** 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)

Department of the Treasury Internal Revenue Service

▶ 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.

A I	or the	e 2021 calendar year, or tax year beginning and endi	ng					
B	heck if	C Name of organization		D Employer identif	ication number			
	Addres							
	Name change			54-13791	.74			
	Initial return		n/suite	E Telephone numb	 er			
	Final return/	1700 K STREET NW 740)	202-293-	-2856			
	termin ated		G Gross receipts \$ 4,765,902.					
	Ameno			H(a) Is this a group return				
	Applic tion	F Name and address of principal officer: SUSAIN FESCHIN		for subordinate	s? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
		empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () \blacktriangleleft (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$	527	If "No," attach	a list. See instructions			
		e: ► WWW.AGINGRESEARCH.ORG		H(c) Group exempti				
			L Year o	of formation: 1986	M State of legal domicile: DC			
Pa	art I	Summary						
Activities & Governance		Briefly describe the organization's mission or most significant activities: PROMOTE EXPERIENCE OF AGING AND HEALTH.	S RE	SEARCH TO E	NHANCE THE			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed or	f more	than 25% of its net as				
ove		Number of voting members of the governing body (Part VI, line 1a)						
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)						
es 8		Total number of individuals employed in calendar year 2021 (Part V, line 2a)						
Ĭ		Total number of volunteers (estimate if necessary)						
Act		Total unrelated business revenue from Part VIII, column (C), line 12						
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>.</u>					
		Ocataliba tricano con discontro (Dout VIII diagrafia)		Prior Year 3,026,247.	Current Year 4,262,886.			
ne	1	Contributions and grants (Part VIII, line 1h)		0.				
Revenue	I .	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		66,869.				
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-102,665.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,990,451.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.				
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
G	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,215,975.	1,289,402.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.				
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 62,097.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,214,846.	2,041,749.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,430,821.	3,351,151.			
	19	Revenue less expenses. Subtract line 18 from line 12		559,630.	976,025.			
S OF			Beg	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		4,284,882.				
at Ag	21	Total liabilities (Part X, line 26)		504,421.				
Ž.	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,780,461.	4,937,015.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	ototomo	nto and to the heat of m	w knowledge and belief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pi			ly knowledge and belief, it is			
truc	, сопс		ι ομαι οι ι	nas any knowicage.				
Sig	n	Signature of officer		Date				
Her		SUSAN PESCHIN, PRESIDENT AND CEO						
	Ū	Type or print name and title						
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN			
Paid	I	HOLLY CAPORALE HOLLY CAPORALE	0	6/19/22 self-emplo	P00235685			
Prep	arer	Firm's name COUNCILOR, BUCHANAN & MITCHELL, P. 0	Firm's EIN ▶	52-1711839				
	Only	Firm's address 7910 WOODMONT AVE. STE. 500						
		BETHESDA, MD 20814		Phone no. (3	301) 986-0600			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	rt III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1	,	describe the organization's mission:
		ALLIANCE FOR AGING RESEARCH IS THE LEADING NON-PROFIT ORGANIZATION
		ICATED TO ACCELERATING THE PACE OF SCIENTIFIC DISCOVERIES AND THEIR
		LICATION IN ORDER TO VASTLY IMPROVE THE UNIVERSAL HUMAN EXPERIENCE
		AGING AND HEALTH.
2		e organization undertake any significant program services during the year which were not listed on the
	•	
2		s," describe these new services on Schedule O. e organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3		e organization cease conducting, or make significant changes in how it conducts, any program services?
4		ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
		ue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 1,701,200 • including grants of \$) (Revenue \$
	•	LIC POLICY: THE ALLIANCE FOR AGING RESEARCH WORKS WITH PATIENTS,
		ERAL AGENCIES, ELECTED OFFICIALS, AND PARTNER ORGANIZATIONS TO
	ADV	ANCE POLICIES THAT SUPPORT RESEARCH AND HEALTHY AGING. OVER THE PAST
	35+	YEARS, THE ALLIANCE HAS LED EFFORTS TO INCREASE INVESTMENT IN
	FOU	NDATIONAL RESEARCH, INTRODUCE PATIENT PROTECTIONS, AND HELP ADDRESS
	THE	AFFORDABILITY OF HEALTHCARE. WE ADVOCATE FOR PROGRESS ACROSS A WIDE
		GE OF ISSUES THAT IMPACT HEALTH, ACCESS, AND THE DEVELOPMENT OF THE
	NEX	T GENERATION OF MEDICAL ADVANCES.
		1 105 240
4b	(Code:) (Expenses \$1, 185, 342. including grants of \$0, 000.) (Revenue \$)
		LTH EDUCATION: THE ALLIANCE FOR AGING RESEARCH CREATES AWARD-WINNING
		CATIONAL MATERIALS AND LEADS CAMPAIGNS FOR CONSUMERS, PATIENTS, EGIVERS, AND HEALTH PROFESSIONALS ON DISEASES AND CONDITIONS WHICH
		PROPORTIONATELY IMPACT OLDER ADULTS. THESE WIDE-RANGING SOURCES ON
		H TOPICS AS VALVE DISEASE, VISION LOSS, AND PAIN MANAGEMENT, HAVE
		E THE ALLIANCE A WELL-RESPECTED SOURCE OF RELIABLE INFORMATION ON
		HEALTH AND WELL-BEING OF OLDER AMERICANS.
		THE THE PETRO OF CHEEK PRINCE
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	-	
	Other	program services (Describe on Schedule O.)
-	(Expens	
4e		program service expenses 2,886,542.
		Form 990 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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	_	37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			. v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- v
	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,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		125
u	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	444		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	125
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 21	
•	the organization's separate of 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	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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,	- 1.5		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2021) ALLIANCE FOR AGING RESEARCH
Part IV Checklist of Required Schedules (continued)

