ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

2009 Form 990 for the Year Ended June 30, 2010

Public Disclosure Copy

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

the 2009 calendar year, or tax year beginning 07/01, 2009, and e	ending		0.6	Inspection
	CODDEDC	D Employee		5/30 , 20 10
Address Use IRS Doing Business As ALZHEIMER'S ASSOCIATION	ONDERS	-1		
ngint or Number and stood (v. C.O.)	D - + (i)			
	Room/suite			
Specific City or fown state or country and ZID + 4	· · · · · · · · · · · · · · · · · · ·	(312) 3	335-8	3700
		G Gross rec	eipts \$	91,720,41
ending Name and address of principal officer: RICHARD HOVLAND				ım for Yes X
	.7633			duded? Yes
(insertio.) 4947(a)(1) of 527		If "No," a	ttach a list	· · · · · · · · · · · · · · · · · · ·
		H(c) Group ex	emption n	umber 🕨
- Cure - Cure	ear of forma			
Summary				
Briefly describe the organization's mission or most significant activities:				
TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCE	EMENT C	OF RESEA	571-	
TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFE	CTED	AND TO		
REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF	DDATE	AND IO		
Check this box if the organization discontinued its annual in		N HEALTH		
Number of voting members of the governing bed. (Det VIII)	e than 25%	of its assets.		
Number of independent visiting members of the			. 3	49
Tatal purple of an appendic recording members of the governing body (Part VI, line 1b)			4	49
rotal number of employees (Fart V, line 2a)			5	321
rotal number of volunteers (estimate if necessary)			6	2,101
a Total gross unrelated business revenue from Part VIII, line 12, column (C)			•	(
Net unrelated business taxable income from Form 990-T, line 34	 		•	
		Prior Year	-1	Current Year
Contribution and grants (Part VIII, line 1h)		78,146,1	37.	75,805,366
Frogram service revenue (Part VIII, line 2g)				4,413,451
investment income (Part VIII, column (A), lines 3, 4, and 7d)		-3 292 9	00	
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	—			3,059,229
Total revenue - add lines 8 through 11 (must equal Part VIII) column (A) line 10)	• • •			1,711,292
Grants and similar amounts paid (Part IX, column (A), lines 1, 3)				84,989,338
Benefits paid to or for members (Part IX column (A) line 4)	• • •	14,284,6		15,428,084
Salaries other compensation, employed benefits (Part IV and IV an		0.1.===		
Professional fundraising fees (Part IX as I as a (A) in a second fundraising fees (Part IX)				24,270,846
		445,4	16.	420,985
to Total full draising expenses, Part IX, column (D), line 25) \(\sum_{23}, 239, 781.				
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				47,133,673
rotar expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1 8	81,800,1	54.	87,253,588
Revenue less expenses. Subtract line 18 from line 12		-971,0	21.	-2,264,250
				End of Year
Total assets (Part X, line 16)	ļ			116,423,673
Total liabilities (Part X, line 26)				58,704,600
Net assets or fund balances. Subtract line 21 from line 20.		56,164,8		57,719,073
	· · · · · ·	30,104,0	0 / -	37,719,073
Signature Block		·····		
Signature Block Under penalties of perium. I declare that I have experied this at a second se	edules and	statements, and	to the	best of my knowledg
Signature Block	edules and : on all inform	statements, and mation of which	to the	best of my knowledgerer has any knowledge
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based of	edules and on all inform	statements, and mation of whice	to the	best of my knowledg rer has any knowledge
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based of Signature of officer.	on all inform	Date	to the	best of my knowledg rer has any knowledge
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based of Signature of officer RICHARD H. HOVLAND CHIEF OPER.	on all inform	Date	to the	best of my knowledge er has any knowledge
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Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based of Signature of officer RICHARD H. HOVLAND CHIEF OPER. Preparer's signature Prim's name (or yours if self-employed), address, and ZIP + 4 175 W. JACKSON BLVD. STE. 2009 CHICAGO, IL 60604	OFFICE Check if self-employed	Date ER X Preg (see	arer's ic	dentifying number
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based of Signature of officer RICHARD H. HOVLAND Type or print name and title Preparer's signature Preparer's signature Firm's name for yours A. C.P. AUT. THORNHON, LLD. Firm's name for yours A. C.P. AUT. THORNHON, LLD.	OFFICE Check if self-employed P	Date ER Prep (see	arer's icinstructi	dentifying number
	Please Please Please Please Please Common or maintering Subject or manner change Subj	Please Charge Please Charge Charge	Please of Organization ALZHEIMER'S DISEASEARELATED DISORDERS D Employer in the property of th	Please Please Common Please Common Please Common Please Common Please Please Common Please Common Please Pl

Form **8868**

Department of the Treasury Internal Revenue Service

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 If you are t 	filing for an Automatic 3-Month Extension, complete only Part I and check this box	
 If you are f 	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page te Part II unless you have already been granted an automatic 3-month extension on a pre	10 2 of this fame)
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	Treatery filed (office code).
A corporation	required to file Form 990-T and requesting an automatic 6-month extension - check this b	20x and complete
Part I only	· · · · · · · · · · · · · · · · · · ·	>
All other corp	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 76 ome tax returns.	
Electronic Fili	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autitums noted below (6 months for a result of the fire of the form of the fire of the fir	omatic extension of time to file
One of the re	turns noted below to initialis for a comporation required to the Form one TV Hamen	
ologic officially	" (1) you want the additional that attended 3-month extension or (2) you file forms	000 PL 6060 0070
8868. For mor	omposite or consolidated From 990-T. Instead, you must submit the fully completed and e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	d signed page 2 (Part II) of Form
Type or	Name of Exempt Organization ALZHEIMER'S DISEASE&RELATED DISORDERS	Employer identification number
print	ASSOCIATION, INC.	13-3039601
File by the	Number, street, and room or suite no. If a P.O. box, see instructions. 225 NORTH MICHIGAN	
due date for filing your	17TH FLOOR	OTTA TARROR
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	CHICAGO, IL 60601	
Check type of	f return to be filed (file a separate application for each return):	
H 1 01111 330	Form 330-1 (corporation)	m 4720
Form 990-	Form 300-1 (sec. 401(a) of 400(a) flust)	m 5227
Form 990-	Form 330-1 (trust other trian above)	m 6069
	Form 1041-A Form	m 8870
The books	are in the care of ▶ RICHARD HOVLAND, COO	
Telephone I	No. ▶ 312 335-5771 FAX No. ▶	
m 16 tha annua		
• II this is for	ization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN)	
for the whole grames and EIN	roup, check this box If it is for part of the group, check this box and and all members the extension will cover.	d attach a list with the
1 I request	t an automatic 3-month (6 months for a corporation required to file Form $0.2/1.5 + 2.011$	990-T) extension of time
untii	to file the exempt organization return for the organization,	named above. The extension is
for the org	ganization's return for:	
>	calendar year or	
X	tax year beginning07/01, 2009 , and ending	06/30, 2010 .
	, und chang	
2 If this tax y	/ear is for less than 12 months, check reason: Initial return Final return	Change in accounting period
3a If this app	olication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ess any
nonrefund	able credits. See instructions.	20 6
b If this app	lication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	yments
made. Incl	ude any prior year overpayment allowed as a credit.	26 6
c Balance D	ue. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	deposit
with FID	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	n). See
instruction:		3c \$
caution, it you a for payment inst	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO	and Form 8879-EO
	and Paperwork Reduction Act Notice, see Instructions.	
O. I THACY ACL	and raperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

Form 990 (2009)

Part IV Checklist of Required Schedules

1	is the organization department in another source was a second source of the second source of		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		X
	Schedule C, Part II		,,	İ
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4	X	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	5		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I			Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Λ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	-		
	A; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term permanent or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10	Х	
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D. Parts VI			
	vii, viii, ix, or x as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		4502	
	Schedule D, Part VI.			
	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other coacts in Part X. Viv. 45, V. V. S.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "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.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	40	X	377
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	12	A	0.00
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F.	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising	- 10		
	business, and program service activities outside the United States? If "Yes." complete Schedule F. Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F. Part II.	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
. 5	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			-
20	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ

Form **990** (2009)

Checklist of Required Schedules (continued) Part IV

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		ļ
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	22	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Α.	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		·
	to delease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1274		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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 900 or			
	990-E27 If "Yes," complete Schedule L, Part I	25b		Х
26	was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes " complete Schedule L. Part II.	26		Χ
27	but the organization provide a grant or other assistance to an officer, director, trustee, key employee			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
20	II res, complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1	
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
С	Schedule L, Part IV	28b		X
·	or remaining out the organization for a		İ	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
29		28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		_X
				3.7
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-+	X
	Schedule N, Part II	22		Х
33	The organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		Χ
34	was the organization related to any tax-exempt or taxable entity? If "Yes" complete Schedulo R. Porto II.	33		
	m, iv, and v, ime i	34		Χ
35	is any related organization a controlled entity within the meaning of section 512(b)(13)2 If "Yes" complete	34		
	Scriedule R, Part V, line 2	35		Χ
36	Section 50 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	-		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	bid the organization conduct more than 5% of its activities through an entity that is not a related organization.			
	and that is treated as a partnership for federal income tax purposes? If "Yes" complete Schedule P			
	Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11, and			
		38	Х	
		Form 9	90 (2)	200)

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1:	a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			35
	U.S. Information Returns. Enter -0- if not applicable	1		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2	gaming (gambling) winnings to prize winners?	1 c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
1	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 32			ESI
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	2b	X	
	instructions)			
3 8	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	20	SEASON.	Х
t	o If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	-	
4 a	. At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
t	Tes, enter the name of the foreign country:			100
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
r.	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
·	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
6a	Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
	organization solicit any contributions that were not tax deductible?			v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
	gifts were not tax deductible?	6 b		
7	organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Χ	
b	in fes, and the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			•
4	required to file Form 8282?	7c		Χ
u A	If "Yes," indicate the number of Forms 8282 filed during the year			
·	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			Name of
f	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g	-	
	required?	7h		
8	sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			:
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		Χ
10	bid the organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
	Section 501(c)(7) organizations. Enter:			
b	Initiation fees and capital contributions included on Part VIII, line 12		3	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	NEW S		
	Gross income from other sources (Do not net amounts due or paid to other sources against		30	
	amounts due or received from them.)		Take 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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 in Schedule O. See instructions.

