS THE LEADING NON-PRO	OFIT ORGANIZAT	IOI
	DEDICATED TO ACCELERATING THE PACE OF SCIENTIFIC DISC	OVERIES AND TH	EIF
	APPLICATION IN ORDER TO VASTLY IMPROVE THE UNIVERSAL 1	HUMAN EXPERIEN	CE
	OF AGING AND HEALTH.		
2	Did the organization undertake any significant program services during the year which were not listed on the	e	
	prior Form 990 or 990-EZ?		X
	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 servic	es? Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	s as measured by expenses	2
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		anu
1a		٠	
łd	(Code:) (Expenses \$ 2,108,022 · including grants of \$) (R EVERY HEARTBEAT MATTERS	evenue \$	
	NATIONAL HEART VALVE DISEASE AWARENESS DAY		
	THE ALLIANCE LED THE THIRD-ANNUAL NATIONAL HEART VALVE	F DIGENCE	
	AWARENESS DAY ON FEBRUARY 22ND, 2019. WE WERE JOINED DORGANIZATIONS DEDICATED TO RAISING AWARENESS ABOUT THE		
	DISEASE. ON VALVE DISEASE DAY AND THROUGHOUT THE MONT		
	ACROSS THE COUNTRY HOSTED MORE THAN 30 IN-PERSON AND (		
	EDUCATIONAL EVENTS. A FLAGSHIP EVENT AT MEDSTAR HEART		000
	INSTITUTE-ATTENDED BY >100 CLINICIANS AND VIEWED BY >2		
	LIVE-FEATURED DR. JOHN WHYTE, MD OF WEBMD, AND U.S. SI		
	VICE ADMIRAL JEROME ADAMS, MD, MPH. PARTNER EFFORTS A		•
	CAMPAIGN REACHED >154 MILLION ESTIMATED AUDIENCE, AND		
b	(Code:) (Expenses \$ including grants of \$) (R	Revenue \$	
	PAN FOUNDATION		
	IN PARTNERSHIP WITH THE PAN FOUNDATION, THE ALLIANCE (		
	ROUNDTABLES OF STAKEHOLDERS INTERESTED IN LOWERING OO		
	PROVIDING A SMOOTHING OPTION FOR MEDICARE BENEFICIARI		)
	COVERAGE. ATTENDEES INCLUDED SENIOR CONGRESSIONAL COM		
	AHIP, PCMA, PHRMA, BIO, BMA, AND 20 NATIONAL ADVOCACY		
	REPRESENTING THINK TANKS, PHARMACIES, PROVIDERS, PATI		
	CAREGIVERS. AS A RESULT OF THIS MEETING, ORGANIZED A		
	LETTER IN SUPPORT OF A PART D OOP CAP AND SMOOTHING TH		
	SENATE FINANCE COMMITTEE AND HOUSE COMMITTEE ON WAYS		
	AS SENATE AND HOUSE LEADERSHIP. ADDITIONALLY, THE ALL		
	CONSULT CONDUCTED A QUANTITATIVE NATIONAL SURVEY ON O		
ŀc		levenue \$	
	ACCELERATING CURE/TREATMENTS FOR ALZHEIMER'S DISEASE		
	(ACT-AD). THE ALLIANCE LEADS AN ALZHEIMER'S DISEASE CO		
	INDUSTRY EXPERTS AND STAKEHOLDERS. ACT-AD HELD ITS 12		
	FDA/ALZHEIMER'S DISEASE ALLIES MEETING ENTITLED "DIVE		
	THERAPEUTIC PIPELINE FOR ALZHEIMER'S DISEASE WITH DRI		
	PATIENT ADVOCACY ORGANIZATIONS, AND REPRESENTATIVES FI		ΔΤ.
	INSTITUTES OF HEALTH AND U.S. FOOD AND DRUG ADMINISTRA		
	COALITION ALSO HELD AN EDUCATIONAL WEBINAR ON CLINICAL		
	RECRUITMENT ISSUES IN ALZHEIMER'S DISEASE WITH FEDERAL	U AUGUEIMER S	
	DISEASE RESEARCHERS AND INDUSTRY.		
ld	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<del>l</del> e	Total program service expenses ► 2,168,622.		
		Form 9	90 (
2002	SEE SCHEDULE O FOR CONTINUATION	N(S)	
	2		
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Part IV Checklist of Required Schedules

ALLIANCE FOR AGING RESEARCH

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		- 23
0		8		x
9	Schedule D, Part III	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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ALLIANCE FOR AGING RESEARCH

Part IV Checklist of Required Schedules (continued)

20	Did the exception report more than \$5,000 of grants or other espiritures to ar fer demostic individuals on		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b> </b>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Only and the Langert L	25b		x
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 11
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c		XX
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<b>_</b> ^
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
15a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rai	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	990	

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Part V	Statements	Regarding Othe	er IRS	Filings ar	nd Tax Comp	liance (continued)

### ALLIANCE FOR AGING RESEARCH

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b -		
	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	•		х
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<b>C</b> 1-		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	70	х	
	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	- 23	
C	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	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:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans <b>13b</b>			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2019)	)
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#### ALLIANCE FOR AGING RESEARCH

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

	Check if Schedule O contains a response or note to any line in this Part VI					[
ec	tion A. Governing Body and Management				N.	Т
4		1a	17	,	Yes	+
Ia	Enter the number of voting members of the governing body at the end of the tax year	la	<b></b> /	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		17	,		
	Enter the number of voting members included on line 1a, above, who are independent			-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	hip with any	other			ł
_	officer, director, trustee, or key employee?			2		┦
3	Did the organization delegate control over management duties customarily performed by or under t		-			
	of officers, directors, trustees, or key employees to a management company or other person?			3		+
4	Did the organization make any significant changes to its governing documents since the prior Form			4		
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		4
6	Did the organization have members or stockholders?			6		4
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		4
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	, stockholde	ers, or			
	persons other than the governing body?			7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Co	ode.)			_
					Yes	_
	Did the organization have local chapters, branches, or affiliates?			10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before f	iling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	in Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and appro	val by indep	pendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ı?				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					Ι
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with	а			
	taxable entity during the year?			16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's				
	exempt status with respect to such arrangements?			16b		I
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (	(Section 501(c)(3	B)s only	/) avai	ili
	for public inspection. Indicate how you made these available. Check all that apply.	in on Ookoo				
0	X Own website Another's website I Upon request Other (explain Description and its several description and its several its seve			al 61		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	CONTINCT OF I	iterest policy, ar	iu tinal	icial	
	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 b SUSAN PESCHIN, CEO - 2022932856	DOOKS and re	ecoras 🕨			_
	1700 K ST. NW NO. 740, WASHINGTON, DC 20006					
					9 <b>90</b>	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