	Continued)		V	Na
00	Did the averagination was at asset than \$5,000 of average as at least an element is individual.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
04 -	Schedule J	23		
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	04-		x
	Schedule K. If "No," go to line 25a	24a 24b		
		240		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ام	any tax-exempt bonds? Did the exemptation act as an long behalf of lineaux for bonds outstanding at any time during the year?	24c 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29		_29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31		
32	October 1 to M. Douttle	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			_
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
25	(gambling) winnings to prize winners?	1c	Х	
132004	\$ 12-09-21	Form	990	(2021)

ALLIANCE FOR AGING RESEARCH 54-1379174 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a

b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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? 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.

11

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the

organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b 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 X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

Form **990** (2021)

Form 990 (2021)

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

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	anv other								
	officer, director, trustee, or key employee?			- 1	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the			····							
•					3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X				
6					6		X				
7a											
1 a	more members of the governing body?	•			7a		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			····	1 a						
b			*		7h		x				
0				···· }	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		0-	Х					
a	The governing body?			- [8a_	X					
b	Each committee with authority to act on behalf of the governing body?			}	8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear				_		.				
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)								
				r		Yes	No				
	Did the organization have local chapters, branches, or affiliates?				10a		X				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	_X_					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $f = 0$	'es," d	escribe								
	on Schedule O how this was done				12c	X					
13	Did the organization have a written whistleblower policy?]	13	X					
14	Did the organization have a written document retention and destruction policy?]	14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			[15a	Х					
	Other officers or key employees of the organization				15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			Ī							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a								
	taxable entity during the year?				16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			···· [
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•								
	exempt status with respect to such arrangements?			[16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501	(c)(3)s	onlv) :	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (explain on Schedule O)										
19	19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fin										
.5	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 boo	ike and	d records								
20	SUSAN PESCHIN, CEO – 202–293–2856	no ail	. 1000103								
	1700 K ST. NW NO. 740, WASHINGTON, DC 20006										
	1,00 1 DI HA HO. / TO, MADILLHOLON, DC 20000										

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable compensation	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation		amount of
	week					17443		from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e 0 r (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	/idual	tutior	er	Key employee	est co	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) SUSAN PESCHIN	40.00	_								
PRESIDENT AND CEO				Х				230,017.	0.	26,504.
(2) LINDSAY CLARKE	40.00									
VP OF HEALTH PROGRAMS						X		138,572.	0.	18,721.
(3) MICHAEL WARD	40.00									
VP OF PUBLIC POLICY						Х		130,494.	0.	12,559.
(4) JAMES SCOTT	3.00									
CHAIR		Х		Х				0.	0.	0.
(5) WILLIAM SCHUYLER	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) GEORGE BEACH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DAN PERRY	1.00									
FOUNDER & BOARD MEMBER		Х						0.	0.	0.
(8) JOHN ALAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MARY BORDINI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARGARET DAVIS-CERONE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JAMES EDEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) KAREN GALLY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) KELSEY LANG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MICHELE MARKUS	3.00									
VICE CHAIR		Х		х				0.	0.	0.
(15) CALVIN SCHMIDT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) MARK SIMON	3.00									
SECRETARY		Х		х				0.	0.	0.
(17) JOHN WHYTE	1.00									
BOARD MEMBER		Х		l	l		l	0.	0.	0.