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	9[1	+
b		<u>}</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-	1	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		 	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	,		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	 	X
6	Does the organization have members or stockholders?	6	 	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	0		
	of the governing body?			Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a	 	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7 b		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	the year by the following:			
а	The governing body?		Х	
b	Each committee with authority to act on behalf of the governing body?	8a	X	
9	Is there any officer, director, trustop, or key ampleyed listed in Bank VIII. On the control of	8 b		
ŭ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			7.7
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	9a	L	Х
Rev	enue Code.)			
10a	Does the organization have local chapters broughts as affiliating	f	Yes	No
b	and any angular nava local chapters, branches, or anniates?	10a	Х	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
• •	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,,	
11A	form?	11	Х	
12a	a solution in solution of the process, if any, used by the organization to review this form 990.		- ; ,	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
D)	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
c	rise to conflicts?	12b	X	
·	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
13	describe in Schedule O how this is done	12c	Х	
14	Does the organization have a written whistleblower policy?	13	Х	
15	Does the organization have a written document retention and destruction policy?	14	Х	
13	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Ī	
a b	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	X	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-	
L	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Sect	the organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 5			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	_		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RICHARD HOVLAND, COO 225 N. MICHIGAN AVENUE, CHICAGO, IL 60601-7	633 		

PAGE 8

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

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

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. Use Schedule J-2 if additional space is needed

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average		Alas (C)			(D)	(E)	(F)
	hours per week	or director		Officer	स्त्र employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PAUL ATTEA JD										
CHAIR, EXEC. COMM., DIRECTOR	10.00	X		Χ				0.	0.	
EDWARD BERUBE										
CHAIR ELECT, EXEC. COMM., DIR.	10.00	Х		Х				0.	0	
HEATHER BURNS				Ì						
TREASURER, EXEC. COMM., DIR.	5.00	Х		Х				0.	0	
LAUREL COLEMAN, M.D.										
SECRETARY, EXEC. COMM., DIR.	10.00	Х		Х				0.	0	1
GERALD SAMPSON					Ī					
VICE CHAIR, EXEC. COMM., DIR.	10.00	Х		Х				0.	0	
MARY GUERRIERO AUSTROM, PH.D. DIRECTOR AND EXEC COMMITTEE	5.00	Х						0.	0	
R. THOMAS BODKIN			-	1				0.	0	
DIRECTOR AND EXEC COMMITTEE	5.00	Х			-	1		0		
RANDOLPH BROCK III	0.00			\dashv				· ·	0	
DIRECTOR AND EXEC COMMITTEE	5.00	х		ı				0	0.	
JOHN OSHER				-				V.	U	(
DIRECTOR AND EXEC COMMITTEE	5.00	$_{\rm X}$						0		,
RONALD PETERSEN, PH.D., M.D.				-+	-				<u>U</u>	(
DIRECTOR AND EXEC COMMITTEE	5.00	Х			ĺ			0	0	,
STEWART PUTNAM				+						(
DIRECTOR AND EXEC COMMITTEE	5.00	\mathbf{x}		-			İ	0	0	,
RONALD SCHILLING, PH.D.				\dashv	-	-	-	· ·	U	(
DIRECTOR AND EXEC COMMITTEE	5.00	Х						0.	0	
TENNY TSAI		+		-	-		+		<u> </u>	(
DIRECTOR AND EXEC COMMITTEE	5.00	Х				Ì		0	0	e
JOANNE VIDINSKY			-	+	\dashv				0	(
DIRECTOR AND EXEC COMMITTEE	5.00	X						0	0	C
ELECTA ANDERSON			-	+	+		+			
DIRECTOR	5.00	Х				İ		0		c
LANE BOWEN				+	\dashv		-		0	0
DIRECTOR	5.00	Х						0	0	0
JSA		L							<u> </u>	Earm 990 (2000)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	npl	oye	es,	and	Hig	hest Compensat	ted Employees (d	continued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	ndividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BILL BEUCHELE										
DIRECTOR	5.00	X						0.	0.	0
ROBERT BURKE										
DIRECTOR	5.00	Х						0.	0.	0
MERYL COMER									· ·	V
DIRECTOR	5.00	Х						0.	0.	0
STEVEN DEKOSKY, M.D.			-	 	 -			· ·		0
DIRECTOR	5.00	X						0.	0.	0
RICHARD DELLA PENNA, M.D.								· ·	V •	0
DIRECTOR	5.00	Х						0.1	0	0
CATHY EDGE								· ·		0
DIRECTOR	5.00	Х						0.	0	0
MARLANA GEHA, PH.D.								U .		0
DIRECTOR	5.00	Х						0.	0.	0
MARSHALL GELFAND, CPA			-					0.		0.
DIRECTOR	5.00	Х						0.		0
COLLEEN GOLDHAMMER								0.	0.	0.
DIRECTOR	5.00	$_{\rm X}$						0.		
RITA HORTENSTINE			-	\dashv	\dashv		\dashv	۷۰۱	0.	0.
DIRECTOR	5.00	х						0.		
STEVE HUME			\dashv				-	· · ·	0.	0.
DIRECTOR	5.00	Х						0.		
DEBORAH JONES	7.00		\dashv		_		\dashv	<u> </u>	0.	0.
DIRECTOR	5.00	Х						0.		
KAREN KAUFFMAN, PH.D., CRNP, BC				-	\dashv	-+	-	0.	0.	0.
DIRECTOR	5.00	Х						0.	_	
1b Total CONTINUED AT SCHEDULE J-2									0.	0.
Total number of individuals (including but not I reportable comparable for the formatting for the forma					• •	• • •		2,206,765.	0.	704,188.

reportable compensation from the organization > 36

_		Yes	5 N	ю
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual		2	Κ
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.		1	
_	individual	_ X	İ	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person			
Se	sction B. Independent Contractors 5	<u></u>	\perp^z	7

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C)
ATTACHMENT 6		o o mponio ditori
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ▶ 80	e listed above) who received	

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 51
1 a	Federated campaigns	1a				
b	Membership dues	1b 153,708.				
C	Fundraising events	1c 366,025.				
d	Related organizations	1d				
е	Government grants (contributions)	1e 2,074,485.				
f	All other contributions, gifts, grants,					
	and similar amounts not included above .	1f 73,211,148.				
g						
h	Total. Add lines 1a-1f		75,805,366.			
		Business Code				
2a	PROGRAM CONFERENCES	611710	3,590,778.	3,590,778.		
b	JOURNAL,	511120	182,765.	182,765.		
c	EDUCATIONAL MATERIALS	611710	427,038.	427,038.		
d	SAFE RETURN REGISTRATION FEES	611710	159,410.	159,410.		
е	CAREGIVER TRAINING	611710	53,460.	53,460.		
f	All other program service revenue					
g	Total. Add lines 2a-2f		4,413,451.			
3	Investment income (including dividends					
	other similar amounts)		1,969,171.			1,969,171
4	Income from investment of tax-exempt		0.			
5	Royalties · · · · · · · · · · · · · · · · · · ·		367.			36
	(i) Rea	d (ii) Personal				
6 a	Gross Rents					
b	Less: rental expenses					
С	Rental income or (loss)					
d	Net rental income or (loss)		0.			
7 a	Gross amount from sales of (i) Securi	ties (ii) Other				
	assets other than inventory 6,921	,904.				
b	Less: cost or other basis					
	and sales expenses 5,831	,846.				
С	Gain or (loss)	,058.				
d	Net gain or (loss)	<u></u>	1,090,058.			1,090,058
8 a	Gross income from fundraising					1 1000000000000000000000000000000000000
	events (not including \$366,025.					
	of contributions reported on line 1c).					
	See Part IV, line 18	. a 930,975.				
b	Less: direct expenses					
c	Net income or (loss) from fundraising even		31,744.	· "		31,744
9 a	Gross income from gaming activities.					31, /44
	See Part IV, line 19	. a				
b	Less: direct expenses					
С	Net income or (loss) from gaming activitie		0.			
l0a	Gross sales of inventory, less					
	returns and allowances	3				
b	Less: cost of goods sold					
c	Net income or (loss) from sales of invento	. n	9.			
	Miscellaneous Revenue	Business Code	7.			
1a	AFFILIATE REVENUE	900099	101 200			
٠	CHAPTER LICENSING AND MAINTENANCE	900099	595,360.			595,380.
~	OTHER REVENUE		981,928.			982,928.
·		900099	100,673.			100,873.
	All other revenue					
	Total Add lines 11a-11d		1,609,181.			
2						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

orgent the second of the secon	rants and other assistance to governments and		expenses		Fundraising
2 Grathe 3 Gra org U.S 4 Beel 5 Cool per per 7 Oth 8 Per and 9 Oth 10 Pay 11 Feel a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offi 14 Info 15 Roy	rganizations in the U.S. See Part IV, line 21	12,611,574.		general expenses	expenses
3 Gray orgonics of the control of th	erants and other assistance to individuals in the U.S. See Part IV, line 22		12,611,574.	***************************************	
org U.S 4 Bei 5 Con trus 6 Col per per 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offii 14 Info 15 Roy	les les	0.			
4 Bei 5 Coo trus 6 Coo per per 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offii 14 Info 15 Roy	rants and other assistance to governments, ganizations, and individuals outside the			1	_
4 Bee 5 Con trus 6 Con per per 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Profif Inveg Oth 12 Adv 13 Offin 14 Info 15 Roy	S. See Part IV, lines 15 and 16	2 016 510			•
5 Contrus 6 Conper per 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offi 14 Info	enefite paid to or for members	2,816,510.	2,816,510.		
trus 6 Coi per per 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offi 14 Info 15 Roy	enefits paid to or for members	0.			
6 Comper per per 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mail b Leg c Accord Lob e Profif Invergion 12 Adv 113 Offin 14 Info 15 Roy	ompensation of current officers, directors, ustees, and key employees	1,329,393.	600 654		
per per per per per per per per per per		1,329,393.	629,654.	419,954.	279,7
9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offi 14 Info	ompensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and				
7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offi 14 Info 15 Roy	ersons described in section 4958(r)(1)) and ersons described in section 4958(c)(3)(B)				
 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lobe e Profif Inveg g Oth 12 Adv 13 Offication 14 Info 15 Roy 	ther salaries and wages	18,233,009.	11 644 356		
ance 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offi 14 Info 15 Roy		10,233,009.	11,644,356.	263,119.	6,325,5
9 Oth 10 Pay 11 Fee	ension plan contributions (include section 401(k)	1 020 720	1 001 15		
10 Pay 11 Fee a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offi 14 Info	nd section 403(b) employer contributions)	1,830,732.	1,091,165.	104,268.	635,2
111 Fee a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offi 14 Info	ther employee benefits	1,542,052.	1,005,261.	45,651.	491,1
a Mai b Leg c Acc d Lob e Prof f Inve g Oth 12 Adv 13 Offi 14 Info	ayroll taxes	1,335,660.	841,106.	39,130.	455,4
b Leg c Acc d Lob e Prof f Inve g Othe 12 Adv 13 Offi 14 Info	ees for services (non-employees):				
c Acc d Lob e Profi f Inve g Oth 12 Adv 13 Offi 14 Info Roy	anagement	0.			
d Lob e Profi f Inve g Oth 12 Adv 13 Offi 14 Info 15 Roy	gal	855,307.	416,125.	170,793.	268,3
e Profif Inverse g Other 12 Adv 113 Offin 14 Info	counting	26,553.	21,609.	988.	3,9
f Inve g Othe 12 Adv 13 Offi 14 Info 15 Roy	bbying	0.			
g Other 12 Adv 13 Offic 14 Info 15 Roy	ofessional fundraising services. See Part IV, line 17	420,985.			420,9
12 Adv 13 Offici 14 Info 15 Roy	vestment management fees	118,404.	118,404.		
13 Offi 14 Info 15 Roy	her	9,460,080.	4,380,411.	97,462.	4,982,2
14 Info 15 Roy	vertising and promotion	6,433,280.	6,269,851.		163,4
5 Roy	fice expenses	18,361,324.	9,509,187.	2,596,134.	6,256,0
15 Roy	ormation technology	341,387.	223,281.	10,842.	107,2
16 Occ	yalties	0.		7-11-12-12-12-12-12-12-12-12-12-12-12-12-	
• • • • • • • • • • • • • • • • • • • •	cupancy	3,901,023.	2,540,124.	632,812.	728,0
1 7 Trav	vel	3,821,451.	2,955,655.	34,857.	830,9
	yments of travel or entertainment expenses any federal, state, or local public officials	0.			
	nferences, conventions, and meetings	1,736,160.	1,534,076.	15,619.	106 4
	erest	0.		13,019.	186,46
	ments to affiliates	0.			
2 Dep	preciation, depletion, and amortization	953,165.	532,503.	70,687.	240.05
	urance	139,016.	79,681.	31,767.	349,97
4 Othe	ier expenses Itemize expenses not		, ,, , , , , ,	31,707.	27,56
	ered above. (Expenses grouped together				
and	l labeled miscellaneous may not exceed of total expenses shown on line 25 below.)				
	TINGENCY	51,117.	30,825.		0000
	CRUITMENT	57,624.	33,644.	2 200	20,29
	DEBT EXPENSE	661,411.	28,486.	2,299.	21,68
	CCELLANEOUS	216,371.		10 000	632,92
e		210,3/1.	153,037.	10,900.	52,43
	Other expenses				
5 Total	other expenses	87,253,588.	EQ 466 505		
	t Costs. Check here ► X If following	01,200,088.	59,466,525.	4,547,282.	23,239,78
SOP organ from	of Costs. Check here X	15,171,073.	0 105 050	0.633	
SA 2 1.000	3	10,111,013.	8,185,256.	2,606,387.	4,379,43