т

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		<b>)</b> than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week	<u> </u>				n/aus		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		(***2/1033-10100)		and related
	below	d ual t	Institutional trustee	L_	Key employee	est co oyee	5			organizations
	line)	Indivi	Institu	Officer	Keye	Highest compensated employee	Former			0
(1) JAMES G. SCOTT	3.00									
CHAIR		X		X				0.	0.	0.
(2) JOHN L. STEFFENS	3.00									
CHAIR EMERITUS		X						0.	0.	0.
(3) BRUCE GARREN	3.00									
VICE CHAIR		X						0.	0.	0.
(4) WILLIAM SCHUYLER	3.00									
TREASURER		X		X				0.	0.	0.
(5) GEORGE BEACH	3.00									
SECRETARY		X		X				0.	0.	0.
(6) JOHN ALAM	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) KAREN GALLY	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) JOHN BREAUX	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) KELSEY LANG	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) MARGARET DAVIS-CERONE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JAMES E. EDEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) BARRY LIDEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MICHELE MARKUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DAN PERRY	1.00									
FOUNDER & BOARD MEMBER		Х						0.	0.	0.
(15) CALVIN SCHMIDT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) MARK SIMON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) BILLY TAUZIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
932007 01-20-20										Form <b>990</b> (2019)

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Form 990 (2019)

Form 990 (2019) ALLIANCE	FOR AG	INC	G F	RES	SEZ	ARC	CH		54-13	791	.74	Page	8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Estii amo	<b>(F)</b> mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	fror orgar and	ensatior m the nization related izations	
(18) SUSAN PESCHIN	40.00							100 561			4 -	0.01	
PRESIDENT AND CEO	40.00			X				190,761.		0.	15	,061	•
(19) YVETTE BROWN VP OF FINANCE AND ADMINIST	40.00					x		130,130.		0.	15	,969	).
(20) LINDSAY CLARKE	40.00											,,,,,,	-
VP OF HEALTH PROGRAMS						x		117,915.		0.	17	,442	2.
(21) ELLEN JENKINS	40.00												—
VP PUBLIC POLICY		1				X		143,781.		0.	11	,193	ι.
(22) LAUREN SMITH	40.00												
EMPLOYEE						X		107,353.		0.	15	,833	
										$\square$			
1b Subtotal								689,940.		0.	75	,498	<u>}.</u>
1b Subtotal c Total from continuation sheets to Part V								0.		0.			).
d Total (add lines 1b and 1c)								689,940.		0.	75	,498	
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportable				
compensation from the organization 🕨													5
										E	`	es N	0
3 Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s				•	•						3	X	ζ
4 For any individual listed on line 1a, is the su								her compensation from					_
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J	for such individual		[	4	x	
5 Did any person listed on line 1a receive or a					-			-			_		7
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5	X	<u> </u>
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	contr	racto	ors	that received more than	\$100.000 of comp	ensa	tion fro	m	
the organization. Report compensation for	•	•							· ·				
(A) Name and business	address							<b>(B)</b> Description of s	ervices	Сс	(C) mpens		
BERMAN AND COMPANY, 1090	VERMON	Γ 2	AVE	1 E	W			RESTRICTED P	ROJECT				
SUITE 800, WASHINGTON, DO	20005							WORK AND WEB	SITE MAN		234	,034	Ŀ.
DRINKER BIDDLE & REATH L		DGZ	AN	SÇ	QUZ	ARI		PUBLIC POLIC					_
#2000, PHILADELPHIA, PA 19103								CONSULTING S			138	,696	•
1700 K STREET ASSOCIATES 1700 K ST NW, WASHINGTON	DC 200	<u>מ</u> רר	5					RENTAL OF OF SPACE	FICE		122	,635	
1,00 A DI AN, WADHINGTON	, DC 200		0					DI NCH				,000	•
							_						
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot li	mite	d to		ise li: 3	steo	above) who received m	nore than				

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Form	n 990	(2019) ALLIANCE FOR A	AGING RE	SEARCH		54-1379	174 Page 9
	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response c	or note to any lin	ne in this Part VIII			
				<b>(A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	Revenue excluded
nts its	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
Am C	c	Fundraising events 1c 4	422,698.				
lar lar	d	Related organizations 1d					
ns, Simi	е	s ( )					
er S	f	All other contributions, gifts, grants, and					
<u>e</u> E E E E			344,471.				
n d	g	Noncash contributions included in lines 1a-1f		2,767,169.			
0 @	n	Total. Add lines 1a-1f	Business Code	2,707,109.			
ð	2 a	t the second sec	Business Coue				
, zic	b						
Sei	c						
Program Service Revenue	d						
9 B B B B B B B B B B B B B B B B B B B	е						
۲,	f	All other program service revenue					
	g						
	3	Investment income (including dividends, interes		F4 010			E4 010
		other similar amounts)		54,910.			54,910.
	4	Income from investment of tax-exempt bond pr	-				
	5	Royalties	(ii) Personal				
	6 a		(				
	b						
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a 169</b> , <b>507</b> .					
•	b	Less: cost or other basis					
evenue		and sales expenses 76 145,575.					
eve		Gain or (loss) 7c 23,932.		23,932.			23,932.
Other R		Net gain or (loss) Gross income from fundraising events (not	····· ►	45,954.			23,952.
Gth	8 a	including \$ 422,698. of					
Ŭ		contributions reported on line 1c). See					
			41,875.				
	b		143,389.				
		Net income or (loss) from fundraising events	►	-101,514.			-101,514.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
	.	and allowances 10a					
		Less: cost of goods sold <b>10b</b>					
		Net income or (loss) from sales of inventory	Business Code				
snc	11 -	HONORARIA	900099	1,200.			1,200.
ane	b	PUBLICATIONS	900099	271.			271.
selle	c						
Miscellaneous Revenue		All other revenue					
<		Total. Add lines 11a-11d	<b>)</b>	1,471.			
	12	Total revenue. See instructions		2,745,968.	0.	0.	-21,201.
93200	9 01-2	D-20					Form <b>990</b> (2019)

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ALLIANCE FOR AGING RESEARCH Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		- 40 000		
	trustees, and key employees	765,438.	540,893.	189,568.	34,977
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	245 000	046 145		
7	Other salaries and wages	347,896.	246,145.	86,267.	15,484
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44 400	21 020	10 000	0 510
9	Other employee benefits	44,429.	31,038.	10,878.	2,513 7,415
0	Payroll taxes	88,885.	60,630.	20,840.	/,415
1	Fees for services (nonemployees):	20.200		20.200	
а	Management	39,329.		39,329.	
b	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	400 500	200 201	10 050	17 007
	column (A) amount, list line 11g expenses on Sch 0.)	420,536.	390,391.	12,258.	17,887 4
2	Advertising and promotion	214,171.	198,173.	15,994.	91
3	Office expenses	31,285.	23,638.	7,556.	
4	Information technology	94,980.	37,852.	48,192.	8,936
5	Royalties	102 246		100 246	
16	Occupancy	182,346. 37,196.	29,714.	182,346.	1,542
7	Travel	57,190.	29,714.	5,940.	1,542
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	116 627	108,805.	6,896.	936
9	Conferences, conventions, and meetings	116,637. 1,075.	100,005.	1,075.	930
0		1,075.		1,075.	
21	Payments to affiliates	31,678.		21 670	
2	Depreciation, depletion, and amortization	6,823.		<u>31,678.</u> 6,823.	
3		0,043.		0,023.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DONATIONS & PASSTHROUGH	103,009.	101,082.	1,845.	82
b	OTHER EXPENSES	16,451.	1,046.	14,676.	729
с	DUES AND SUBSCRIPTIONS	15,717.	537.	14,896.	284
d	BANK FEES	3,368.	4.	3,242.	122
е	All other expenses		398,674.	-398,674.	
25	Total functional expenses. Add lines 1 through 24e	2,561,249.	2,168,622.	301,625.	91,002
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Check here

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Form **990** (2019)