Form **990** (2021)

Section A. Officers,	Directors, Trus	tees, Key Emp	oloy	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(A) (B) (C) (D)								(E)			(F)		
Name and title		Average	(do		Pos		າ than d	nne	Reportable	Reportable	,	Es	stimate	ed
		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	n	an	nount	of
		week		cer an	nd a d	irecto	r/trus	tee)	from	from related			other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	99			sated		organization	(W-2/1099-MIS			om th	
		organizations	ustee	trust		96	npeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
		below	lual tr	tional		yoldı	yee yee	_	1				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o, g.	ai iizati	0110
			_	_		<u>×</u>	1							
1b Subtotal									499,083.		0.	5	7,7	
c Total from continuation sh	neets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c								<u> </u>	499,083.		0.	5	7,7	84.
2 Total number of individuals		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			2
compensation from the org	anization												V	3
											1		Yes	No
3 Did the organization list any	'	,	,	,	•	•	,	_		,				37
line 1a? If "Yes," complete s												3		X
4 For any individual listed on	•	•							•	•			77	
and related organizations g												4	Х	
5 Did any person listed on line						•			•	lual for services				7.7
rendered to the organization		plete Schedule	Jf	or su	ıch ı	oers	on .					5		X
Section B. Independent Contra														
Complete this table for your	-	•	-							· · · · · · · · · · · · · · · · · · ·	oensat	tion fro	om	
the organization. Report co		tne calendar ye	ear e	enair	ng w	ith c	or wi	tnin		ear. T		10	<u> </u>	
Nam	(A) ne and business	address							(B) Description of s	ervices	С)) ompe	ر) nsatio	n
BERMAN AND COMPAN			A	VE	N	W		\neg	PROJECT AND V					
SUITE 800, WASHINGTON, DC 20005 MANAGEMENT											39	4,3	33.	
L700 K STREET ASSOCIATES RENTAL OF OFFICE														
1700 K ST NW, WAS		DC 200	06					- 1	SPACE			19	1,6	81.
AEGRE DRINKER, ONE LOGAN SQUARE SUITE														

Form **990** (2021)

114,840.

Total number of independent contractors (including but not limited to those listed above) who received more than

2000, PHILADELPHIA, PA 19103

\$100,000 of compensation from the organization

ADVISORY SERVICES

Form 990 (2021) ALLIANC
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Check if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts st	1	а	Federated campaigns 1a					
ira		b	Membership dues 1b					
Ĕ,		С	Fundraising events 1c	512,500.				
##		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sig			All other contributions, gifts, grants, and					
er Er				750,386.				
걸		a	Noncash contributions included in lines 1a-1f		-			
ξū		_	Total. Add lines 1a-1f		4,262,886.			
0 0		"	Total. Add liftes 1a-11	Business Code	1,202,000			
	_			Busiliess Code				
<u>ic</u>	2							
er re		b						
S c		С						
e a		d						
Program Service Revenue		е						
<u> </u>		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest					
			other similar amounts)		70,742.			70,742.
	4		Income from investment of tax-exempt bond p		,			
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	_		(1) 1 01001141	-			
					-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			Net rental income or (loss)	T				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 419,786.		-			
		b	Less: cost or other basis					
ne			and sales expenses	4,257.				
Revenue		С	Gain or (loss) 7c 87,984.	-4,257.				
Be		d	Net gain or (loss)	<u></u>	83,727.			83,727.
her	8	а	Gross income from fundraising events (not					
₹			including \$ 512,500. of					
			contributions reported on line 1c). See					
			Part IV, line 18	2,208.				
		b	Less: direct expenses 8b	102,667.				
			Net income or (loss) from fundraising events	<u> </u>	-100,459.			-100,459.
			Gross income from gaming activities. See		,			,
	Ŭ	u	Part IV, line 19					
		h	Less: direct expenses 9b		-			
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a		-			
			Less: cost of goods sold10l	<u> </u>				
-		С	Net income or (loss) from sales of inventory	.				
ဟ				Business Code				
ë e	11	а	HONORARIA	900099	10,280.			10,280.
Miscellaneous Revenue		b						
eke ek		С						
isc B		d	All other revenue					
2			Total. Add lines 11a-11d		10,280.			
	12		Total revenue. See instructions		4,327,176.	0.	0.	64,290.
					•			