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,086,459.	1	12,802,858
	2	Savings and temporary cash investments		2	
	3	riedges and grants receivable, net	22,185,569.	3	18,914,827
	4	Accounts receivable, net	00 055 550	4	14,094,293
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1	
2	_	Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	inventories for sale or use		8	
	9	Frepaid expenses and deferred charges	5,067,770.	9	1,859,487
	10a	Land, buildings, and equipment: cost or 10a 14,049,893.			
		other basis. Complete Part VI of Schedule D		1	
		Less: accumulated depreciation	3,863,805.1	0с	3,376,894.
	11	Investments - publicly traded securities	55,512,963.1	11	54,981,363.
	12	Investments - other securities. See Part IV, line 11	9,811,047.1	12	10,393,951.
	13	Investments - program-related. See Part IV, line 11	1	13	
	14	Intangible assets	1	14	
	15	Other assets. See Part IV, line 11		15	
	16	I otal assets. Add lines 1 through 15 (must equal line 34)		16	116,423,673.
	17	Accounts payable and accrued expenses	3,909,889. 1	17	5,297,686.
	18	Grants payable	36,624,339. 1	8	31,902,842.
	19	Deferred revenue	2,717,312. 1	9	2,277,176.
	20	rax-exempt bond liabilities	2	20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
Lia!		employees, highest compensated employees, and disqualified			
-		persons. Complete Part II of Schedule L	2	2	
	23	Secured mortgages and notes payable to unrelated third parties	2	3	
ľ	24	Unsecured notes and loans payable to unrelated third parties.		4	
	25	Other liabilities. Complete Part X of Schedule D	22,166,959. 2	5	19,226,896.
\rightarrow	26	Total liabilities. Add lines 17 through 25	65,418,499. 2	6	58,704,600.
es		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
nce	27		10 51 5		
a	28	Unrestricted net assets	18,746,662. 2	7	24,278,255.
8	29	Temporarily restricted net assets	17,778,404. 28		13,282,442.
Fund Balance		Permanently restricted net assets	19,639,801. 29	9	20,158,376.
ō		and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds	30	0	
	31	Paid-in or capital surplus, or land, building, or equipment fund	31		
et A	32	Retained earnings, endowment, accumulated income, or other funds	32		11.100
_	33	Total net assets or fund balances	56,164,867. 33	-+	57,719,073.
1.	34	Total liabilities and net assets/fund balances	121,583,366. 34		116,423,673.

Form **990** (2009)

			Yes	N
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 in Schedule O.	-		
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
C	Were the organization's financial statements audited by an independent accountant?	2b	X	
·	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	Х	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Separate basis			
∃a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		.,	
b	the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	Х	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь	Х	í

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS

Employer identification number

ASSOC	IATION,	INC.						Limpio		039601
Part I	Reason	for Public Cha	ı rity Status (All orga	nizations	must com	olete this	s part) S	ee instri	ıctions	00001
The orga	anization is r	not a private fou	ndation because it is: (For lines 1	through 1	1. check o	only one b	ox)	20110110.	
1	A church,	convention of ch	nurches, or association	of churche	es describe	d in secti	ion 170(b)	·// (1)(A)(i)		
2	A school d	escribed in sect	tion 170(b)(1)(A)(ii). (A	ttach Sche	dule E.)			,,,,,,,,,,	•	
3			e hospital service orga			ection 17	70(b)(1)(A	Mii).		
4	A medical	research organ	nization operated in c	onjunction	with a ho	spital de	scribed in	section	n 170(b)/1)(A)(iii) Enter the
	hospital's r	name, city, and s	state:	·					•(2)(.	//////////////////////////////////////
5	An organiz	ation operated	for the benefit of a co	ollege or u	niversity ov	wned or	operated	by a gov	vernmenta	Lunit described in
	section 17	0(b)(1)(A)(iv). (Complete Part II.)		•		•	., 3.		, and accombined in
6	A federal,	state, or local g	overnment or governm	ental unit o	described in	section	170(b)(1)	(A)(v).		
7	An organiz	ation that norm	ally receives a substa	ntial part o	f its suppor	rt from a	governm	ental un	it or from	the general public
	described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)						5 5 p 4 2 //
8	A commun	ity trust describ	ed in section 170(b)(1)	(A)(vi). (C	omplete Pa	rt II.)				
9 X	An organiz	ation that norm	ally receives: (1) more	than 331/	₃% of its sı	upport fr	om contri	butions,	membersh	nip fees, and gross
	receipts fro	om activities rel	lated to its exempt fui	nctions - s	ubject to c	ertain ex	ceptions,	and (2)	no more	than 331/3% of its
	support fro	om gross inves	tment income and ur	related bu	usiness tax	able inc	ome (less	section	511 tax	from businesses
🗀	acquired by	y the organization	on after June 30, 1975.	See secti	on 509(a)(2	2). (Com	plete Part	III.)		
10	An organiza	ation organized	and operated exclusive	ely to test t	for public sa	fety. See	section (509(a)(4)		
11	An organiz	ation organized	and operated exclus	sively for t	he benefit	of, to p	erform th	e functi	ons of, or	to carry out the
	purposes o	or one or more	publicly supported org	anizations	described	in sectio	n 509(a)(1) or sec	ction 509(a)(2). S ee section
	509(a)(3).		hat describes the type	of supporti	ng organiza	ation and	complete	lines 11		
е	a Typ			c Ty	pe III - Fund	ctionally	integrated		d Ty	/pe III - Other
•	persons of	her than found	ertify that the organization managers	zation is n	ot controll	ed direc	tly or ind	irectly b	y one or	more disqualified
	509(a)(1) o	r section 509(a)	ition managers and oth	er than or	ne or more	publicly	supporte	d organiz	zations de	scribed in section
f				tion from	the IDC th	-4 16 1	-			
•	organizatio	n, check this bo	d a written determina			at it is a	ı iype i,	type II, d	or Type III	supporting
g			x	onted any	iff or contr	 				
J	following pe		o the organization acce	spied ally (giit or conti	ibulion n	om any o	rtne		
	• .		y or indirectly controls	either al	lone or tog	othor wi	th norsen	a daaari	hadin (ii)	[v.] u
	and (iii)) below, the gov	erning body of the sup	ported ora	anization?	ether wi	in persor	is descri	bea in (ii)	Yes No
	(ii) A famil	y member of a	person described in (i) a	above?	arnzadorr:		• • • • •		• • • • • •	11g(i) 11g(ii)
	(iii) A 35%	controlled entity	y of a person described	in (i) or (ii)	above?					11g(iii)
h	Provide the	following inform	nation about the suppo	rted organ	ization(s).			• • • • •	• • • • • •	119(111)
	of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did	you notify	(vi)	Is the	(vii) Amount of
orga	inization		(described on lines 1-9 above or IRC section	in col. (i) li	sted in your	the orga	nization in	organiza	tion in col.	support
			(see instructions))	governing	document?	sup	of your port?	(I) organ	ized in the S.?	
				Yes	No	Yes	No	Yes	No	
										17 17 17 17 17 17 17 17 17 17 17 17 17 1
							ļ <u>.</u>			
Total										
· Vtai			<u> </u>							

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009						Pag
Pa	Support Schedule for On (Complete only if you ched	r <mark>ganizations</mark> cked the box o	Described in on line 5. 7. or	Sections 170 8 of Part I)	(b)(1)(A)(iv) a	ind 170(b)(1)	(A)(vi)
Se	ction A. Public Support		, , ,	<u> </u>			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						1
5	The portion of total contributions by each					TOTAL SERVICE OF	
	person (other than a governmental unit or						į
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support	···· · · · · · · · · · · · · · · · · ·					
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				(=, ====	(0) 2000	(i) rotal
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		国自企业 及线别		Kacaman	M 7 = 8 to 12 (82 (4)	
2	Gross receipts from related activities, etc. (s	ee instructions) .				12	
3	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	tion's first, secon	d third fourth	or fifth to		501(c)(3)
Sect	and the computation of that about out	Joil Fercenta	ge				
4	Public support percentage for 2009 (lir	ne 6, column (f)) divided by line	11, column (f))		14	(
5	Public support percentage from 2008 \$	Schedule A, Pa	ırt II, line 14			15	(
6a	331/3% support test - 2009. If the or	rganization did	not check the I	oox on line 13	and line 14 is	331129/ or mar	o sheel
	trils box and stop here. The organization	n qualifies as a	publicly suppor	ted organization	3		
b	33 1/3 % Support test - 2008. If the O	rganization did	not check a bo	ox on line 13 o	r 16a and line	15 ic 331/20/	or more
	check this box and stop here. The orga	ınızatıon qualifie	es as a publicly :	supported organ	nization		
7 a	10 %-lacts-and-circumstances test - 20	109. If the orga	nization did not	check a box on	line 13, 16a or	16h and line 1	4 ic 100/
	of filore, and if the organization me	ets the "facts-	-and-circumstand	es" test check	this how and	ston hara E	voloio in
	rail iv now the organization meets th	ne "facts-and-ci	ircumstances" te	st. The organiz	ation qualifies	as a nublicly of	Apidiii III
	organization						
b	10%-facts-and-circumstances test - 2	008. If the org	anization did no	ot check a box	on line 13 162	16h or 17a	and line
	45 1001	•				, , , ob, or 1, a,	GRU HITE

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

С	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and			, , = - , ,	,-,	(-,2000	(if) Utal
	membership fees received. (Do not include						
	any "unusual grants.")	79,066,936.	82,129,990.	95,071,788.	78,177,850.	75,805,366.	410,251,930
2	Gross receipts from admissions, merchandise			33,311,133.	70/177/000.	73,803,300.	410,251,930
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	2,507,375.	6,159,287.	3,384,152.	5,318,528.	4 412 461	01 700 700
3	Gross receipts from activities that are not an		0,100,207.	3,304,132.	3,310,320.	4,413,451.	21,782,793
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	81,574,311.	88,289,277.	98,455,940.	83 406 330	90 010 015	120.00.
	Amounts included on lines 1, 2, and 3	, 3.1, 311.	00,200,211.	20,420,940.	83,496,378.	80,218,817.	432,034,723
_	received from disqualified persons	1,026,417.	933,904.	3 200 000	1 100 070		
b	Amounts included on lines 2 and 3 [-,020,417.	200, 204.	3,200,000.	1,188,870.	0.	6,349,191
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
r	Add lines 7a and 7b	1,026,417.	933,904.	3,200,000.	1 100 070	· · · · · · · · · · · · · · · · · · ·	
	Public support (Subtract line 7c from	2,020,917.	233,904.	3,200,000.	1,188,870.	0.	6,349,191
	line 6.)		1				
eci	tion B. Total Support						425,685,532
_	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(a) 2000	(f) Total
	Amounts from line 6	81,574,311.	88,289,277.			(e) 2009	(f) Total
а	Gross income from interest, dividends,	01,013,011.	00,203,211.	98,455,940.	83,496,378.	80,218,817.	432,034,723
	payments received on securities loans,						
	rents, royalties and income from similar sources	2 650 650	4 227 500	4 504 130	2 222		
b	Unrelated business taxable income (less	2,650,558.	4,337,589.	4,684,438.	3,077,704.	1,969,538.	16,719,827
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	2 650 550	4 227 500				
	Net income from unrelated business	2,650,558.	4,337,589.	4,684,438.	3,077,704.	1,969,538.	16,719,827.
•	activities not included in line 10b.			}			
	whether or not the business is regularly						
	carried on						
	Other income. Do not include gain or					E. A. Paris	
	loss from the sale of capital assets						
	(Explain in Part IV.) ATCH 1	27,073.	111,460.	439,146.	607,419.	2,610,156.	3,795,254.
	Total support. (Add lines 9, 10c, 11,						····
	and 12.)	84,251,942.	92,738,326.	103,579,524.	87,181,501.	84,798,511.	452,549,804.
i	First five years. If the Form 990 is for	the organization's	first, second, tl	hird, fourth, or f	ifth tax year as	a section 501(c)(3)
	organization, check this box and stop here.	<i></i>			· · · · · · · · ·	<u> </u>	>
ect	ion C. Computation of Public Supp	oort Percentag	e				
5	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	n (f))		15	94.06%
5	Public support percentage from 2008 Scheo	Jule A, Part III, line	15	· · · · · · · · · · · · · · · · · · ·	<u></u>	16	93.95%
	ion D. Computation of Investment						
7	Investment income percentage for 2009 (line	e 10c, column (f)	divided by line 13,	column (f)) , , .		17	3.69%
3	Investment income percentage from 2008 S	chedule A, Part III,	line 17			18	4.08%
Эа	33 1/3% support tests - 2009. If the org	janization did not	check the box	on line 14, and	line 15 is more	than 331/3%, an	d line
	17 is not more than 33 1/3 %, check thi	s box and stop	here. The organ	ization qualifies	as a publicly si	upported organiza	ation ► X
b	33 1/3% support tests - 2008. If the organ	nization did not ch	neck a box on lir	ne 14 or line 19a	and line 16 is	more than 331/39	6 and
	line 18 is not more than 331/3%, check t	this box and stor	here. The orga	nization qualifies	as a publicly e	upported organiza	ation >
				quanico	as a publicity si	apported bygailize	TOTAL P
١	Private foundation. If the organization de	id not check a	box on line 14	. 19a. or 19h	check this hav	and coo inctrus	tione -
)	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,			
A 1 000		id not check a	box on line 14			and see instruc hedule A (Form 990	