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if following SOP 98-2 (ASC 958-720)

2019.04030 ALLIANCE FOR AGING RESEARCH 31727-01

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Form 990 (		ALLIANCE	FOR	AGING	RESEARCH	I
Part X	Balance Sheet					
	Check if Schedule	O contains a respo	onse or i	note to any l	ine in this Part X	

 	Check if Schedule O contains a response or not	a to an	/ line in this Part V			
		e io an	יוווכ וו נווס דמונא	(A)		(B)
				(A) Beginning of year		(D) End of year
1	Cash - non-interest-bearing			365,188.	1	346,622.
2	Savings and temporary cash investments			110,430.	2	104,303.
3	Pledges and grants receivable, net		<b>F</b>	381,500.	3	534,000.
4	Accounts receivable, net			70.	4	419.
5	Loans and other receivables from any current or				-	
Ũ	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of these				5	
6	Loans and other receivables from other disquali		•			
•	under section 4958(f)(1)), and persons described		6			
7	Notes and loans receivable, net		7			
8	Inventories for sale or use				8	
9				19,697.	9	29,742.
	Land, buildings, and equipment: cost or other				-	
	basis. Complete Part VI of Schedule D	10a	254,205.			
b	Less: accumulated depreciation		138,520.	135,363.	10c	115,685.
11	Investments - publicly traded securities			1,985,335.	11	2,273,928.
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			14,855.	15	14,855.
16	Total assets. Add lines 1 through 15 (must equa			3,012,438.	16	3,419,554.
17	Accounts payable and accrued expenses			221,046.	17	170,862.
18	Grants payable				18	
19	Deferred revenue				19	
20					20	
21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
22	Loans and other payables to any current or form	ner offic	er, director,			
	trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
	controlled entity or family member of any of thes	se perso	ons		22	
23	Secured mortgages and notes payable to unrela	ated thi	d parties		23	
24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
25	Other liabilities (including federal income tax, page	yables	to related third			
	parties, and other liabilities not included on lines	s <b>1</b> 7-24)	. Complete Part X			
	of Schedule D		······ _	86,544.	25	138,348.
26	Total liabilities. Add lines 17 through 25			307,590.	26	309,210.
	Organizations that follow FASB ASC 958, che	ck here				
	and complete lines 27, 28, 32, and 33.			1 045 002		0 200 025
27	Net assets without donor restrictions			1,845,803.	27	2,329,835.
28	Net assets with donor restrictions			859,045.	28	780,509.
	Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 📖			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or eq				30	
31	Retained earnings, endowment, accumulated in			2,704,848.	31	3 110 211
32	Total net assets or fund balances			3,012,438.	32	3,110,344. 3,419,554.
33	Total liabilities and net assets/fund balances			3,014,430.	33	5,419,554.

Form **990** (2019)

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2019) ALLIANCE FOR AGING RESEARCH	54-13	79174	Pag	je <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,745		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,561		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,7:	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,704		
5	Net unrealized gains (losses) on investments	5	220	),7'	<u>77.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,110	),34	<u>44.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			- (	000 /	

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	the organization							identification nu	
Pa	r <b>+ 1</b>			GING RESEARC		in month) Cu			4-1379174	:
		Reason for Public						5.		
	organ	ization is not a private found		•		,				
1		A church, convention of ch					1)(A)(I).			
2		A school described in sect					,			
3		A hospital or a cooperative					•		41 1	
4		A medical research organiz	ation operated in co	njunction with a nospital	described	a in sectio	A)(1)(d)(1)(A	)(III). Enter	the nospital's nam	ne,
-		city, and state:						unit des suit	a al in	
5		An organization operated for		liege or university owned	a or opera	ted by a g	overnmental u	init descrit	bed in	
~		section 170(b)(1)(A)(iv). (C	• •			70/1-1/41/41	4.0			
6	X	A federal, state, or local gov						ha aanaral	nublic described	in
'	- 23	An organization that norma		initial part of its support i	rom a gov	ernmental		ne general	public described	ILI
8		section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(vi) (Complete Der	• 11 \					
9		An agricultural research or				ad in coniu	inction with a	land grant	collogo	
9		or university or a non-land-								
		university:	grant concyc or agric			name, en	y, and state o			
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons members	hin fees	ind aross receipts	from
		activities related to its exen								
		income and unrelated busin								
		See section 509(a)(2). (Cor		(,			······, ······	J	,,,	
11		An organization organized a	,	ively to test for public sa	ifety. See	section 50	09(a)(4).			
12		An organization organized a	-	•	•			arry out the	purposes of one	or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box in	
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.		
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), †	typically by	y giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting	
		_ organization. You must o	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving	
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally integration	•	•••		-		lly integrat	ed with,	
		its supported organizatio								
d		☐ Type III non-functionally						-		
		that is not functionally int	° °	<b>o</b> ,				d an attent	iveness	
		requirement (see instruct								
е		Check this box if the orga					а Туре I, Туре	II, Type III		
	E.t.	functionally integrated, or		nally integrated support	ing organi	zation.				
		er the number of supported of supported of the following information	•						- L	
<u> </u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetarv	(vi) Amount of ot	ther
		organization	(	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instruc	
				above (see instructions))						
Tota	1									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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#### Schedule A (Form 990 or 990 EZ) 2019 ALLIANCE FOR AGING RESEARCH Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2144755.	1000564.	1950657.	2568722.	2761169.	10425867.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2144755.	1000564.	1950657.	2568722.	2761169.	10425867.
	The portion of total contributions						
Ŭ	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)						
e							10425867.
	Public support. Subtract line 5 from line 4.						10423007.
		(-) 0015	(1-) 0010	(-) 0017	(4) 0010	(-) 0010	
	ndar year (or fiscal year beginning in)	(a)2015 2144755.	(b) 2016 1000564.	(c) 2017 1950657.	(d) 2018 2568722.	(e) 2019	(f) Total 10425867.
	Amounts from line 4	2144755.	1000304.	1950057.	2300722.	2701109.	10423007.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	22 222	22 202	62 070	44 150	E4 010	207 661
	and income from similar sources $\dots$	22,232.	23,282.	63,078.	44,159.	54,910.	207,661.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		= 4 0				
	assets (Explain in Part VI.)	2,400.	510.	999.	2,006.	1,471.	
11	Total support. Add lines 7 through 10						10640914.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor					<u></u>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (	ine 6, column (f) d	ivided by line 11, c	column (f))		14	97.98 %
	Public support percentage from 2018					15	98.01 %
16a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c	organization did no	ot check a box on I	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	his box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
			,	. , ,		dulo A (Earm 000	

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# Schedule A (Form 990 or 990 EZ) 2019 ALLIANCE FOR AGING RESEARCH

# 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified 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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
10 <i>a</i>	Amounts from line 6 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						
	Add lines 10a and 10b 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, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) organ	nization,
		-					
Sec	ction C. Computation of Publ						
15	Public support percentage for 2019 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Invest						
17					)	17	%
	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2019.</b> If the						
	more than 33 1/3%, check this box a	-					
h	<b>33 1/3% support tests - 2018.</b> If the						🕨 🛄
~	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						
	23 09-25-19	IT GIG HOL OHEON A		a, or rob, check			90 or 990-EZ) 2019
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### Schedule A (Form 990 or 990-EZ) 2019 ALLIANCE FOR AGING RESEARCH