Form 990 (2021) ALLIANCE FOR AGING RESEARCH Part IX Statement of Functional Expenses

Cant	ion E01/a)/2) and E01/a)/4) are enimations must some	lata all aglumana. All atha	u avaanizatiana muuat aan	anlata aaluman (A)	
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp				X
	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	20,000.	20,000.		
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,				
	trustees, and key employees	259,349.	171,538.	65,285.	22,526.
6	Compensation not included above to disqualified	,	,	•	•
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	820,618.	586,832.	223,340.	10,446.
8	Pension plan accruals and contributions (include	,	,	==,-=	,
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	125,895.	83,269.	31,691.	10,935.
10	Payroll taxes	83,540.	58,007.	23,078.	2,455.
11	Fees for services (nonemployees):	03,340.	30,007.	23,070.	2,433.
		50,228.		50,228.	
	Management	30,220.		30,220	
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	16,568.		16,568.	
f	Investment management fees	10,500.		10,300.	
g	Other. (If line 11g amount exceeds 10% of line 25,	785,286.	747,731.	27 555	
	column (A), amount, list line 11g expenses on Sch O.)	438,744.	416,614.	37,555. 15,875.	6 255
12	Advertising and promotion	32,335.	7 507		6,255.
13	Office expenses		7,507. 22,337.	22,978. 4,157.	1,850.
14	Information technology	26,494.	24,331.	4,13/•	
15	Royalties	170 220		170 220	
16	Occupancy	179,230.	6,389.	179,230.	2.4
17	Travel	7,319.	0,389.	906.	24.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	05 006	02.065	1 051	
19	Conferences, conventions, and meetings	25,896.	23,967.	1,851.	78.
20	Interest	370.		370.	
21	Payments to affiliates	45 605		45 605	
22	Depreciation, depletion, and amortization	45,695.		45,695.	
23	Insurance	5,349.		5,349.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	202 000	202.000		
a	PARTNERSHIPS	323,020.	323,020.	20 276	
b	DUES AND SUBSCRIPTIONS	50,211.	19,927.	29,376.	908.
С	MANAGEMENT INFO SYSTEMS	41,094.	4,470.	30,519.	6,105.
d	OTHER EXPENSES	8,125.	3,223.	4,458.	444.
е	All other expenses	5,785.	391,711.	-385,997.	71.
25	Total functional expenses. Add lines 1 through 24e	3,351,151.	2,886,542.	402,512.	62,097.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form **990** (2021)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			521,237.	1	497,895.
	2	Savings and temporary cash investments			743,392.	2	419,836.
	3	Pledges and grants receivable, net			374,933.	3	668,500.
	4	Accounts receivable, net			32.	4	0.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			102,520.	9	29,672.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	311,722. 151,337.			
	b	Less: accumulated depreciation			89,724.		160,385.
	11	Investments - publicly traded securities		2,438,189.	11	3,529,431.	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	14 055	14	24 055		
	15	Other assets. See Part IV, line 11			14,855.	15	34,855.
	16	Total assets. Add lines 1 through 15 (must e			4,284,882.		5,340,574.
	17	Accounts payable and accrued expenses	ı	167,077.	17	260,729.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
E.	00	controlled entity or family member of any of t				22	
	23 24	Secured mortgages and notes payable to unrulative united to unrulative unrulative and loans payable to unrulative unrulat				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on li					
		of Schedule D			337,344.	25	142,830.
	26	Total liabilities. Add lines 17 through 25			504,421.	26	403,559.
		Organizations that follow FASB ASC 958, o	heck here	X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	, , ,			2,689,241.	27	3,429,223.
Bala	28				1,091,220.	28	1,507,792.
P		Organizations that do not follow FASB ASC					
표		and complete lines 29 through 33.	ŕ	, —			
ō	29	Capital stock or trust principal, or current fun	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				3,780,461.	32	4,937,015.
	33	Total liabilities and net assets/fund balances			4,284,882.	33	5,340,574.
					-		Form 990 (2021)