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE A, PART III	- OTHER INCOM	1E		<u>AT'</u>	FACHMENT 1	
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
CHAPTER LICENSE & MAINT, FEES	0.	0.	222,906.	413,788.	982,928.	1,619,622.
T-SHIRTS	0.	0.	1,807.	1,468.	0.	3,275.
OTHER REVENUE	27,073.	111,460.	214,433.	192,163.	100,873.	646,002.
AFFILIATE REVENUE	0.	0.	0.	0.	595,380.	595,380.
INCOME FROM FUNDRAISING EVENTS	0.	0.	0.	0.	930,975.	930,975.
TOTAL	27,073.	111,460.	439,146.	607,419.	2,610,156.	3,795,254.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Name of the organization		Employer identification numbe
ALZHEIMER'S DISEAS ASSOCIATION, INC.	SE&RELATED DISORDERS	12 2020601
Organization type (check or	ne):	13-3039601
Filers of:	Section:	
THEIS OF.	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treat	ted as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated a	as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is Note. Only a section 501(c) instructions.	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the G	General Rule and a Special Rule. See
General Rule		
For an organizatio property) from any	on filing Form 990, 990-EZ, or 990-PF that received, during yone contributor. Complete Parts I and II.	the year, \$5,000 or more (in money or
Special Rules		
sections 509(a)(1)	(c)(3) organization filing Form 990 or 990-EZ that met the 3 and 170(b)(1)(A)(vi), and received from any one contribute. 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii)	tor, during the year, a contribution of the greater
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ the contributions of more than \$1,000 for use <i>exclusively</i> for ses, or the prevention of cruelty to children or animals. Con	religious, charitable, scientific, literary, or
the year, contributi aggregate to more year for an <i>exclusiv</i> applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ to ions for use exclusively for religious, charitable, etc., purpose than \$1,000. If this box is checked, enter here the total carely religious, charitable, etc., purpose. Do not complete an anization because it received nonexclusively religious, chared the control of the cont	ses, but these contributions did not ontributions that were received during the ny of the parts unless the General Rule ritable, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but it mu or on line 2 of its Form 990-F 990-PF).	t is not covered by the General Rule and/or the Special Rust answer "No" on Part IV, line 2 of its Form 990, or check PF, to certify that it does not meet the filing requirements of	k the box on line H of its Form 990-EZ
For Privacy Act and Paperwork Red	fuction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

JSA

(a)

No.

(b)

Name, address, and ZIP + 4

Person Payroll Noncash

Person Payroli

Noncash

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(c)

Aggregate contributions

\$

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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.

		EIMER'S DISEASE&RELATED	DISORDERS	Em	oloyer ident	ification number	
	SOCIATION, INC.				13-30	39601	
Pa	irt I-A Complete if the	e organization is exempt unde	r section 501(c) c	r is a section 5	27 orgar	nization.	
1		the organization's direct and indirec					
2	Political expenditures .				\$		
3	Volunteer hours						
Pa	rt I-B Complete if the	e organization is exempt under	section 501(c)(3)	•			·
1	Enter the amount of any	excise tax incurred by the organiza	tion under section 4	955 ▶	\$		
2	Enter the amount of any	excise tax incurred by organization	managers under se	ection 4955 ▶	\$		
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this year	?		Yes	No
4a b	If "Yes," describe in Part IV					Yes	No
Pa	rt I-C Complete if the	e organization is exempt unde	r section 501(c),	except section	501(c)(3).	
1	Enter the amount directly	expended by the filing organization	n for section 527 e	xempt function			
	activities		. 	•	\$		
2	Enter the amount of the fi	ling organization's funds contribute	d to other organizat	ions for section		7777	
	527 exempt function active	vities		<i></i> .	\$		
3	Total exempt function ex	penditures. Add lines 1 and 2. Er	nter here and on F	orm 1120-POL,			
	line 17b				\$		***************************************
4	Did the filing organization	file Form 1120-POL for this year?				· · Yes	No
5	Enter the names, address	es and employer identification num	ber (EIN) of all secti	on 527 political of	organizati	ions to which na	
	were made, For each org					iono to willon pu	yments
	nolitical contributions roo	ganization listed, enter the amount	paid from the filing	a organization's f	unds Als	so enter the am	ount of
	political contributions rec	eived that were promptly and direc	paid from the filing	g organization's f eparate political	unds. Als organizat	so enter the am	ount of
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing	g organization's f eparate political	unds. Als organizat	so enter the am	ount of
	political contributions rec	eived that were promptly and direc	paid from the filing	g organization's f eparate political ed, provide inforn (d) Amount pai	unds. Als organizat nation in d from	so enter the am tion, such as a so Part IV. (e) Amount of p	ount of eparate
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	so enter the am tion, such as a so Part IV. (e) Amount of p contributions rece	ount of eparate olitical eived and
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inforn (d) Amount pai	unds. Als organizat nation in d from ation's	co enter the am tion, such as a separt IV. (e) Amount of partitions receptions promptly and delivered to a second contribution of the contributions receptions are contributions.	ount of eparate olitical eived and irectly eparate
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	(e) Amount of p contributions rece promptly and d delivered to a si political organiz	ount of eparate olitical eived and irectly eparate ation. If
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	co enter the am tion, such as a separt IV. (e) Amount of partitions receptions promptly and delivered to a second contribution of the contributions receptions are contributions.	ount of eparate olitical eived and irectly eparate ation. If
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	(e) Amount of p contributions rece promptly and d delivered to a si political organiz	ount of eparate olitical eived and irectly eparate ation. If
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	(e) Amount of p contributions rece promptly and d delivered to a si political organiz	ount of eparate olitical eived and irectly eparate ation. If
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	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	(e) Amount of p contributions rece promptly and d delivered to a si political organiz	ount of eparate olitical eived and irectly eparate ation. If
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	(e) Amount of p contributions rece promptly and d delivered to a si political organiz	ount of eparate olitical eived and irectly eparate ation. If
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	(e) Amount of p contributions rece promptly and d delivered to a si political organiz	ount of eparate olitical eived and irectly eparate ation. If
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	(e) Amount of p contributions rece promptly and d delivered to a si political organiz	ount of eparate olitical eived and irectly eparate ation. If
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	(e) Amount of p contributions rece promptly and d delivered to a si political organiz	ount of eparate olitical eived and irectly eparate ation. If
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	(e) Amount of p contributions rece promptly and d delivered to a si political organiz	ount of eparate olitical eived and irectly eparate ation. If
	segregated fund or a polit	eived that were promptly and directical action committee (PAC). If addi	paid from the filing otly delivered to a s tional space is need	g organization's f eparate political ed, provide inform (d) Amount pai filing organiza	unds. Als organizat nation in d from ation's	(e) Amount of p contributions rece promptly and d delivered to a si political organiz	ount of eparate olitical eived and irectly eparate ation. If

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

Schedule C (Form 990 or 990-EZ) 2009

JSA 9E1264 2 000

Sc	hedule C (Form 990 or 990-EZ) 2009						Page :
Р	art II-A Complete if the cunder section 50	organizati I1(h)).	on is exe	mpt under section	on 501(c)(3) and	filed Form 5768 (elec	ction
Α	Check ▶ if the filing or	ganization	belongs t	o an affiliated gro	JD.		
В	Check ▶ if the filing or	ganizatior	n checked	box A and "limited	control" provisi	ons apply.	
	Lim	its on Lob	ying Expe	nditures		(a) Filing	(b) Affiliated
	(The term "exper	nditures" m	eans amoi	ınts paid or incurre	d.)	organization's totals	group totals
1 a	The state of the s	to influence	public opir	nion (grass roots lot	obying)		
b	 Total lobbying expenditures t 	to influence	a legislativ	e body (direct lobb	ying)		
С	 Total lobbying expenditures ((add lines 1	a and 1b) .				
d	Other exempt purpose exper	nditures					
е	 Total exempt purpose expen 	ditures (ad	d lines 1c a	nd 1d)			
f		t. Enter the	amount fro	m the following tab	le in both		
	columns.						
	If the amount on line 1e, column	n (a) or (b) is:	The lobbyi	ng nontaxable amoun			
	Not over \$500,000	20% of the	amount on line 1e.				
	Over \$500,000 but not over \$1,0	000,000	\$100,000 p	olus 15% of the exces	s over \$500,000.		
	Over \$1,000,000 but not over \$1	1,500,000	\$175,000 p	lus 10% of the exces	s over \$1,000,000.		
	Over \$1,500,000 but not over \$1	\$225,000 p	lus 5% of the excess	over \$1,500,000.			
	Over \$17,000,000	\$1,000,000					
g		ınt (enter 25	% of line 11	9			
h	Subtract line 1g from line 1a.						
i	Subtract line 1f from line 1c.						
j	If these is an amount other th	nan zero on	either line	1h or line 1i, did the	e organization file	Form 4720 reporting	
	section 4911 tax for this year	?		<u> </u>	<u>. , , , , , , , , , , , , , , , , , , ,</u>		Yes No
	(Some organiz	ations that	l-Year Ave made a se w. See the	raging Period Unde ection 501(h) electi e instructions for li	er Section 501(h) on do not have to nes 2a through 21	complete all of the fiv	e
		Lobi	ying Expe	nditures During 4-	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2	006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Pa	ort II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Fo	rm 5	768		Page
	(Second Control Contro	(;	a)	L	((b)	
		Yes	No		Am	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					, -	
а	referendum, through the use of: Volunteers?	X					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		-			
C	Media advertisements?		X	1			
d	Mailings to members, legislators, or the public?	Х		†		60	,51
е	Publications, or published or broadcast statements?	X					,82
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х					,17
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		ļ			, 35
i j	Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i	Χ			**********		, 32
2 a			3.7			859	,18
b	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		X	-			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			ļ			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ors	section	on.	***************************************	******
	501(c)(6).	(-)(-)	,				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				. 2		
	Did the organization agree to carryover lobbying and political expenditures from the prior year? rt III-B Complete if the organization is exempt under section 501(c)(4) section 501(c)	· · ·	• • •		. 3		<u> </u>
1	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."	c)(5), line (ors 3 is a	sectionsw answ	on ered		
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	olitica	al .				
	expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
c	Total			2 c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s		3			
•	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	of the	e				
	and political expanditure post year?	-	- 1				
5	Taxable amount of lobbying and political expenditures (see instructions)		• •	<u>4</u> 5			
Рa	Supplemental Information	<u>· · · · </u>	· · ·	3			
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C,						
Also	complete this part for any additional information	line 5	; and	Part	II-B, II	ne 1ı.	
SE	complete this part for any additional information. PAGE 4						