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

#### Section A. All Supporting Organizations

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

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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# Schedule A (Form 990 or 990-EZ) 2019 ALLIANCE FOR AGING RESEARCH

	Supporting Organizations (continued)		<b></b>	<b></b>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			L
			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			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
~		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion 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 yea(see instructions	)-		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	Aug 1 - 1' -		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		<b></b>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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#### Schedule A (Form 990 or 990-EZ) 2019 ALLIANCE FOR AGING RESEARCH

### 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.

Net short-term capital gain			(optional)
	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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# Schedule A (Form 990 or 990 EZ) 2019 ALLIANCE FOR AGING RESEARCH

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c				
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

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Part VI	(Form 990 or 990-EZ) 2019 ALLIAN Supplemental Information. Pr	ovide the evolutions r	equired by Part II, line 10:	54-1379174 Pa
	Part IV, Section A, lines 1, 2, 3b, 3c, 4l	o, 4c, 5a, 6, 9a, 9b, 9c, 1	1a, 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 Section D, lines 5, 6, and 8; and Part V	; Part IV, Section E, lines	s 1c, 2a, 2b, 3a, and 3b; Pa ad 6. Also complete this p	art V, line 1; Part V, Section B, line 1e; Part V art for any additional information
	(See instructions.)	, Section L, lines 2, 3, a	nd o. Also complete this p	
2028 09-25-	19		20	Schedule A (Form 990 or 990-EZ)
			20	AGING RESEARCH 31727-

# Schedule B

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

Name of the organization

**•** • • • • • •

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

54-1379	174
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Organization type (check one).					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

ALLIANCE FOR AGING RESEARCH

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

Name of organization

Employer identification number

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ALLIA	NCE FOR AGING RESEARCH		54-1379174
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$296,000	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$290,100	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$250,000	) - Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$210,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$200,000	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$150,000	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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2019.04030 ALLIANCE FOR AGING RESEARCH 31727-01

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923452 11-06-19

Name of organization

ALLIA	54-1379174		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7		- \$\$130,0	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
8		\$127,0	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
9		- _ \$ <u>95,0</u>	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
10		- _ \$ <u>70,1</u>	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
11		- _ \$ <u>70,0</u>	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
12		- \$\$70,0	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

noncash contributions.)

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2019.04030 ALLIANCE FOR AGING RESEARCH 31727-01

Employer identification number

54-1379174

#### ALLIANCE FOR AGING RESEARCH

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 65,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 14 Person Payroll 60,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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2019.04030 ALLIANCE FOR AGING RESEARCH 31727-01

Name of organization

Employer identification number

54-1379174

ALLIANCE FOR AGING RESEARCH

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

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

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Name of or	ganization		Employer identification number
ALLIAN	NCE FOR AGING RESEARCH		54-1379174
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or I</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea ry. For organizations ess for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
923454 11-06	-19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019

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SCHEDULE C Political Campaign and Lobbying Activities			g Activities	OMB No. 1545-0047				
(Form 990 or 990-EZ)		anizations Exempt From Income	-	-	2019			
	-	if the organization is described						
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for i			C. Open to Public Inspection			
If the organization answ	the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then							
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Con	plete Parts I-A and B. Do not com	plete Part I-C.					
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete I	Parts I-A and C below	. Do not complete Part I-B.				
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	e Part I-A only.						
-		Form 990, Part IV, line 4, or For						
		have filed Form 5768 (election und			-			
· / · / ·	•	have NOT filed Form 5768 (electio			•			
If the organization answ Tax) (see separate inst		1 Form 990, Part IV, line 5 (Proxy	Tax) (see separate i	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy			
		tions: Complete Part III.						
Name of organization				Emple	over identification number			
	ALLIANC	E FOR AGING RESEA	RCH		54-1379174			
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	rganization.			
	Ũ	ation's direct and indirect politica						
		ures						
<b>3</b> Volunteer hours for	political campai	gn activities						
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(	(3).				
1 Enter the amount of	f any excise tax	incurred by the organization unde	r section 4955	▶\$				
		incurred by organization manager						
		n 4955 tax, did it file Form 4720 fo						
<b>b</b> If "Yes," describe ir	n Part IV.							
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section 501(	c)(3).			
1 Enter the amount d	irectly expended	by the filing organization for sect	ion 527 exempt funct	tion activities > \$				
2 Enter the amount of	f the filing organ	ization's funds contributed to othe	er organizations for se					
exempt function ac								
	-	. Add lines 1 and 2. Enter here an						
					<u> </u>			
00					Yes No			
		nployer identification number (EIN						
		tion listed, enter the amount paid omptly and directly delivered to a						
	•	additional space is needed, provid	· · · ·	, ,	te segregated fund of a			
					(a) Amount of political			
<b>(a)</b> Name	2	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and			
				funds. If none, enter -0	promptly and directly			
					delivered to a separate			
	political organization. If none, enter -0							

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

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Schedule C (Form 990 or 990-EZ) 2019

	Schedule C (Form 990 or 990-EZ) 2019	ALLIANCE	FOR	AGING	RESEARCH
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Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and fil	led Form 5768 (el	ection under
expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated is lobbying expenditures). ied box A and "limited control" provisions apply.	l group member's nam	e, address, EIN,
	oying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
<b>b</b> Total lobbying expenditures to influence a le	gislative body (direct lobbying)	16,613.	
c Total lobbying expenditures (add lines 1a an	d 1b)	16,613.	
d Other exempt purpose expenditures		2,544,636.	
	s 1c and 1d)	2,561,249.	
f Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	278,062.	
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% o	f line 1f)	69,516.	
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j If there is an amount other than zero on eithe	er 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 Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
2a Lobbying nontaxable amount	206,515.	278,496.	295,382.	278,062.	1,058,455.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,587,683.
<b>c</b> Total lobbying expenditures	6,149.	7,229.	5,502.	16,613.	35,493.
<b>d</b> Grassroots nontaxable amount	51,629.	69,624.	73,846.	69,516.	264,615.
e Grassroots ceiling amount (150% of line 2d, column (e))					396,923.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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#### Schedule C (Form 990 or 990-EZ) 2019 ALLIANCE FOR AGING RESEARCH

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# 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	• •	• • •		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	l (b) Part	III-A, lin	e 3, is
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).				
а	Current year		2a		
	Carryover from last year				
	Total		-		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II	-A, lines 1 a	and 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2019