Pa	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)		4,32						
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,35	1,1	<u>51.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 25.</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,78	0,4	<u>61.</u>				
5	Net unrealized gains (losses) on investments 5								
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	4,93	7,0	15.				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	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	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1				
	Act and OMB Circular A-133?		За		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2021)				

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ALLIANCE FOR AGING RESEARCH

Employer identification number 54-1379174

Pa	art I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.				
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2	\Box	A school described in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3	一	A hospital or a cooperative		•)(b)(1)(A)(ii	ii).				
4	H	A medical research organization					•	the hospital's name			
7	ш	city, and state:	ation operated in cor	ijanotion with a noopital	accombca	iii Scotio	11 17 0(D)(1)(A)(III). Entor	the hoopital o hame,			
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general ¡	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or			
		university:									
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment			
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)								
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or			
		more publicly supported or	-					Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.				
а	ı		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving			
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting			
	_	organization. You must o	complete Part IV, Se	ections A and B.							
b) <u> </u>		anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported			
	_	organization(s). You mus	t complete Part IV,	Sections A and C.							
C	;		-				• •	ed with,			
		its supported organization									
C	ı		integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)			
		that is not functionally int	-		•		•	/eness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
e	• L	Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or		nally integrated supportion	ng organiz	ation.					
f	Ent	er the number of supported o	organizations								
		vide the following informatior (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other			
		organization	(11) E114	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)			
		organization		above (see instructions))	Yes	No	capport (coo mondentino)	capport (coe mondenone)			
_											
Tota	al						<u> </u>				

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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			` ,	. ,	.,	,,
-	membership fees received. (Do not						
	include any "unusual grants.")	2377110.	2568722.	2767169.	3026247.	4262886.	15002134.
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	2377110.	2568722.	2767169.	3026247.	4262886.	15002134.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5334012.
6	Public support. Subtract line 5 from line 4.						9668122.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2377110.	2568722.	2767169.	3026247.	4262886.	15002134.
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	63,078.	44,159.	54,910.	47,364.	70,742.	280,253.
۵	Net income from unrelated business	0370701	11/137	31/3100	17,3010	7077121	20072331
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	·	999.	2,006.	1,471.	4,365.	10,280.	19,121.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	2226	2,000.	1 , 1 , 1	4,303		15301508.
		ata (aga inatu satia	no)			12	<u> </u>
	Gross receipts from related activities, First 5 years. If the Form 990 is for th	•		iourth or fifth town			
ıs	_						▶□
Sec	organization, check this box and stop						
	Public support percentage for 2021 (li			column (f))		14	63.18 %
						15	63.18 %
	Public support percentage from 2020						
10a	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
stop here. The organization qualifies as a publicly supported organization X A 22 1/20/ support test. 2000. If the exempiration did not check a heaven line 12 av 15c and line 15 is 22 1/20/ support test.							
D	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
47-	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances tes	-	•	*	-	7 1: 4F i	
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets th				•		. —
46	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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 on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an ESSUE A.	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

	Yes	No
1		
2		
3a		
Ja		
3b		
Зс		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
a a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	-		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	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 suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	s).	
2	Activities Test. Answer lines 2a and 2b 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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2021

5

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

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	, ago i
Sect	on D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
_6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
<u>a</u>	From 2016			
b	From 2017			
c	From 2018			
<u>d</u>	From 2019			
<u>e</u>	From 2020			
f_	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
<u> i </u>	Carryover from 2016 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
<u> </u>	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

54-1379174

ALLIANCE FOR AGING RESEARCH Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ALLIANCE FOR AGING RESEARCH

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 260,000.	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
2		\$345,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>195,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 120,000.	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		\$ <u>165,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 215,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ALLIANCE FOR AGING RESEARCH

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>87,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 205,000.	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
9		\$ <u>105,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$300,000.	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
11_		\$ 92,240.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>720,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

ALLIANCE FOR AGING RESEARCH

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>165,000.</u>	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
14		\$\$	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
15		\$ <u>110,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ALLIANCE FOR AGING RESEARCH