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALZHEIMER'S DISEASE&RELATED DISORDERS

Employer identification number

	SOCIATION, INC.		13-3039601
Pa	rt I Organizations Maintaining Donor Adv the organization answered "Yes" to For	ised Funds or Other Similar Funds of	r Accounts. Complete if
-	and organization anowards from to for	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(b) r and and other accounts
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	dvisors in writing that the coasts held in d	
-	funds are the organization's property, subject to the	ovisors in writing that the assets field in di	onor advised
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grant fun	··················Yes No
	used only for charitable purposes and not for the b	penefit of the donor or donor advisor, or fo	r any other
	purpose conferring impermissible private benefit?	and the device of device devices, of to	· · · · · · · · · · · · · Yes No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to F	orm 990 Part IV line 7
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	5 555, 1 d. (17, mio 7.
	Preservation of land for public use (e.g., recre		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		or a serimon meterio otractaro
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements	· · · · · · · · · · · · · · · · · · ·	2a
b	Total acreage restricted by conservation easements	S	2 b
С	Number of conservation easements on a certified	historic structure included in (a)	2 c
d	Number of conservation easements included in (c)		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or termin	ated by the organization during
	the tax year ▶		
4	Number of states where property subject to conse		786 014014
5	Does the organization have a written policy regardi	ing the periodic monitoring, inspection, ha	indling of
•	violations, and enforcement of the conservation ea	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation eas	ements during the year
-	Amount of amount alice with its in		
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easemer	nts during the year
8	Door cook conservation cook and the live in		
0	Does each conservation easement reported on line		
9	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · Yes
J	In Part XIV, describe how the organization reports	conservation easements in its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	i the foothote to the organization's financi	al statements that describes
Pa	organizations Maintaining Collections	of Art Historical Treasures or Other	r Similar Assots
	Complete if the organization answered	"Yes" to Form 990, Part IV. line 8.	Olilliai Assets.
1a	If the organization elected, as permitted under SF		stament and belonce short water at
	alt. Historical fleasures, or other similar assets her	O TOT DUDUC EXPUDITION Adultation or rec	earch in furtherance of public condes
	provide, in Part XIV, the text of the footnote to its fir	nancial statements that describes these ite	ms.
b	If the organization elected, as permitted under SI	FAS 116, to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held f provide the following amounts relating to these item	or public exhibition, education, or resea	arch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1		*
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an	t historical treasures or other similar of	essets for financial gain provide the
	following amounts required to be reported under SF		socio ioi illianciai gain, provide the
a	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
	,		· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2009

Pa	Organizations Maintaini	ng Collections	of Art, Historica	Treasures	, or O	ther Similar A	ssets (con	tinued)	•
3	Using the organization's acquisition	accession and	other records che	ock any of th	a follo	wing that are a	cionificant us	o of ite	
·	collection items (check all that app		other records, che	ck any or in	ie ioliov	wing that are a	significant us	e or its	
a	Public exhibition	.,,,	d 🗍	Loan or exc	change	programe			
b	Scholarly research		e	Other	change	programs			
c	Preservation for future ge	nerations	e []						****
4	Provide a description of the organization		and evolain how	they further	the or	agnization's ove	ampt purpos	o in	
•	Part XIV.	zation's conections	and explain now	mey runner	the org	janization's exe	mpt purpos	e III	
5	During the year, did the organization	on solicit or receive	a donations of art	historical tr	.0001110	a ar athar aimile	0.5		
Ŭ	assets to be sold to raise funds rati							v	
Da	rt IV Escrow and Custodial A								No
ı eı	IV, line 9, or reported an				answe	ered tes lor	-01m 990, 1	rant	
	,			10 21.	· · · · · · · · · · · · · · · · · · ·				
1a	Is the organization an agent, truste	e custodian or oth	ner intermediary fo	or contributio	one or a	other assets not	+		
	included on Form 990, Part X?							V00 1	N a
b	If "Yes," explain the arrangement in				• • •		• • • □	Yes 1	No
~	in roo, explain the arrangement in	THAIT AND CON	ipicte the follows:	y table.		Λ.	mount		
C	Beginning balance				4 -		Hount		
d	Additions during the year								
e	Distributions during the year								
f									
2a	Ending balance								
	J		r, Part X, line 21?		• • •			Yes N	No
-	If "Yes," explain the arrangement in		- £:	N/ U 4		2.5. (8/1)			
Pai	t V Endowment Funds. Com			1					
1.	Poginning of year halance	(a) Current Year	(b) Prior year	(c) Two yea	ars back	(d) Three yea	rs back (e)	Four years bac	ck —
1a	Beginning of year balance	8,125,409.	9,400,894.						
b	Contributions	117,211.	60,401.						
С	Net investment earnings, gains,						1		
	and losses	1,195,547.	-1,285,475.						
ď	Grants or scholarships		50,411.						
е	Other expenditures for facilities .								
	and programs								
f	Administrative expenses								
g	End of year balance	9,438,167.	8,125,409.						
2	Provide the estimated percentage of	of the year end ba	lance held as:						
а	Board designated or quasi-endown		00 %						
b	Permanent endowment ► 100.0	000 %							
С	Term endowment ► 0.0000								
3 a	Are there endowment funds not in	the possession of	the organization	hat are held	and a	dministered for t	the		
	organization by:							Yes N	lo
	(i) unrelated organizations						3	a(i) 2	Χ
	(ii) related organizations						38	a(ii)	X
b	If "Yes" to 3a(ii), are the related org	anizations listed a	s required on Sche	edule R?				3 b	
4	Describe in Part XIV the intended u	ses of the organiza	ation's endowmer	t funds.					
Par	t VI Investments - Land, Build				t X. line	e 10.			
	Description of investment	(a) Cost) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ok value	
1a	Land								
b	Buildings				_				
С	Leasehold improvements			3,936,17	8	1,685,838.	2	,250,340)
d	Equipment			8,538,04	1	7,497,547.		,040,501	
е	Other	 		1,575,66		1,489,614.		86,053	
Tota	I. Add lines 1a through 1e. (Column						3	,376,894	
		(,	555, 7 471, 007	$-\dots$		· · · · · · ·		, ,	• •

Part VII	Investments - Other Securities. See F	orm 990. Part X. line 12	Page
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial d			Cost of end-of-year market value
	ld equity interests		
Other ^{BEN1}	EFICIAL INTERESTS	10,289,312.	FMV
ASSE	ETS HELD IN TRUST	104,639.	FMV
Total, (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	10 202 051	
Part VIII	Investments - Program Related. See Fo	10,393,951.	
	(a) Description of investment type		
	(=) = see appear of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
			oost of cita of year market value
Total (Column	(b) must a surf 5 - 200 5 11/2		
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, lin	- 45	
		e 15. Pescription	
	(a) C	rescription	(b) Book value
otal (Column	(h) must be 1/5 = 200 F		
Part X	(b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·
ait A	Other Liabilities. See Form 990, Part X, I (a) Description of liability		
ederal inco		(b) Amount	
UE TO C		11,172,228.	
	UITY OBLIGATIONS	4,791,651.	
	COMPENSATION	771,949.	
EFERRED		2,491,068.	
		2,491,000.	
ital. (Column (i	b) must equal Form 990, Part X, col. (B) line 25.)	19,226,896.	
CINI 40 C-	the state of the s		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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and 2b; Part V,	line 4; Part X, line 2; I ide any additional info	Part XI, line 8; Part)	XII, lines 2d and 4	b; and Part XIII, line	es Ta and 4; Part IV, s 2d and 4b. Also cor	mplete	
SEE PAGE 5							
						and the time are the time and the time and the time are	
	~			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			

USE OF ENDOWMENT

SCHEDULE D, PART V, LINE 4

THE ASSOCIATION FOLLOWS DIRECTION REGARDING INCOME EARNED ON ENDOWMENTS.

IF NO DIRECTION, INCOME IS USED TOWARD OUR MISSION.

FIN 48

SCHEDULE D, PART X, LINE 2

IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48 ("FIN 48") (NOW REFERRED TO AS ASC 740-10-25-6, "ASC 740"), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109," WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH THE BROADER CONCEPTS PREVIOUSLY OUTLINE IN ASC 740. THE ASSOCIATION ADOPTED THIS NEW GUIDANCE AS OF JULY 1, 2009. THIS GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNIZED AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY THE TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE POSITION MAY BE CHALLENGED. THE ASSOCIATION IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE TAX YEARS ENDING 2006, 2007, AND 2008 ARE STILL OPEN TO AUDIT FOR BOTH

Part XIV Supplemental Information (continued)

FEDERAL AND STATE PURPOSES. THE ADOPTION OF THIS GUIDANCE DID NOT HAVE ANY IMPACT ON THE ASSOCIATION'S FINANCIAL STATEMENTS.

RECONCILIATION OF NET ASSETS	
SCHEDULE D, PART XI, LINE 8	
CHANGE IN PERPETUAL TRUST	\$ 401,340
CHANGE IN SPLIT INTEREST	(477,443)
ACQUISITION OF DISSOLVED CHAPTERS	210,514
PLEDGE WRITE-OFF	(477,000)
TOTAL	(342,589)
RECONCILIATION OF REVENUE	
SCHEDULE D, PART XII, LINE 2D	
CHANGE IN PERPETUAL TRUST	\$ 401,340
CHANGE IN SPLIT INTEREST	(477,443)
TOTAL	(76,103)
RECONCILIATION OF EXPENSES	
SCHEDULE D, PART XIII, LINE 4B	
MISCELLANEOUS	119
TOTAL	\$ 119

Schedule F (Form 990)

Statement of Activities Outside the United States

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

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

Employer identification number 13-3039601

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award

For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (b) Number of (c) Number of (e) If activity listed in (d) is (a) Region (d) Activities conducted in (f) Total offices in the employees or region (by type) (i.e., a program service, expenditures in fundraising, program services, describe specific type of region agents in region grants to recipients located in service(s) in region region the region) 0 GRANTMAKING 2,012,470. EUROPE NORTH AMERICA 0 GRANTMAKING 484.040. 0 0 GRANTMAKING SOUTH AMERICA 160,000. 0 0 GRANTMAKING EAST ASIA AND THE PACIFIC 80,000. 0 0 GRANTMAKING MIDDLE EAST AND NORTH AFRICA 80,000. Totals ▶ 2,816,510.

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

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Use Schedule F-1 (Form 990) if additional space is needed.

▶ Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	800,000.	CHECK		<u> </u>	FMV
		NORTH AMERICA	PROGRAM SUPP	320,000.	CHECK		Ē	FMV
		EUROPE/ICELAND/GREENLAND PROGRAM SUPP	PROGRAM SUPP	200,000.	CHECK		Ē,	EMV
		EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	200,000.	СНЕСК			FMV
		EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	200,000.	CHECK		Ĝ.	FMV
:		NORTH AMERICA	PROGRAM SUPP	164,040.	CHECK		Ġ.	FMV
		EUROPE/ICELAND/GREENLAND PROGRAM	PROGRAM SUPP	160,000.	CHECK		FMV	N.
		SOUTH AMERICA	PROGRAM SUPP	80,000.	СНЕСК		FMY	2
		EUROPE/ICELAND/GREENLAND PROGRAM	PROGRAM SUPP	80,000.	СНЕСК		FMV	A
		MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	80,000.	CHECK		FMV	
		EUROPE/ICELAND/GREENLAND PROGRAM SUPP	PROGRAM SUPP	80,000.	CHECK		FMV	\ \
		EAST ASIA/PACIFIC	PROGRAM SUPP	80,000.	CHECK		FMV	^
		EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	80,000.	CHECK		FMV	^
		SOUTH AMERICA	PROGRAM SUPP	80,000.	снеск		PMV	Λ
		EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	.000,08	CHECK		PMV	D
		EUROPE/ICELAND/GREENLAND PROGRAM SUPP	PROGRAM SUPP	79,970.	CHECK		FMV	1

by the ERS, or for which the grantee or counsel has provided a section 501(c)(β) equivalency letter

	07	•
lency letter		
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		

JSA 9E1275 1.000

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Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Schedule F (Form 990) 2009

PAGE 33

Complete this part to provide the information required in Part I, line 2, and any additional information.
SCHEDULE F, PART I, LINE 2
MONITORING THE USE OF FOREIGN GRANTS
FOREIGN INSTITUTIONS ARE REQUIRED TO SUBMIT ONE OF THE FOLLOWING AS
VERIFICATION OF NON-PROFIT STATUS:
-ORGANIZATION'S CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS
-DOCUMENTATION OF NON-PROFIT DESIGNATION FROM ORGANIZATION'S GOVERNMENT
~
FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S
ASSOCIATION'S INTERNATIONAL GRANT PROGRAM.
~
~

SCHEDULE F-1 (Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III. ▶ See instructions for Schedule F (Form 990).