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**SCHEDULE D** 

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

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



Employer identification number 54-1379174

Department of the Treasury Internal Revenue Service Name of the organization

#### ALLIANCE FOR AGING RESEARCH

	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(	<b>b)</b> Fun	ds and other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised fun	ds		
	are the organization's property, subject to the organization's	s exclusive legal control?			Yes	N
3	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can I	be used o	only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpo	se confer	ring		
			<u></u>		Yes	
	t II Conservation Easements. Complete if the or	-	0, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recrea			-	important land are	а
	Protection of natural habitat	Preservation	of a certi	fied his	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the for	m of a co	nserva		
	day of the tax year.			_	Held at the End of t	he Tax Yea
а	Total number of conservation easements			2a		
b				2b		
	Number of conservation easements on a certified historic st			2c		
d	Number of conservation easements included in (c) acquired					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	the orgar	nization	n during the tax	
	year ▶					
1	Number of states where property subject to conservation ea		_			
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements				Yes	
3	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing co	onservati	on eas	ements during the	year
,	Amount of expenses incurred in menitoring increating her	dling of violations, and enforcing concer	austion of		ata during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and emorcing conser	valionea	semer	its during the year	
3	Does each conservation easement reported on line 2(d) abo	we satisfy the requirements of section 1	70/b)//)/E	2)/i)		
,		,			Yes	
)	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat					
,	balance sheet, and include, if applicable, the text of the foot					
	organization's accounting for conservation easements.	indle to the organization's financial state		ial ues		
	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or	Other	Simil	ar Assets.	
Par	Complete if the organization answered "Yes" on Forn		•	•		
aı		11 330. I alt IV. III e 0.			sheet works	
			nt and ba	iance s		
	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statemer			public	
	If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pu	58, not to report in its revenue statemer iblic exhibition, education, or research ir	n furthera		public	
1a	If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina	58, not to report in its revenue statemer iblic exhibition, education, or research ir ancial statements that describes these it	n furthera tems.	nce of		
1a	If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statemer iblic exhibition, education, or research ir ancial statements that describes these it 58, to report in its revenue statement ar	n furthera ems. nd balanc	nce of	et works of	
1a	If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for public	58, not to report in its revenue statemer iblic exhibition, education, or research ir ancial statements that describes these it 58, to report in its revenue statement ar	n furthera ems. nd balanc	nce of	et works of	
1a	If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	58, not to report in its revenue statemer iblic exhibition, education, or research ir ancial statements that describes these it 58, to report in its revenue statement ar ic exhibition, education, or research in fu	n furthera ems. nd balanc urtheranc	nce of e shee e of pu	et works of	
1a	If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	58, not to report in its revenue statemer iblic exhibition, education, or research ir ancial statements that describes these it 58, to report in its revenue statement ar ic exhibition, education, or research in fu	n furthera tems. nd balanc urtheranc	nce of e shee e of pu	t works of ublic service,	
la b	If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public 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	58, not to report in its revenue statemer iblic exhibition, education, or research ir ancial statements that describes these it 58, to report in its revenue statement ar ic exhibition, education, or research in fu	n furthera ems. nd balanc urtheranc	nce of e shee e of pu	et works of ublic service, \$\$	
la b	If the organization elected, as permitted under FASB ASC 93 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 93 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical treasures	58, not to report in its revenue statemer iblic exhibition, education, or research ir ancial statements that describes these it 58, to report in its revenue statement ar ic exhibition, education, or research in fu	n furthera ems. nd balanc urtheranc	nce of e shee e of pu	et works of ublic service, \$\$	
1a b	If the organization elected, as permitted under FASB ASC 93 of art, historical treasures, or other similar assets held for pul- service, provide in Part XIII the text of the footnote to its fina- If the organization elected, as permitted under FASB ASC 93 art, historical treasures, or other similar assets held for publi- 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 If the organization received or held works of art, historical trea- the following amounts required to be reported under FASB A	58, not to report in its revenue statemer iblic exhibition, education, or research ir ancial statements that describes these it 58, to report in its revenue statement ar ic exhibition, education, or research in fu easures, or other similar assets for finan- ASC 958 relating to these items:	n furthera ems. nd balanc urtheranc cial gain,	nce of e shee e of pu	t works of ublic service, \$ \$	
1a b	If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical trea the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	58, not to report in its revenue statemer iblic exhibition, education, or research ir ancial statements that describes these it 58, to report in its revenue statement ar ic exhibition, education, or research in fu easures, or other similar assets for finan- ASC 958 relating to these items:	n furthera ems. nd balanc urtheranc cial gain,	nce of e shee e of pu b s provid	• et works of ublic service, \$ e \$	
1a b	If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical trea the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	58, not to report in its revenue statemer iblic exhibition, education, or research ir ancial statements that describes these it 58, to report in its revenue statement ar ic exhibition, education, or research in fu easures, or other similar assets for finan- ASC 958 relating to these items:	n furthera ems. nd balanc urtheranc cial gain,	nce of e shee e of pu provid	• et works of ublic service, \$ e \$	

Sche	dule D (Form 990) 2019 ALLIANC	E FOR AGIN	G RE	SEARCH	I			54-13	7917	4 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	reasures, o	r Othe	er Sim	ilar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	make s	significar	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	m					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further t	the organizatio	on's exe	mpt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	asures, or othe	er similaı	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered "	Yes" on	Form 9	90, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custod		diany for	contributio	as or other as	ote not	includo	4			
Ia			•						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	tahla:				····· └──	165	L	
D		and complete the lo	liowing	lable.					Amoun	ŀ	
c	Beginning balance						1c		/ inioun	<u> </u>	
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
Par											_
		(a) Current year	(b) F	Prior year	(c) Two years	s back	(d) Three	years back	(e) Four	vears	back
1a	Beginning of year balance	. , , , ,				,928.	. ,	510,928.		510,	
	Contributions										
	Net investment earnings, gains, and losses									4,	412.
	Grants or scholarships										
	Other expenditures for facilities										
	and programs				510	,928.				4,	412.
f	Administrative expenses										
	End of year balance							510,928.		510,	928.
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organization	ation th	at are held a	and administer	red for tl	he orgar	nization			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	<b>,</b>				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	D, Part I	V, line 11a.	See Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o			t or other		ccumula		<b>(d)</b> Boo	k value	Э
		basis (investr	nent)	basis	(other)	dep	oreciatio	n			
	Land										
	Buildings			ļ							
	Leasehold improvements								A	<u> </u>	1 ~
d	Equipment				22,147.			431.		<u>6,7</u>	
	Other				32,058.		133,0	18.9.		8,9	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line	10c.)			🕨 📃		5,6	
								Schedule	D (Forn	n 990)	2019

932052 10-02-19

Part VII	Investr	nents -	Other Securities	5.		
Schedule D			ALLIANCE		AGING	RESEARCH

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.

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

#### Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	129,312.
(3)	CAPITAL LEASE PAYABLE	9,036.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	138,348.

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

#### Schedule D (Form 990) 2019

932053 10-02-19

2019.04030 ALLIANCE FOR AGING RESEARCH 31727-01

Sche	dule D (Form 990) 2019 ALLIANCE FOR AGING RESEARCH	H		54-	1379174 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	ith Revenue per R		
	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	6,154,394.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	220,777.		
b	Donated services and use of facilities	2b	3,044,260.		
с	Recoveries of prior year grants				
d			143,389.		
е				2e	3,408,426.
3	Subtract line 2e from line 1			3	2,745,968.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,745,968.
5 Ра	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> 12.) <b>rt XII Reconciliation of Expenses per Audited Financial Statement</b>			v	
5 Pa				v	rn.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	/ith Expenses per	v	
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	/ith Expenses per	Retu	rn.
1	Reconciliation of Expenses per Audited Financial Statemed           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents W	/ith Expenses per	Retu	rn.
1 2	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents W	/ith Expenses per	Retu	rn.
1 2 a	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents W	/ith Expenses per 3 , 044 , 260 .	Retu	rn.
1 2 a b c	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents W 2a 2b 2c	/ith Expenses per	Retu	rn. 5,748,898.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	/ith Expenses per 3,044,260. 143,389.	Retu	rn. 5,748,898. 3,187,649.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses per 3,044,260. 143,389.	1	rn. 5,748,898.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith Expenses per 3,044,260. 143,389.	1 2e	rn. 5,748,898. 3,187,649.
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	/ith Expenses per 3,044,260. 143,389.	1 2e	rn. 5,748,898. 3,187,649.
1 2 3 4 3	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losses         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	/ith Expenses per 3,044,260. 143,389.	1 2e	rn. 5,748,898. 3,187,649.
1 2 3 4 3	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losses         Other statements         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents W 2a 2b 2c 2d 4a 4b	/ith Expenses per 3,044,260. 143,389.	1 2e	rn. 5,748,898. 3,187,649. 2,561,249. 0.
1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	ents W 2a 2b 2c 2d 4a 4b	/ith Expenses per 3,044,260. 143,389.	Retu 1 2e 3	rn. 5,748,898. 3,187,649. 2,561,249.
1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	ents W 2a 2b 2c 2d 4a 4b	/ith Expenses per 3,044,260. 143,389.	Retu 1 2e 3 4c	rn. 5,748,898. 3,187,649. 2,561,249. 0.

