

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ALZHEIMER'S COMMUNITY CARE, INC.		D Employer identification number 31-1481653	
	Doing business as		E Telephone number (561) 683-2700	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,013,292.	
	800 NORTHPOINT PARKWAY	101-B	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33407		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
F Name and address of principal officer: G. MARK SHALLOWAY, ESQUIRE 800 NORTHPOINT PARKWAY, WEST PALM BEACH, FL		H(c) Group exemption number		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		J Website: WWW.ALZCARE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1996		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION, ALZHEIMER'S COMMUNITY CARE IS DEDICATED TO PROMOTING AND PROVIDING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	6 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	154
	6 Total number of volunteers (estimate if necessary)	6	45
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,261,434.	4,302,550.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,966,879.	4,523,099.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,838.	20,428.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,158,052.	8,846,077.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,378,495.	5,148,254.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	178,888.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,342,005.	3,256,217.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,720,500.	8,404,471.	
19 Revenue less expenses. Subtract line 18 from line 12	-562,448.	441,606.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,606,103.	6,845,412.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,770,531.	1,720,308.
		3,835,572.	5,125,104.

Part II Signature Block

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

Sign Here	Signature of officer <i>G. Mark Shalloway</i>	Date 04-10-2024			
	G. MARK SHALLOWAY, ESQUIRE, CHAIRMAN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHERYL POST	Preparer's signature <i>Cheryl Post</i>	Date 4/8/2024	Check if self-employed <input type="checkbox"/>	PTIN P00748554
	Firm's name EISNER ADVISORY GROUP LLC		Firm's EIN 87-1353108		Phone no. 561-832-9292
Firm's address 505 SOUTH FLAGLER DRIVE, SUITE 900 WEST PALM BEACH, FL 33401					

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

232001 12-13-22

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ALZHEIMER'S COMMUNITY CARE IS DEDICATED TO PROMOTING AND PROVIDING COMMUNITY-BASED, FAMILY-CENTERED CARE FOR PATIENTS AND THEIR CAREGIVERS LIVING WITH NEUROCOGNITIVE DISORDERS, THROUGH THE BELIEF, WHERE THERE IS HELP, THERE IS HOPE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 5,007,428. including grants of \$) (Revenue \$ 4,312,998.) ALZHEIMER'S COMMUNITY CARE'S SPECIALIZED DAY CENTERS PROVIDE THERAPEUTIC ACTIVITIES 70% OF THE DAY IN A SAFE AND SECURE ENVIRONMENT, WHILE PROVIDING PEACE OF MIND AND A BREAK IN THE DAY FOR THE CAREGIVER. OUR STAFF ARE DEMENTIA-CARE SPECIALISTS, WITH ONGOING TRAINING IN ALZHEIMER'S DISEASE AND RELATED NEUROCOGNITIVE DISORDERS. THE CENTERS MAINTAIN A STAFF-TO-PATIENT RATIO OF 1-TO-5 TO ENSURE EACH PATIENT RECEIVES THE INDIVIDUALIZED CARE NEEDED. PROGRAM NURSES ARE ON SITE 75% OF OPERATING HOURS AND MONITOR PATIENT NUTRITION AND HYDRATION, ADMINISTER MEDICATIONS, EVALUATE HEALTH STATUS, RESPOND TO MEDICAL NEEDS, AND ENSURE THAT PATIENTS TAKE PART IN THEIR CARE TO THEIR MAXIMUM BENEFIT EVERY DAY.

4b (Code:) (Expenses \$ 1,064,933. including grants of \$) (Revenue \$) THE FAMILY NAVIGATOR PROGRAM SERVES AS A LIFELINE FOR FAMILIES IN PALM BEACH, MARTIN AND ST. LUCIE COUNTIES WHO ARE LIVING WITH ALZHEIMER'S DISEASE AND RELATED NEUROCOGNITIVE DISORDERS. OUR FAMILY NAVIGATORS PROVIDE CAREGIVERS WITH THE SUPPORT, TOOLS AND RESOURCES NEEDED TO CONTINUE PROVIDING HOME BASED CARE FOR THEIR LOVED ONES.

4c (Code:) (Expenses \$ 614,844. including grants of \$) (Revenue \$ 132,924.) THE EDUCATION DEPARTMENT PROVIDES THE LATEST EDUCATION ON ALZHEIMER'S DISEASE AND RELATED NEUROCOGNITIVE DISORDERS FOR PATIENTS, CAREGIVERS, STAFF, LAW ENFORCEMENT, STUDENTS OF HEALTH PROFESSIONS AND COMMUNITY HEALTH CARE PARTNERS. THE DEPARTMENT ALSO MONITORS, SUPPORTS AND PROMOTES THE ORGANIZATION'S ACCREDITED MODEL FOR SPECIALIZED, DISEASE-SPECIFIC CARE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 918,731. including grants of \$) (Revenue \$ 77,177.)

4e Total program service expenses 7,605,936.