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS

Open to Public Inspection Employer identification number

ASSOCIATION, INC.				_	13-303	39601
Part I Continuation of Activ	vities per Regi	on. (Schedule	F (Form 990), Part I,	line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity a progra describe sp service(s	r listed in (d) is am service, becific type of a) in region	(f) Total expenditures for region
44-44-44-44-44-44-44-44-44-44-44-44-44-						
The state of the s						
						124
Totals . ,						

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

Schedule F-1 (Form 990) 2009

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

Page 2

(i) Method of valuation (book, FMV, appraisal, other)	PMV										
(h) Description of non-cash assistance											
(g) Amount of non-cash assistance						To provide the state of the sta					
(f) Manner of cash disbursement	снеск										
(e) Amount of cash grant	.000,000.										
(d) Purpose of grant	PROGRAM SUPP										
(c) Region	EUROPE/ICELAND/GREENLAND PROGRAM SUPP										
(b) IRS code section and EIN (if applicable)	G										
(a) Name of organization											
-											

PAGE 36

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SCHEDULE G

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, or 1f the

²⁰⁰⁹

Open To Public Inspection

Internal Revenue Service

Name of the organization

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions

ALZHEIMER'S DISEASE&RELATED DISORDERS

ALZHEIMER'S DISEASE&RELATED DISORDERS Employer identification number ASSOCIATION. 13-3039601 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 а Mail solicitations X | Solicitation of non-government grants A Χ b Internet and email solicitations Solicitation of government grants Χ Phone solicitations C Special fundraising events X d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (iii) Did fundraiser have (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) contributions? fundraiser listed in organization col. (i) Yes No DIRECT MAIL THD PUSH E-MAIL Χ 35,202,892 810,000 34,392,892. FRIENDS AND INFOCISION FAMILY PRG. X 3,474,152 2,207,216 1,266,936. 38,677,044 3,017,216. 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ JSA

Schedule G (Form 990 or 990-EZ) 2009

P	art (Fundraising Events. Comple more than \$15,000 on Forn	ete if the organization n 990-EZ, line 6a. Lis	answered "Yes" to Fost events with gross re	orm 990, Part IV, lin	e 18, or r \$5,000.	eport	ed
			(a) Event #1 NY GALA (event type)	(b) Event #2 DC GALA (event type)	(c) Other Events 2 (total number)	(add col	otal ever l. (a) thr ol. (c))	
Revenue	1	Gross receipts	655,000.	275,500.	366,500.	1	1,297	,000
ഥ		contributions	157,200.	96,425.	112,400.		36€	,025
	3	Gross income (line 1 minus line 2)	497,800.	179,075.	254,100.		930	975
	4	Cash prizes	0.	0.	0.			0
	5	Noncash prizes	0.	0.	0.			0
enses	6	Rent/facility costs	0.	24,500.	0.		24	,500
Direct Expenses	7	Food and beverages						
Dire	8	Entertainment			**************************************			
	9	Other direct expenses	387,388.	163,248.	324,095.		874	,731
		Direct expense summary. Add lines 4 Net income summary. Combine line 3				(231.)
Pa	irt l	Gaming. Complete if the org than \$15,000 on Form 990-	ganization answered "	Yes" to Form 990, Pa	rt IV, line 19, or repo	orted moi	re	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total col. (a) thr		
Reve	1	Gross revenue						
es		Cash prizes						
Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses				*****	·	
	6	Volunteer labor	Yes %	Yes %	Yes %			
	7	Direct expense summary. Add lines 2	through 5 in column (d)			()
	8	Net gaming income summary. Combi	ine line 1, column d, and	line 7				
9	Er	nter the state(s) in which the organizati	ion operates gaming acti	ivities:			Yes	No
	ı İs	the organization licensed to operate g 'No," explain:	aming activities in each o	of these states?		9a		
		ere any of the organization's gaming li 'Yes," explain:	icenses revoked, susper	nded or terminated durin	g the tax year?	10a	ı	
11	Do	pes the organization operate gaming a						
12	ls	the organization operate gaming a the organization a grantor, beneficiary med to administer charitable gaming?	or trustee of a trust or	a member of a partnersh	nip or other entity	11		

			Yes	No
13	Indicate the percentage of gaming activity operated in:		1.5	44.5
а	The organization's facility			
b	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
•	and records:			
	Name ▶		-	
	Name •			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Name			
	Address			
	Address			
40	Opening as a property of the state of the st			
16	Gaming manager information:			
	•			
	Name •			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	· · · · · · · · · · · · · · · · · · ·	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
J	or spent in the organization's own exempt activities during the tax year > \$			
	or openition and organization of own exempt detailed during the tax year.			l

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULEI (Form 990)

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

OMB No. 1545-0047 2009

Employer Identification number	13-3039601

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	Covernitions, and markingals in the Office States	
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to
Internal Revenue Service	► Attach to Form 990.	lusb
Name of the organization	ALZHEIMER'S DISEASE&RELATED DISORDERS	Employer Identification numbe
ASSOCIATION, INC.		9601
Part I General	Part General Information on Grants and Assistance	
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	and
the selection o	the selection criteria used to award the grants or assistance?	×
2 Describe in Pa	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	.
Part II Grants	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	d "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	any recipien 990) if additio	t that received more	e is needed	Check this box i	no one recipient re	eceived more than	\$5,000. Use
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALLECRNIA SOUTHLAND CHAPTER							
5900 WILSHIRE BLVE LOS ANGELES, CA 90036	95-3718119	501(C)(3)	152,503.		FMV		PROGRAM SUPPORT
GREATER ILLINOIS CHAPTER							
AGO, IL 60631	36-3102348	501(C)(3)	24,518.		FMV		PROGRAM SUPPORT
MORTHERN CALLFORNIA AND NORTHERN NEVADA CH.						THE REAL PROPERTY AND PROPERTY	
1066 LA AVENIDA MOGNTAIN VIEW, CA 94043	94-2897949	501(C)(3)	125,000.		FMV		PROGRAM SUPPORT
GEORGIA CHAPTEN							
VD ATLANTA, GA 30345	58-1492046	501(C)(3)	.000,000		FMV		PROGRAM SUPPORT
GREATER TOWA CHAPTER							
MOINES, IA 50266	42-1520582	501(C)(3)	18,000.		FMV		PROGRAM SUPPORT
GREATER KENTUCKY & SOUTHERN INDIANA CHAPTER							
6100 DUCHMANS IN LOUISVILLE, KY 40205	36-4497854	501(C)(3)	28,000.		FMV		PROGRAM SUPPORT
ALOHA CHARTER						TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O	
A BLVD HONOLULU, HI 96	99-0212360	501(C)(3)	23,000.		FMV		PROGRAM STIPPINGT
ĺ							
ALEAS, TX 75204	15-2041194	501(C)(3)	43,000.		FMV		PROGRAM SUPPORT
WEST VIRGINIA CHARTER							
CHARLESTON, SC 25391	36-3487172	501(C)(3)	18,000.	,,,,,	FMV		PROGRAM SUPPORT
SOUTHEASTERN WISCONSIN CHAPTER							***************************************
620 SOUTH 76TH ST MILWAUKEE, WI 53214	39-1350965	501(C)(3)	.000.	1	FMV		PROGRAM SUPPORT
CENTRAL AND NORTH FLORIDA CHAPTER							
378 CENTER POINT CIRCLE, SUITE 1280	36-3487166	501(C)(3)	43,000.		FMV		PROGRAM SUPPORT
MINNESOTA-NORTH DAKOTA CRAPTER						The state of the s	
4550 WEST 77TH ST MINNEAPOLIS, MN 55435	41-1361624	501(C)(3)	5,111.	114	EMV		PROGRAM SUPPORT

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Schedule I	Schedule I (Form 990) 2009
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990 Part IV line 22
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
L					
	te this part to	provide the info	rmation required	l in Part I, line 2, and any	and any other additional information.
PROCEDURES FOR MONITORING USE OF GRAI	GRANT FUNDS		 		
SCHEDULE I, PART 1, LINE 2	 	; ! ! ! ! ! !	 		
THE ALZHEIMER'S ASSOCIATION MONITORS	ORS THE USE	OF GRANT	FUNDS BOTH IN	INSIDE	
AND OUTSIDE OF THE U.S. AS FOLLOWS.		; ; ; ; ;			
ALL AWARDEES ARE REQUIRED TO PROVIDE	DE_ANNUAL_	REPORTING BO	BOTH ON STATUS	SOF	
THE RESEARCH AND THEIR FINANCIAL E	EXPENDITURES	TO THE	ALZHEIMER'S		
ASSOCIATION. THE POST AWARD SPECIALIST	M	LL NOTIFY THE	RESEARCHER AND THE	ND_THE	
INSTITUTIONAL FINANCIAL OFFICIAL 60_	DAYS	PRIOR TO THE AN	ANNIVERSARY OF THE	F_THE	
AWARD OF THE REQUIRED REPORTS (SCIENTIFIC, FINANCIAL AND	ENTIFIC, F	INANCIALANI	PUBLICATIONS	NS. AS.	

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schedule I (Sociedule (Form 990) 2009
Part	Grants and Other Assistance to Individuals in the United States Complete if the craceive and other Assistance to Individuals in the United States
	The state of the s
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed

The state of the s					
(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 non-cash assistance
Part IV Supplemental Information. Complete this pa	ete this part to	provide the info	rmation required	in Part I, line 2, and any	irt to provide the information required in Part I, line 2, and any other additional information.
A RESULT OF ASSOCIATION FUNDING).	SUBSEQUENT	PAYMENTS	ARE GENERATED	BY	
THE RECEIPT AND APPROVAL OF THE IN	INTERIM PROC	ROGRESS REPORTS	THE	ALZHEIMER'S	
ASSOCIATION PROVIDES A TEMPLATE FOR	OR THE INTERIM	RIM SCIENTIFIC	REPORT	AND A	
TEMPLATE FOR THE INTERIM FINANCIAL	REPORT	WHICH ARE AVA	AVAILABLE AT:		
HTTP://PROPOSALCENTRAL.ALTUM.COM/LOGIN.ASP		TO BE DOWNLOADED	ADED BY THE		
RESEARCHER TO THEIR COMPUTER. THIS	S_TEMPLATE	PROVIDES THE	REQUIRED	FORMAT	
FOR SUBMISSION OF THE ANNUAL REPORT	T. THE POST	AWARD	SPECIALIST WILL		
NOTIFY THE RESEARCHER AND THE INST	INSTITUTIONAL	FINANCIAL OFFICIAL 60 DAYS	FICIAL 60 D	AYS	