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

#### PART X, LINE 2:

THE	ALLIANCE	FOR	AGING	RESEARCH(AAR)	REQUIRES	$\mathbf{T}\mathbf{H}\mathbf{A}\mathbf{T}$	Α	TAX	POSITION	ΒE
-----	----------	-----	-------	---------------	----------	--	---	-----	----------	----

RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD.

THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.

AAR DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY

UNCERTAIN TAX POSITIONS.

#### AAR'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, REMAIN OPEN

#### FOR EXAMINATION BY THE FEDERAL TAXING AUTHORITIES GENERALLY FOR THREE

#### YEARS AFTER FILING.

	PART	XI,	LINE	2D	- OTHER	ADJUSTMENTS:					
	932054 10-	02-19								Schedule D	) (Form 990) 2019
							33				
09	37110	5 75	59370	3172	27-0000	2019.04030	ALLIANCE	FOR	AGING	RESEARCH	31727-01

Part XIII Supplemental Information (continued)

DIRECT FUNDRAISING EXPENSES: 143,389

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES: 143,389

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1					, or if the	2019
Department of the Treasury	U	Attach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization		E FOR AGING RESEAR	.CH				Employer ide	ntification number
	complete this par	Complete if the organization answe t	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
<ol> <li>Indicate whether the</li> <li>a Mail solicitate</li> <li>b Internet and</li> <li>c Phone solicitate</li> <li>d In-person social</li> <li>2 a Did the organization</li> <li>key employees list</li> </ol>	e organization rais ions email solicitations tations ilicitations on have a written c red in Form 990, P ) highest paid indiv	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual vart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
		on is registered or licensed to solicit o		<b>b</b> ution:	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form §	990 or 990-EZ) 2019

932081 09-11-19

35 09371105 759370 31727-0000 2019.04030 ALLIANCE FOR AGING RESEARCH 31727-01

# Schedule G (Form 990 or 990 EZ) 2019 ALLIANCE FOR AGING RESEARCH

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 ANNUAL DINNER/ROUND	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
anuavau			(event type)	(event type)	(total number)	
	1	Gross receipts	464,573.			464,573
	2	Less: Contributions	422,698.			422,698
	3	Gross income (line 1 minus line 2)	41,875.			41,875
	4	Cash prizes				
0	5	Noncash prizes				
20100	6	Rent/facility costs	25,664.			25,664
הווברו בעהבוואבא	7	Food and beverages	45,003.			45,003
L	8	Entertainment				
	9	Other direct expenses				72,722
		Direct expense summary. Add lines 4 throug				143,389 -101,514
-	11 rt			000 Det N/ Kee 40 er	· · · · · · · · · · · · · · · · · · ·	-101,514
C	IT L I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
				(b) Pull tabs/instant		(d) Total gaming (ad
			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1	Gross revenue				
-	-					
,	2	Cash prizes				
2						
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	0	Not coming income cummon / Subtract line	7 from line 1 column (d)		•	
	8	Net gaming income summary. Subtract line	r from line 1, column (a)			
	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			
•		he organization licensed to conduct gaming a		states?		Yes N
	IS T					
а		No," explain:				
а		No," explain:				
а		No," explain:				
a b	lf "	re any of the organization's gaming licenses r	evoked, suspended, or te	erminated during the tax	year?	Yes N
b Da	If "			-	year?	Yes N
a b	If "	ere any of the organization's gaming licenses r		-	year?	Yes N
a b	If "	ere any of the organization's gaming licenses r		-	year?	Yes N
a b Da	If " We If "	ere any of the organization's gaming licenses r		-		Yes Yes m 990 or 990-EZ)

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<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2019 ALLIANCE FOR AGING RESEARCH	54-1379174	Page 3
11	Does the organization conduct gaming activities with nonmembers?		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:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
	Name		
	Address		
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 <b>&gt;</b> \$ and the amou	int	
	of gaming revenue retained by the third party <b>&gt;</b> \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	rt 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.		
J3208	33 09-11-19 Schedule ( 37	G (Form 990 or 990	)-EZ) 2019
371	105 759370 31727-0000 2019.04030 ALLIANCE FOR AGING RES	EARCH 317	27-01

09371105 759370 31727 -0000 IANCE OR | AGING RESEARCH 317

	Schedule G (For	m 990 or 990-EZ)