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11-			Schedule R (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** ALLIANCE FOR AGING RESEARCH 54-1379174 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

ransteree's name, address, a	and ZIP + 4	R	elationship of transferor to transferee
	_		
	_		
	_		
(b) Purpose of gift (c) Use of c		nift	(d) Description of how gift is held

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

(e) Transfer of gift

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

•	• Section 501(c)(4), (5), or (6) organizations: Complete Part III.							
Nan	ne of organization			Empl	loyer identification number			
	ALLIANC	E FOR AGING RESE	ARCH		54-1379174			
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.			
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	rures		> \$				
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c)(3).				
1	Enter the amount of any excise tax							
	Enter the amount of any excise tax							
	If the organization incurred a section							
4a	Was a correction made?				Yes No			
	If "Yes," describe in Part IV.			=6.1/	1/01			
	•	janization is exempt und		<u> </u>				
	Enter the amount directly expended							
2	Enter the amount of the filing organ		•					
_	exempt function activities Total exempt function expenditures				·			
3	•							
4	line 17b Did the filing organization file Form							
5	Enter the names, addresses and en							
	made payments. For each organiza	• •		•	• •			
	contributions received that were pr	omptly and directly delivered to	a separate political orga	anization, such as a separat	e segregated fund or a			
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Part II-A Complete if the org			npt under section			ction under			
section 501(h)).									
			iated group (and list in	Part IV each affiliated	group member's name	, address, EIN,			
expenses, and shar		, ,	. ,						
3 Check 🕨 🔛 if the filing organiza	tion check	ed box A an	d "limited control" pro	visions apply.					
Limi (The term "expend	(a) Filing organization's totals	(b) Affiliated group totals							
1a Total lobbying expenditures to influ	lence pub	lic opinion (g	rassroots lobbying)						
b Total lobbying expenditures to influ	uence a leç	gislative bod	y (direct lobbying)		6,169.				
c Total lobbying expenditures (add li	nes 1a and	d 1b)			6,169.				
d Other exempt purpose expenditure					3,344,982.				
e Total exempt purpose expenditure					3,351,151.				
f Lobbying nontaxable amount. Enter					317,558.				
If the amount on line 1e, column (a) o			bying nontaxable amo		,				
Not over \$500,000	. , -		the amount on line 1e.						
Over \$500,000 but not over \$1,000	0.000		0 plus 15% of the exce	ess over \$500.000.					
Over \$1,000,000 but not over \$1,5	,	·	0 plus 10% of the exce						
Over \$1,500,000 but not over \$17,			0 plus 5% of the exces						
Over \$17,000,000	,	\$1,000,0	•	. , , ,					
. , ,		. , ,							
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			79,390.				
h Subtract line 1g from line 1a. If zer	o 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 ze	ro on eithe	er line 1h or l	ine 1i, did the organiza	tion file Form 4720					
reporting section 4911 tax for this	year?					Yes No			
(Some organizations t	nat made		raging Period Under 01(h) election do not h	• •	of the five columns be	low.			
(0.1			ate instructions for lin	•					
	Lobi	bying Expen	nditures During 4-Yea	r Averaging Period					
Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total			
2a Lobbying nontaxable amount	29	5,382.	278,062.	271,541.	317,558.	1,162,543.			
b Lobbying ceiling amount (150% of line 2a, column(e))						1,743,815.			
c Total lobbying expenditures		5,502.	16,613.	5,330.	6,169.	33,614.			
d Grassroots nontaxable amount	7	3,846.	69,516.	67,885.	79,390.	290,637.			
e Grassroots ceiling amount (150% of line 2d, column (e))						435,956.			

Schedule C (Form 990) 2021

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)		(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F04/a\/E\		dia.	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	n 501(c)(5)	, or sec	ction	
	501(c)(6).			V	NI.
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?	3	otion	
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		-		3 ie
	answered "Yes."	110 011 (1	<i>5)</i> 1 a. c	iii A, iiiic	0, 13
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		.		
_	expenses for which the section 527(f) tax was paid).	,ui			
а	Current year		2a		
	Carryover from last year				
	Total				
	4				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
			4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par			5		
	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	list\· Part II-Δ	lines 1 s	and 2 (See	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	iist, i ait ii A	, 11103 1 6	110 Z (OCC	
1113616	belons), and that the firm of the firm of the firm of the firm and additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization ALLIANCE FOR AGING RESEARCH **Employer identification number** 54-1379174