Schedule I (Form 990) 2009

Part III

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this pa	ete this part to	provide the info	ormation required	in Part I, line 2, and any	rt to provide the information required in Part I, line 2, and any other additional information.
PRIOR TO THE ANNIVERSARY OF THE AW	AWARD OF THE	REQUIRED	FINANCIAL REPORT	ORT.	
THE FINANCIAL REPORT MUST BE SIGNED	BY THE	INSTITUTIONAL OFFICIAL WHO	L OFFICIAL W	HO HAS	
ISCAL RESPONSIBILITY FOR THE AWARD	AND U	PLOADED TO PRO	PROPOSALCENTRAL.	THE	
TINANCIAL REPORT IS REVIEWED BY THE	HE ASSIGNED	D POST AWARD	SPECIALIST	FOR	
ACCURACY AND ACCOUNTABILITY WITHIN	THE AC	REED UPON BUDG	BUDGET, THE		
ALZHEIMER'S ASSOCIATION PROVIDES A	N_EXCEL.	TEMPLATE FOR	FOR THE INTERIM		
INANCIAL REPORT WHICH IS AVAILABLE ONLIN	띠	TO BE DOWNLOADED	ADED BY THE GRANTS	GRANTS	
AND CONTRACTS ACCOUNTANT TO THEIR COMPUTER FOR COMPLETION. THIS TEMPLATE	COMPUTER	FOR COMPLETI	ON. THIS TEM	PLATE	

21

Schedule I (Schedule I (Form 990) 2009						
Part Ⅲ	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is peopled.	dividuals in the	ne United States	: Complete if the	e organization answered	i i	Page
		000	ימי שלט ווכר				
	(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 non-cash assistance	
	TO THE REAL PROPERTY OF THE PR						
			-				
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	nental Information. Complete this	RED FORMAT FOR SU	SION OF THE AWARD, ALL REPORTS/PUBLICATION(S) ARE DUE DATE	THE AWARD EXPIRES AND MUST BE UPLOADED TO PROPOSALCENTRAL	. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL	OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD.
	Part IV Supplemental Informa	PROVIDES THE REQUIRED FOR	OF T	90 DAYS AFTER THE AWARD E	ONLINE SYSTEM. THE FINANCIAL REPORT	FFICIAL WHO HAS FISCAL F

Schedule Part II

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	Is in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.		
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	tates.	additional space is needed.	
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	Grants and Other Assistance to Individuals	Use Part IV and Schedule I-1 (Form 990) if add	
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	Other	Ind Sc	
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(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 non-cash assistance
Part IV Supplemental Information. Complete this par	1 1	provide the info	ormation required	in Part I, line 2, and an	to provide the information required in Part I, line 2, and any other additional information.
IN ADDITION, WE REQUEST, MONITOR,	AND FOLLOW-UP	W-UP TO ENSURE	RE SUBMISSION		
COMPLIANCE ON ALL AWARDED CONTRACTS,	rs, AND TO	SECURE	FINANICAL REPORTING	ING	
REQUIREMENTS ARE MET. WE AUDIT ANN	ANNUAL AWARDEES	EES FINANCIAL	L REPORTS TO		
INSURE ELIGIBILITY FOR CONTINUED E	FUNDING. DI	ELINQUENT RE	DELINQUENT REPORT(S) MAY	RESULT	
IN THE WITHDRAWAL OF FUNDING. RESE	RESEARCHERS AI	RE INFORMED	ARE INFORMED THAT CONTINUOUS		
DELINQUENT REPORTING COULD LEAD TO	- WITHDRAWAL	AL OF FUNDING	WHEN THE	REQUEST	
FOR ANNUAL REPORT(S) IS SENT. IF E	FUNDING IS	WITHDRAWN DUE	UE TO DELINQUENT	QUENT	
REPORIS, ANY UNSPENT FUNDS MUST BE	BE RETURNED	TO THE	ALZHEIMER'S		

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Schedule I (Schedule I (Form 990) 2009	
Part III	art III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990 Bart IV line 32	ğ
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	Simple	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV Supplemental Information. Complete this pa	te this part to	provide the info	rt to provide the information required in Part I, line 2,		and any other additional information.
ASSOCIATION. THIS RESEARCHER BECOMES	IES INELIGIBLE	BLE TO APPLY	Y FOR FUNDING	G FROM	
THE ALZHEIMER'S ASSOCIATION.	#				
	F	 			
FOREIGN INSTITUTIONS ARE REQUIRED	TO SUBMIT	ONE OF THE	FOLLOWING AS		
VERIFICATION OF NON-PROFIT STATUS:		 			
* ORGANIZATIONS CHARTER, BYLAWS	AND_OTHER	OTHER GOVERNING DOCUMENTS	CUMENTS		
*DOCUMENTATION OF NON-PROFIT_DES	SIGNATION	DESIGNATION FROM ORGANIZATIONS	SATIONS		
GOVERNMENT	; ; ; ;				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants an

Supplemental Inf	art to provide the information required in Part I, line LE TO APPLY TO THE ALZHEIMER'S M.	(d) Amount of non-cash assistance assistance or mation required in F	at, c	on (book. (f) Description of non-cash assistance and any other additional information.
ALZHEIMER'S ASSOCIATION MONITORS THE SOCIATION'S GRANT AWARDEES BY MAINTAIN SENTATIONS, AND INTELLECTUAL PROPERTY IDLES AND REQUIRE THE GRANT RECIPIENT	SCIENTIFIC A NG RECORDS O THAT RESULTE	TIFIC ADVANCES OF THE CORDS OF PUBLICATIONS, RESULTED FROM FUNDED TEY THE ASSOCIATION ON AN	Z. Z. Z. Z. Z. Z. Z. Z. Z. Z. Z. Z. Z. Z	

Schedule i (Form 990) 2009

JSA

Page 2

Schedule ! (Schedule I (Form 990) 2009
Part III	Grants and Other Assistance to Individuals in the United States, Complete if the organization answered "Yes" on Form 990 Part IV line 22
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of graft of 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 non-cash assistance
L					
Fair IV Supplemental Information. Complete this pa	te this part to	rt to provide the information required in Part I, line 2,	rmation required		and any other additional information.
ANNUAL BASIS WITH UPDATES TO THESE	RECORDS.	WE ALSO MON	MONITOR FOLLOW-ON	NO	
FUNDING FROM FEDERAL AGENCIES.					
THE OVER-SIGHT OF THE SCIENTIFIC I	INTEGRITY OF	OF THE ALZHEIMER'S	i	ASSOCIATION	
INTERNATIONAL RESEARCH GRANT PROGRAM	ST	TWO-FOLD. FIRST,	THE ALZHEIMER'S	MER'S	
ASSOCIATION MEDICAL & SCIENTIFIC ADVISORY		COUNCIL ENSURES	S DIVERSITY	O.F.	
FUNDED AWARDS DURING THE GRANT PROCESS	AND	DEVELOPS FOCI	FOCUSED REQUESTS	SFOR	
APPLICATIONS (RFAS) BASED ON IDENTIFIED	IFIED NEEDS	IN THE	ALZHEIMER RESEARCH	ARCH	

Schedule I (Fo

62

and the second	/, line 22.	
	orm 990, Part IV	
	ered "Yes" on Fo	
	ials in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, lin	
	omplete if the or	
	nited States. Co	additional space is needed
	lividuals in the U	Jenoitippe Ji (066
	Grants and Other Assistance to Individuals	Use Part IV and Schedule I-1 (Form 990) if a
	s and Other A	art IV and Sche
, , , , , , , , , , , , , , , ,	Grant	Use P

	7 - 1 - 1 - 1 4 7 4 7	3-1-4-1-1	7 - 1 V VF7		
(a) Type of grant of 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 non-cash assistance
Part IV Supplemental Information. Complete this p	ete this part to	art to provide the information required in Part I	ormation required	, line 2,	and any other additional information.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	 1 1 1 1		 		
COMMUNITY. SECOND, THE ALZHEIMER'S	SASSOCIATION	ION IS ENGAGED	A NI	PORTFOLIO	
ANALYSIS OF OUR SCIENTIFIC AREAS C	OF INVESTMENT	ENT TO MONITOR	OR THE DIVERSITY	SITY	
OF OUR GRANTS PORTFOLIO, POTENTIAL	GAPS IN	RESEARCH FUN	FUNDING, AND		
POTENTIAL OVERLAP OF AREAS FUNDED.	THIS	ANALYSIS WILL I	INFORM FUTURE		
FUNDING DECISIONS AND AREAS OF RFA	FOCUS	 	 		
	 	 1 2 3 1 1 1			

Department of the Treasury

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

Open to Public 2009

Inspection

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Employer identification number

(h) Purpose of grant or assistance ROGRAM SUPPORT PROGRAM SUPPORT ROGRAM SUPPORT PROGRAM SUPPORT Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 13-3039601 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) FMV FMV FMV FMV FMV FMV FMV FIMS FMV FMV FMV FMV EMV FMV FMV (d) Amount of cash grant (e) Amount of non-cash assistance 33,000. 23,000 119,964 73,792. 450,000. 449,999. 449,966. 449,214. 100,000 320,000. 320,000. 320,000. 320,000. 200,000. 450,000 ALZHEIMER'S DISEASE&RELATED DISORDERS (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 62-1206312 57-0792592 72-1038780 39-1679333 04-2312909 95-1644600 91-1452438 04-2697983 52-1986675 34-0714585 91-6001108 51-0197108 14-1410842 23-1365971 (b) EIN HE NATHAN S. KINE INSTITUTE FOR ESPERATE SEATTLE INSTITUTE POR BIOMEDICAL AND CLINIC FOUNDATION FOR THE NATIONAL INST OF HEALTH 3400 NORTH BROAD ST PHILADELPHIA, PA 19140 ROOM 423 NEILL HALL PULLMAN, WA 99164-3140 40 OLD ORANGEBURG RE ORANGEBURG, NY 10962 ANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE W TORREY PINES RD LA JOLLA, CA 92037 67648 NE 700 BEVERLY BLVD LOS ANGELES, CA 90048 S. COLUMBIAN WAY SEATTLE, WA 94108 SOLERDHENT OF ALEXANDRIA, LA 71302 10 EAST DOTY STREET MADISON, WI 53703 SC 19621 HUNTINGTON AVE BOSTON, MA 02199 CLOISTER COURT BETHESDA, MD 20814 44295 (a) Name and address of organization or government BRIGHAM AND WOMEN'S HOSPITAL, INC. FRANCIS STREET BOSTON, MA 02115 9TH ST INTLADELPHIA, PA 19107 SOUTH CENTRAL WISCONSIN CHAPTER MASSACHUSETTS GENERAL HOSPITAL SUTHERLAND AVE KNOXVILLE, 9500 EUCLID AVE CLEVELAND, OH EDARS-SIMAL MEDICAL CENTER LEVELAND CLINIC FOUNDATION 124 CLEMSON BLYD ANDERSON, HOMAS JEFFERSON UNIVERSITY MASHINGTON STATE UNIVERSITY RASTERN TENNESSEE CHAPTER SOUTH CAROLINA CHAPTER Name of the organization COTSTANA CHAFTER ASSOCIATION, WINE THE PROPERTY OF THE PARTY

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PAGE

Schedule I-1 (Form 990) 2009

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Department of the Treasury

ALZHEIMER'S DISEASE&RELATED DISORDERS Name of the organization Internal Revenue Service

INC.