Form 990)     For certain Offices, Directors, Trustees, Key Employees, and Highest     Complete if the organization answered "Yes" on Form 990, Part IV, line 23.     Activative lawses     Complete if the organization answered "Yes" on Form 990, Part IV, line 23.     Activative lawses     Activative law	SCHEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
Complete if the Organization answered Year's on Form 990, Part IV, line 23.     Attach to Form 990.     Ford Village Complexe Part III to provide any relevant information regarding these items.     Attach or comparison     Attach and provide any relevant information regarding these items.     Attach for comparison     Attach or comparison		-		20	10	<u> </u>
Department         Department <thdepartment< th="">         Department         Departme</thdepartment<>	( ,	Compensated Employees		ZU	IJ	1
Action of the organization     Action of the organization     Allowing download and of the following to or instructions     Allowing download of the organization number     Allowing download of the organization provided any of the following to or for a person listed on Form 990,     Part UI, Section A, Ine 1a, complete Part III to complete Part III to explain     Ary of the boxes on line 1a are checked, did the organization follow a written policy regarding parameter to revision of all of the expenses described above? If "No", "complete Part III to explain     Discretionary spending account     Part UI, Section A, Ine 1a, of the reganization provide any relevance (such as maid, chauffeur, chef)     July of the boxes on line 1a are checked, did the organization to low a written policy regarding paramet or reinformer or provision of all of the expenses described above? If "No", "complete Part III to explain     CEO/Executive Director, Regarding the items checked on Ine 1a?     July of the boxes on line 1a are checked, did the organization to low a written policy regarding payment or     reinfoursement or provision of all of the expenses described above? If "No", "complete Part III to explain     Tube Part UI, Section A, Ine 1a, written policy regarding payment or     reinfoursement or provision or checked, payments to the endpoint contract     Tube Part UI, Section A, Ine 1a, written policy regarding payment or     reinfoursement or change of control payment?     Approval by the board or compensation committee     Tube Part UI, Section A, Ine 1a, with respect to the filing     organization or arcelere payment from, a supplemental nonqualified reliment plan?     Sea arX     b Participate In, or receive payment Im, an equitybased compensation pay or accrue any compensation     contingent or change of control payment?     Sea arX     b Participate In, or receive payment Image.     The organization Payment Image and provide the appletiones them in Part III.     Only section 501(c)(3), 501(c)(4), and 501(c)(29)				Open to	Publi	ic
Name of the organization         Employer identification number 54 - 1379174           Part I         Questions Regarding Compensation         Yes         No           Image: Ima						
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.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Instant Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Instant Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to explain 2000 (Complete Part III to explain 2000) (Complete Part III) (Complete Part II			Employer id	entificati	on nu	mber
a 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.       Yes       No         a 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.       Yes       No         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov97 If 'No,' complete Part III to explain.       Ib         c Discretionary spending account       Personal services (such as maid, chauffeur, chef)       Ib         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov97 If 'No,' complete Part III to explain.       Ib         c Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the compensation or the CEO/Executive Director, tot explain in Part III.       Compensation committee       Ib         c During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to astablish compensation committee       X       X         d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization ore actel adorganization? <td></td> <td>ALLIANCE FOR AGING RESEARCH</td> <td>54-13</td> <td>37917</td> <td>4</td> <td></td>		ALLIANCE FOR AGING RESEARCH	54-13	37917	4	
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, Ine 1a. Compute Part III to provide any relevant information regarding these items.           Impact Alass or charter travel         Housing allowance or residence for personal use Parsent for companions         Payments for business use of personal residence in travel for companions         Payments for business use or personal residence in travel for companions         Payments for business use or personal residence in travel for companions         Payments for business use or personal residence in the deminification and gross up payments         Personal services (such as maid, chauffeur, chef)           b         If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain         1b           2         Indicate which, if any, of the following the organization used to establish the compensation of the organization 's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant         2           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:         2           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:         2           5         For openson slisted on Form 990, Part VII, Secti	Part I Que	stions Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison					Yes	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison	1a Check the a	propriate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,			
Image: First-class or charter travel       Image: Ima						
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       X Written employment contract       2         Independent compensation for B90, Part VII, Section A, line 1a, with respect to the filing organization ar related organization:       4a       X         Participate in, or receive payment from, a equity-based compensation arrangement?       4a       X         If 'Yes' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5c       X         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the restarelings of:       5a       X	First-cla	ss or charter travel Housing allowance or residence for perso	onal use			
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       2         Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Indicate which, if any, of the following the organization suce of the organization is a cell organization:       2         Imdependent compensation consultant       X       Compensation survey or study         X       Form 990 of other organization:       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Participate in, or receive payment from, an equity-based compensation arrangement?       4a       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b       X         Only sec	Travel f	r companions Payments for business use of personal re	esidence			
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       X       Xiften employment contract         Imdependent compensation consultant       X compensation arrowy or study         X       Form 990 of other organization:       Xiften employment contract         a neceive a severance payment from, a supplemental nonqualified retirement plan?       4a       X         b       Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent in, or receive payment from, an equity-based compensization pay or accrue any compensation contingent on the retermues of:       5a       X         The organization?       5a       X       5b       X         Vi*Yes* to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.<	Tax ind	mnification and gross-up payments Health or social club dues or initiation fee	s			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 12?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2            Compensation committe         Compensation comsultant         Compensation comsultate         Compensation comsultant         Compensation survey or study         X         Form 990 of other organization:         Receive a severance payment from, a supplemental nonqualified retirement plan?         Participate in, or receive payment from, a supplemental nonqualified retirement plan?         Participate in, or receive payment from, a supplemental nonqualified retirement plan?         Participate in, or receive payment from, a supplemental nonqualified retirement plan?         Participate in, or receive payment from, a supplemental nonqualified retirement plan?         Participate in, or receive payment from, a supplemental nonqualified retirement plan?         Participate in, or receive payment from, a supplemental nonqualified retirement plan?         Participate in, or receive payment from, a supplemental nonqualified retirement plan?        4a       X          Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.        5b       X          For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reteamings of: </td <td>Discret</td> <td>onary spending account Personal services (such as maid, chauffe</td> <td>ur, chef)</td> <td></td> <td></td> <td></td>	Discret	onary spending account Personal services (such as maid, chauffe	ur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2 <ul> <li>COMpensation committee</li> <li>Compensation comsultant</li> <li>Compensation committee</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>For persons listed organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.</li> <li>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>For persons listed organization?</li> <li>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:</li> <li>The organization?</li> <li>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:</li> <li>The organization?</li> <li>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:</li> <li>The orga</li></ul>						
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         4       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         5       Compensation committee       X       Written employment contract       2         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:       4a       X         6       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         7       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         6       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         16       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         9       Participate in, or	<b>b</b> If any of the	poxes on line 1a are checked, did the organization follow a written policy regarding payment or				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: CEO/Executive Director. Check all the applicable and the component contract         Image: I	reimbursem	nt or provision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Sult explain in Part III.         Compensation committee       Image: CEO/Executive Director. Sult explain in Part III.       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant         Image: CEO/Executive Director. Subtract Compensation Survey or study       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: CEO/Executive Director. All the organization pro	2 Did the orga	ization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 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: <ul> <li>Receive a severance payment from, a supplemental nonqualified retirement plan?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>H "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:</li> <li>The organization?</li> <li>Any related organization?</li> <li>Any related organization?</li> <li>Bo</li> <li>X</li> <li>Bo</li> <li>X</li> <li>Bo</li> <li>Any related organization?</li> <li>Bo</li> <li>Any related organization?</li> <li>Bo</li> <li>Any related organization?</li> <li>Bo</li> <li>Any related organization?</li></ul>	trustees, and	officers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 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: <ul> <li>Receive a severance payment from, a supplemental nonqualified retirement plan?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>H "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>Bo</li> <li>X</li> <li>Bo</li> <li>X</li> <li>Bo</li> <li>Compensation on the net earnings of:</li> <li>The organization?</li> <li>Bo</li> <li>Comparization?</li> <li>Bo</li> <li>Comparization?</li> <li>Bo</li> <li>Comparization?</li> <li>Comparization?</li> <li>Comparization?</li> <li>Comparization?</li> <li>Comparization?</li> <li>Comp</li></ul>						
establish compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       X         Independent compensation consultant       X       Compensation survey or study         Independent compensation consultant       X       Compensation committee         Independent compensation consultant       X       Compensation commentee         Independent compensation consultant       X       Compensation commentee         Independent companization:       Approval by the board or compensation committee         Image: the companization or a related organization:       4a       X         Image: the companization or a related organization:       4a       X         Image: the companization or a related organization:       4a       X         Image: the companization or a related organization:       4a       X         Image: the companization or a related organization:       4a       X         Image: the companization or a related organization:       4a       X         Image: the companization or a related organization:       4a       X         Image: the companization or a related organization:       4a       X         Image: the companization?       5a       X         Image: the companization?       5a       X         Image: the corganization?       5a	3 Indicate whi	h, if any, of the following the organization used to establish the compensation of the organization	s			
□ Compensation committee       X         □ Independent compensation consultant       X         □ A pproval by the board or compensation committee       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:       4a       X         a Receive a severance payment or change of control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         b Any related organization?       5a       X         b Any related organization?       5a       X         f" Yes" on line 5a or 5b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         b Any related organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6a       X	CEO/Execut	e Director. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
Independent compensation consultant       Image: Compensation survey or study         Image: Compensation survey of other organizations       Image: Compensation survey or study         Image: Compensation or a related organizations       Image: Compensation survey or study         Image: Compensation or a related organization:       Image: Compensation or a related organization:         Image: Compensation or a related organization:       Image: Compensation arrangement?         Image: Compensation or a related organization:       Image: Compensation arrangement?         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation arrangement?         Image: Compensation on receive payment from, an equity-based compensation arrangement?       Image: Compensation arrangement?         Image: Compensation on the revenues of:       Image: Compensation pay or accrue any compensation contingent on the revenues of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the revenues of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the retearnings of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the retearnings of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the retearnings of:         Image: Compensition and the companization pay or accrue any compensation contingent on the retearnin	establish co	npensation of the CEO/Executive Director, but explain in Part III.				
Image: Section Space Sp	Compe	sation committee X Written employment contract				
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: <ul> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>c Participate in, or receive payment from, a equity-based compensation arrangement?</li> <li>if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:             <ul> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>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:</li></ul></li></ul>	🗌 Indepe	dent compensation consultant I Compensation survey or study				
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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       6a       X         1f "Yes" on line 5a or 5b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initital contract exception described in Regulat	X Form 9	0 of other organizations X Approval by the board or compensation of	committee			
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a.c., list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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       6a       X         a The organization?       5a       X       If "Yes" on line 6a or 6b, describe in Part III.       6b       X         b Any related organization?       6a       X       If "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described						
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       6a       X         b Any related organization?       6a       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         b Any related organization?       6a       X         lf "Yes" on line 6a or 6b, describe in	4 During the y	ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X	organization	or a related organization:				
c       Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization? If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5a       X         a       The organization? If "Yes" on line 6a or 6b, describe in Part III.       6a       X         6       Any related organization? If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations						
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Constraint of the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of:       6a       X         a The organization?       6a       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       X         8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject t	<b>b</b> Participate in	, or receive payment from, a supplemental nonqualified retirement plan?		4b		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a</li> <li>The organization?</li> <li>5a</li> <li>X</li> </ul> b         Any related organization?         5b <li>X</li> 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: <ul> <li>a</li> <li>The organization?</li> <li>6a</li> <li>X</li> </ul> b         Any related organization?         6a           a         The organization?         6a           b         Any related organization?         6a           fl "Yes" on line 6a or 6b, describe in Part III.         6b         X           7         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Yes," describe in Part III.         7         X           8         Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III. <t< td=""><td></td><td></td><td></td><td> <b>4c</b></td><td></td><td>X</td></t<>				<b>4c</b>		X
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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes," on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(	If "Yes" to a	y of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes," on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(						
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9						
a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			on			
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	-					37
If "Yes" on line 5a or 5b, describe in Part III.       Image: Section 1, Section 2, Section 3, Section						
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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				<b>5b</b>		<u> </u>
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9						
a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			on			
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	-	-				v
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9						
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>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</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, d</li></ul>				<b>6b</b>		~
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9						
<ul> <li>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</li></ul>				_		v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				. 7		~
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9						v
Regulations section 53.4958-6(c)?				. 8		~