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Ad	counts. Complete if the
	Organization drieness (155 or 150 or	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dono	or advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	ırpose conferr	ing
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preserva	ation of a histo	orically important land area
	Protection of natural habitat	Preserva	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at	•		
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	zation during the tax
_	year >			
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the periodic r		· ·	Yes No
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcin	ig conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing co	neonyation oa	coments during the year
′	\$\\$\$ \$\$ \$\$	ing of violations, and emorcing co	i isei valioi i ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	on 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservatio			
•	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o imanolar t		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue state	ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or researc	ch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	se items.	·
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statemer	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fi	inancial gain, _l	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining C	Collections of Ar			asures, or	Other	Simila		(contin		age Z
3	Using the organization's acquisition, access								(COITE	ucu)	
_	collection items (check all that apply):	.5., 4 5	,	u, o			9				
а	Public exhibition d Loan or exchange program										
b	Scholarly research	e			nango progra						
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	n how th	ev further th	ne organizatio	n's exen	nnt nurno	se in Part	XIII		
5	During the year, did the organization solicit			-	-						
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran										,
	reported an amount on Form 990, Pa			3				.,, .	,		
1a	Is the organization an agent, trustee, custod	lian or other intermed	liarv for o	ontribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII								_]
Par											
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	, , , , , ,	. ,						. ,	510,	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C										510,	928.
										,	
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the cur	•	o (lino 1 o	oolumn (o) bold oo:						
2	Board designated or quasi-endowment	rent year end balance	e (iirie rg %	i, coluititi (a)) Held as.						
	Permanent endowment	%									
	Term endowment	⁷⁰									
C		- ′ -									
2-	The percentages on lines 2a, 2b, and 2c sho	•	ation that	e ara bald ar	ad administar	ad far th		ation			
Sa	Are there endowment funds not in the posse	ession of the organiza	ation tha	are neid ar	ia administere	ed for th	e organiza	ation	ſ	Yes	No
	by:								20(1)	103	110
	(i) Unrelated organizations								3a(i)	\dashv	
L	(ii) Related organizations	ations listed as requir		badula D0					3a(ii)	\dashv	
4									3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipn		wment ii	unus.							
	Complete if the organization answere) Part IV	line 11a S	See Form 990	Part X	line 10				
	· · · · · · · · · · · · · · · · · · ·				· ·			24	(d) Doo	Le vedice	
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulate oreciation	I	(d) Boo	(value	3
4-	Land	· ·	i ici itj	Dasis	(otrici)	uel	J. COIALIOIT				
	Land										
	Buildings										
	Leasehold improvements			າ	3,596.		12,2	6.1	1 .	1,33	3 2
	Equipment				8,126.	-	12,2 139,0			9,05	
	Other Add lines to through to (2) / / / / / / / /		· ·					13.	16	0,38	25. 85
ı otal	. Add lines 1a through 1e. (Column (d) must e	eguai Form 990. Part	x. colum	in (B). line 1	UC.1				ΤΟ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>.</i>

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

	R AGING RESEA	RCH 54	-1379174 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
• •			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" of	on Form 900 Part IV line	11d Son Form 900 Part V line 15	
	Description	Tru. See Form 990, Fart A, line 13.	(b) Book value
	Description		(b) book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<u> </u>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			100 000
(2) DEFERRED RENT			108,983
(3) CAPITAL LEASE PAYABLE			13,847
(4) DEFERRED COMPENSATION			20,000
(5)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	108,983.
(3)	CAPITAL LEASE PAYABLE	13,847.
(4)	DEFERRED COMPENSATION	20,000.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	142,830.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2021

Sch	edule D (Form 990) 2021 ALLIANCE FOR AGING RESEARCH	54-	1379174	Page 4				
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements	1	7,075,	068.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
	Net upreglized gains (losses) on investments							

b Donated services and use of facilities 2c c Recoveries of prior year grants Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.) c Add lines 4a and 4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

2,764,460. 4,310,608.

16,568. 4,327,176.

16,568.