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#### 54-1379174

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) SUSAN PESCHIN	(i)	190,761.	0.	0.	294.	14,767.	205,822.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLEN JENKINS	(i)	143,781.	0.	0.	0.	11,193.	154,974.	0.
VP PUBLIC POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

#### Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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. ▶ Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ

EZ
OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

54-1379174

ALLIANCE FOR AGING RESEARCH

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

OLDER ADULTS OVER AGE 65 WHO HAVE MEDICARE PART D COVERAGE, INCLUDING

THOSE WHO LIVE WITH ONE OR MORE CHRONIC CONDITIONS, AND "PRE-SENIOR"

ADULTS AGED 60-64. THE SURVEY RESULTS WERE FEATURED IN AN OP-ED

CO-AUTHORED BY THE ALLIANCE AND NATIONAL HEALTH COUNCIL, "SENIORS

STRUGGLE WITH OUT-OF-POCKET DRUG COSTS. A CAP WOULD FIX THIS, " AND

PUBLISHED IN MORNING CONSULT.

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

THE BOARD MAY APPOINT AN EXECUTIVE COMMITTEE AND MAY DELEGATE TO THAT COMMITTEE ALL OF THE POWERS OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, EXCEPT THAT THE COMMITTEE MAY NOT HAVE THE POWER TO MAKE, AMEND OR REPEAL THE BY-LAWS, NOR TO ELECT MEMBERS OF THE BOARD. THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, BOARD VICE-CHAIR, AND CHAIRS FROM THE GOVERNANCE COMMITTEE, DEVELOPMENT COMMITTEE AND FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED, SIGNED, AND FILED BY THE PRESIDENT AND CEO. IT IS ALSO REVIEWED BY THE TREASURER PRIOR TO FILING, AND PROVIDED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: EACH SPRING, BOARD MEMBERS ARE ASKED ABOUT POTENTIAL CONFLICTS OF INTEREST. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE PERSON INVOLVED MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OF DIRECTORS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 42

09371105 759370 31727-0000 2019.04030 ALLIANCE FOR AGING RESEARCH 31727-01

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization ALLIANCE FOR AGING RESEARCH	Employer identification number 54-1379174
CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE	VOTE(S) OF THE
INTERESTED DIRECTOR(S) WILL NOT BE COUNTED.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD CHAIR CONVENES THE EXECUTIVE COMMITTEE ANNUALLY	TO REVIEW THE
PRESIDENT & CEO'S EMPLOYMENT CONTRACT AND ANNUAL SALARY.	A VOTE IS CAPTURED
BY EMAIL. COMPENSATION DATA BY ASAE IS REVIEWED TO DETERM	INE
REASONABLENESS.	
HIGHEST COMPENSATED EMPLOYEES' SALARY IS DETERMINED BASED	ON AN ANNUAL
PERFORMANCE REVIEW BY THE PRESIDENT AND CEO. COMPENSATION	DATA BY ASAR IS

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

OF THE DELIBERATION AND DECISION WAS 2017.

REVIEWED TO DETERMINE COMPARABILITY AND REASONABLENESS.

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THEIR WEBSITE OR BY REQUEST.

THE MOST RECENT YEAR IN WHICH THE PROCESS INCLUDED REVIEW AND APPROVAL BY

INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

#### TOTAL EXPENSES

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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378,791.

12,258.

17,887.

408,936.

HONORARIA: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES FOTAL EXPENSES	
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	11,600
	0
OTAL EXPENSES	0
	11,600
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	420,536
FORM 990, PART IX, LINE 11G, OTHER FEES	
CONSULTANTS:	
PROGRAM SERVICES EXPENSES - 378,791 MANAGEMENT AND GENERAL EXPENSES - 12,258	
FUNDRAISING - 17,887	
COTAL EXPENSES - 408,936	
IONARARIA:	
PROGRAM SERVICES EXPENSES - 11,600	
IANAGEMENT AND GENERAL EXPENSES - 0	
FUNDRAISING - 0	
COTAL EXPENSES - 11,600	
FORM 990, PART XII, LINE 2C:	
THE BOARD ASSUMES RESPONSIBILITY FOR TH OVERSIGHT OF THE	E AUDIT AND
SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HA	AS NOT CHANGED
FROM PRIOR YEARS.	

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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