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements				5,918,514.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,481,264.		
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	102,667.		
е	Add lines 2a through 2d			2e	2,583,931.
3	Subtract line 2e from line 1			3	3,334,583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,568.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	16,568.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,351,151.
Pa	rt XIII Supplemental Information				

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

PART X, LINE 2:

THE ALLIANCE FOR AGING RESEARCH(AAR) REQUIRES THAT A TAX POSITION BE 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:

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ATTIANCE EOD ACTNO DECEADOU

Employer identification number

ALLIANC	E FOR AGING RESEAR	CH			54-1379	174			
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
otal			>						
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration			

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro			events with gross receipt	s greater than \$5,000.
			(a) Event #1 ANNUAL DINNER/ROUND	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			, ,,	, ,,	,	
Revenue	1	Gross receipts	514,708.			514,708.
ш	2	Less: Contributions	512,500.			512,500.
	3	Gross income (line 1 minus line 2)	2,208.			2,208.
	4	Cash prizes				
	_	Noncock prizes				
S		Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Exp						
ect	7	Food and beverages				
Ę						
	8 9	Entertainment Other direct expanses	102,667.			102,667.
	10	Other direct expenses Direct expense summary. Add lines 4 through				102,667.
		Net income summary. Subtract line 10 from lin				-100,459.
Pa	ırt I	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive biligo		coi. (a) through coi. (c)
Re	1	Gross revenue				
S	2	Cash prizes				
ense						
Ξxρε	3	Noncash prizes				
Direct Expenses	,	Rent/facility costs				
۵	•	Tient/lacinty costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Net gaming income summary. Subtract line r	nomine i, column (a)		······	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
10-	\\/-	are any of the organization's gamine licenses a	vokod guanandad asta	rminated during the terri	voar?	Yes No
		ere any of the organization's gaming licenses re Yes," explain:	•			res NO
		,				
						

132082 10-21-21 Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 ALLIANCE FOR AGING RESEARCH 54	4-1379174	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility		<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation \$		
	Garming manager compensation 🛩 🦁		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
Da	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) ALLIANCE FOR AGING RESEARCH	54-1379174 Page 4
Schedule G (Form 990) ALLIANCE FOR AGING RESEARCH Part IV Supplemental Information (continued)	
The state of the s	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection Name of the organization **Employer identification number** 54-1379174 ALLIANCE FOR AGING RESEARCH Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any Part II recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR SPONSORSHIP OF ANNUAL EVENT CLARKSBURG, MD 20871 23-7337229 0. 10,000.FMV EVENT SPONSORSHIP Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information	tion required in Part I. lin	e 2: Part III. columi	(b): and any other ad	ditional information.	
	······································	<u> </u>	(-),		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number ALLIANCE FOR AGING RESEARCH 54-1379174 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	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 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. 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.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	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
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	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:			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
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)2	۱۵		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SUSAN PESCHIN	(i)	227,189.	2,828.	0.	9,361.	17,143.	256,521.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDSAY CLARKE	(i)	135,572.	3,000.	0.	4,849.	13,872.	157,293.	0.
VP OF HEALTH PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(11)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 7 THE ORGANIZATION PAID BONUSES AS INDICATED IN PART II.
THE ORGANIZATION PAID BONUSES AS INDICATED IN PART II.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

ALLIANCE FOR AGING RESEARCH

Employer identification number 54-1379174

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

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

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 DETERMINE

REASONABLENESS.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** ALLIANCE FOR AGING RESEARCH 54-1379174 HIGHEST COMPENSATED EMPLOYEES' SALARY IS DETERMINED BASED ON AN ANNUAL PERFORMANCE REVIEW BY THE PRESIDENT AND CEO. COMPENSATION DATA BY ASAE IS REVIEWED TO DETERMINE COMPARABILITY AND REASONABLENESS. THE MOST RECENT YEAR IN WHICH THE PROCESS INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION WAS 2020. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THEIR WEBSITE OR BY REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANTS: PROGRAM SERVICE EXPENSES 683,781. 37,555. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 721,336. HONORARIA: PROGRAM SERVICE EXPENSES 63,950. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. 63,950. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 785,286.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization ALLIANCE FOR AGING RESEARCH	Employer identification number 54-1379174
FORM 990, PAGE 12, LINE 2C:	
THE BOARD ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE	AUDIT AND
SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS	NOT CHANGED
FROM PRIOR YEARS.	