ASSOCIATION,

OMB No. 1545-0047

Open to Public 2009 Inspection

> ▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Continuation Sheet for Schedule I (Form 990)

Employer identification number 13-3039601

		(c) IRC section if applicable	(d) Amount of cash grant	1	(f) Method of valuation		(4)
				(e) Amount of non-cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	or assistance
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			.000.000		^ W		PROGRAM SUPPORT
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		501(C)(3)	200,000.	Lu.	FMV		PROGRAM SHIPPORT
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9500 GILMAN DR LA JOLLA, CA 92093 95-6006144		501(C)(3)	200,000.	Exp	EMV		THOUGHTS MEASORG
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33612		501(C)(3)	200,000.	12.	FMV		PROGRAM SHPPORT
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726 WESTVIEW DR ATLANTA, GA 30310 58-1438873		501(C)(3)	200,000.	Ĺ	FMV		Tacadus Magabag
BOARS OF TRUSTEES-UNIV OF ILLINOIS-CHICAGO							
1737 W. POLK ST CHICAGO, IL 60612-7227 37-6005511		501(C)(3)	200,000.	[2-	FMV		macaatta waaccaa
UNIVERSITY OF RENTUCKY RESEARCH FOUNDATION							ž
109 KINKEAD HALL LEXINGTON, KY 40506-0057 61-6033693		501(C)(3)	200,000.	ţ.	EMV		Sacaatto Maaccaa
THE HENRY M. JACKSON FOUNDATION FOR THE ADV							
1401 ROCKVILLE PIKE ROCKVILLE, MD 20852 52-1317896		501(C)(3)	200,000.	Ĺs.	FMV		PROGRAM SHPPOPT
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MOUNT SIMAL SCHOOL OF MEDICINE							1
4V 13024		501(C)(3)	200,000.	_ E	FMV		Facaatta Magacaa
NEW YORK UNIVERSITY							
865 BROARWAY NEW YORK, NY 19812		501(C)(3)	200,000.	E	FMV		TGOGGIP WARDORG
NEW YORK DWIVERSITY SCHOOL OF MEDICINE							
		501(C)(3)	200,000.	Œ	FMV		PROGRAM SUPPORT
RESEARCH FOUNDATION FOR MENTAL HYSIENE, INC.							
150 BROADWAY MENANDS, NY 12264 14-1410842		501(C)(3)	200,000.	E	FMV		PROGRAM STIPPORT
THE OHIO STATE UNIVERSITY							
210	25986 5	501(C)(3)	200,000.	Œ.	FMV		PROGRAM SUPPORT

Department of the Treasury

Name of the organization ASSOCIATION,

Continuation Sheet for Schedule I (Form 990)

Open to Public OMB No. 1545-0047 2009

> Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

ALZHEIMER'S DISEASE&RELATED DISORDERS

Employer Identification number

13-3039601

(h) Purpose of grant or assistance PROGRAM SUPPORT PROGRAM SUPPORT ROGRAM SUPPORT PROGRAM SUPPORT Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) EMV FMV FMV FMV FMV FMV FMV FMV FMV FMV FMV FMV FMV ĒΜV FMV (d) Amount of cash grant (e) Amount of non-cash assistance 80,000. 80,000. 200,000, 200,000. 100,000. 200,000 200,000 200,000 200,000 199,218 99,624 80,000. 80,000. 80,000. 197,131 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501 (C) (3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 52-1306347 47-0049123 33-0189397 59-3211153 74-1761309 KOOM 423 NEILL HALL PULLMAN, WA 99164-3140 | 91-6001108 14-1410842 95-6006144 94-6036494 06-0646973 34-1018992 34-1018992 58-2296052 77-0207331 57-6000722 (p) EIN HE UNIVERSITY OF TEXAS HEALTH SCIENCE CENT SOARD OF RECENTS OF THE UNIVERSITY OF NEBRA HE RECEMTS OF THE UNIVERSITY OF CALIFORNIA FLORIDA STATE UNIVERSITY RESEARCH FOUNDATIO RESEASOR FOUNDATION FOR MENTAL HYGIENE, INC HE REGENTS OF THE UNIVERSITY OF CALLFORNIA PALO ALTO INSTITUTE FOR RESEARCH AND EDUCAT COLLEGE STREET NEW HAVEN, CT 06520-8647 ETCHIT AND CLEVELAND, OH 44106-4919 LID AVE CLEVELAND, OH 44106-4919 350 LA COLLA VILL DR SAN DIEGO, CA 92161 874 TRADITIONS WAY TALLAHASSEE, FL 32306 34 15 STREET. WW WASHINGTON, DC 20005 14TH STREET LINCOLN, NE 68588-0430 .O. POR 20036 HOUSTON, TX 37225-0036 850 RESEARCH PARK DR DAVIS, CA 95618 VETERANS MEDICAL RESEARCH FOUNDATION MEDICAL UNIVERSITY OF SOUTH CAROLINA 1801 MINAMIA AVE PALO ALTO, CA 94334 NATIONAL HISPANIC COUNCIL ON AGING (a) Name and address of organization or government AVE CHARLESTON, SC 29425 4500 GILMAN DR LA JOLLA, CA 92093 1301 TAYLOR ST COLUMBIA, SC 29201 CAGE WESTERN RESERVE UNIVERSITY TASE MESTERN RESERVE UNIVERSITY 10 BROADWAY MENANDS, NY 12204 MASHINGTON STATE UNIVERSITY ALMETTO HEALTH

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Schedule I-1 (Form 990) 2009

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Department of the Treasury

Name of the organization

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

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ALZHEIMER'S DISEASE&RELATED DISORDERS

(h) Purpose of grant or assistance PROGRAM SUPPORT ROGRAM SUPPORT PROGRAM SUPPORT Employer identification number Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 13-3039601 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) FMV FMV FMV FMV FMV FMV FMV FMV FMV FMV FMV FΜV FMV (d) Amount of cash grant (e) Amount of non-cash assistance 80,000. 80,000. 80,000. 80,000. 80,000 80,000 80,000 80,000 80,000 80,000. 80,000 80,000. 80,000. 80,000. 80,000. (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 04-2103547 13-5598093 52-0595110 13-1624033 13-5562309 13-5562309 3-5562309 13-5596093 38-6005984 13-1624225 13-5598093 14-1368361 13-5598093 14-1368361 (p) EIN TOHNS HOPKING UNIVERSITY SCHOOL OF MEDICINE ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESH 30X 49 630 KEST 168TH ST NEW YORK, NY 10032 RESEARCH FOUNDATION OF SUNY ON BEHALF O TRUSTEES OF BOSTON UNIVERSITY, B U MEDICAL RESEARCH FOUNDATION OF SUNY - UNIVERSITY AT THE TRUSTEES OF COLUMNIA UNIVERSITY IN THE SOM 733 NORTH BROADWAY BALTIMORE, MD 21205 B240 LIFE SCIENCES EAST LANSING, MI 48824 CLARKSON AVE BROOKLYN, NY 11203-2098 THE DEWING HOME AND HOSPINAL FOR AGED VEW YORK UNIVERSITY SCHOOL OF MEDICINE NEW YORK UNIVERSITY SCHOOL OF MEDICINE MEW YORK UNIVERSITY SCHOOL OF MEDICINE 120 WEST 106TH ST NEW YORK, NY 10025 1300 MORRIS PARK AVE BRONX, NY 10461 NAC WEST 168TH ST NEW YORK, NY 18832 630 WEST LEBTH ST NEW YORK, NY 10032 SSO FIRST AVENUE NEW YORK, NY 10016 e30 WEST LEFTH ST NEW YORK, NY 10032 630 WEST 1687H ST NEW YORK, NY 10033 50 FIRST AVENUE NEW YORK, NY 10016 550 FIRST AVENUE NEW YORK, NY 10016 COLUMBIA INTUERSITY MEDICAL CENTER COLUMBIA UNIVERSITY MEDICAL CENTER COLUMBIA UNIVERSITY MEDICAL CENTER (a) Name and address of organization or government EAST NEWTON ST BOSTON, MA 02118 COLUMBIA UNIVERSITY MEDICAL CENTER MICHIGAN STATE UNIVERSITY ASSOCIATION,

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Department of the Treasury

Name of the organization

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

ALZHEIMER'S DISEASE&RELATED DISORDERS

(h) Purpose of grant or assistance PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II. 13-3039601 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) FMV FMV FMV FMVEM∆ FMV FMV FMV FMV FMV FMV FMV FMV FMV FMV (d) Amount of cash grant (e) Amount of non-cash assistance 80,000. 80,000. 80,000. 80,000. 77,422. 50,000. 80,000. 80,000. 80,000. 80,000, 80,000. 80,000. 80,000. 79,999. 79,993. (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(0)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 59-3102112 14-1410842 25-0965591 74-6000203 24-1586031 75-6064033 91-6001537 39-6006492 39-6006492 38-6006309 95-2226406 14-1368361 23-1352651 25-0965591 (b) EIN COWNSTATE MEDICAL CENTER BROOKLYN, NY 11203 THE NATHAN S. KLINE INSTITUTE FOR ESTCHIATR INIVERSITY OF WISCONSIN-MADISON (BOARD OF R STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDI UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE OF THE REGENTS OF THE UNIV OF CALIFORNIA (1RV) OLD ORANGEBURG RD ORANGEBURG, NY 10962 UNIV OF TEXAS HEALTH SCIENCE CENTER AT SAN CAMP BOWLE BLVD. FORT WORTH, TX 76107 123 UNIVERSITY PLACE PITTSBURGH, PA 15213 123 UNIVERSITY PLACE PITTSBURGH, PA 15213 INIVERSITY OF WISCONSIN-MADISON (BOARD OF THE REGENTS OF THE UNIVERSITY OF MICHIGAN 703 FLOYD CURL DR SAN ANTONIO, TX 78229 IRVINE 5171 CA AVE IRVINE, CA 92697-7600 NORTH PARK STREET MADISON, WI 53715 21 NORTH PARK STREET MADISON, WI 537 BROXXLYN AVE SEATTLE, WA 96195 3650 SPECTRUM BLVD TAMPA, FL 33612 (a) Name and address of organization or government THE UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7126 AUSTIN, TX 78713-7726 RENSSELAER POLYTECHNIC INSTITUTE SOO3 STATE ST ANN ARBOR, MI 48109 0636-38171 NN 12180-3890 9TH ST PHILADELPHIA, PA 19107 THOMAS JEFFERSON UNIVERSITY UNIVERSITY OF SOUTH FLORIDA UNIVERSITY OF PITTSBURGH MIVERSITY OF WASHINGTON UNIVERSITY OF PITTSBURGH ASSOCIATION,

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Schedule I-1 (Form 990) 2009

PAGE 55

Page 2

(f) Description of non-cash assistance										
(e) Method of valuation (book, FMV, appraisal, other)			;							
(d) Amount of non-cash assistance										
(c) Amount of cash grant										
(b) Number of recipients										
(a) Type of grant or assistance recipients (a) Type of grant or assistance recipients (b) Number of recipients cash grant recipients										

PAGE 56

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION, INC.

ALZHEIMER'S DISEASE&RELATED DISORDERS

13-3039601

Par	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 in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	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 (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			
U	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		177	Wat 1
	explain	1b	X	ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		١,,	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
_				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	X	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?	4 c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only postion F04/s/(2) and F04/s/(4) arganizations much complete lines F.0			
-	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:	E o		Х
a b	The organization?	5a 5b		X
D	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	30		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
O	compensation contingent on the net earnings of:			
а	· · · · · · · · · · · · · · · · · · ·	6a	6479	Х
	The organization?	6 b		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	0.5		100
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
1	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			<u> </u>
Ü	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	—	-	
-	Regulations section 53.4958-6(c)?	9		

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Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	; compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	ε	466,684.	182,000.		392,218.	20,022.	1,065,524.	0.
HARRY JOHNS	€	.0	i	ŀ		0		• 0
	ε	224,326.	54,600.	1,009.	24,710.	26,208.	330,853.	0
RICHARD HOVLAND	€	. 0	:	! 	0	0	 	.0
	ε	283,878.	58,433.	253.	88,240.	14,166.	444,970.	0
ANGELA GEIGER	€	• 0	0	 	0	1	 	.0
	ε	226,934.	50,00	1,586.	24,644.	20,903.	324,067.	0
WILLIAM THIES	€	.0	0	.0	.0	.0	0	.0
	ε	249,772.	27,500.	654.	25,965.	14,819.	318,710.	0
HEATHER HUTCHISON	€	.0	0	• 0	.0	.0	0	• 0
	ε	170,02	24,150.	332.	18,083.	1,638.	214,226.	0
SCOTT GARDNER	€	• ()	• 0	.0	0		1	.0
	ε	142,457.	27,534.	10,040.	15,119.	17,453.	212,603.	.0
CLAUDINE LAROCQUE	€	.0	0	0 1 1 1 1 1 1 1 1 1	.0	0	• 0	• 0
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
TRAVEL FOR COMPANIONS
SCHEDULE J, PART I, LINE 1A
TWO BOARD MEMBERS HAVE EARLY ON-SET ALZHEIMER'S DISEASE AND TRAVELLED TO
BOARD MEETINGS WITH A COMPANION FOR SAFETY PURPOSES. COMPANION'S TRAVEL
EXPENSE WAS REIMBURSED.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN
SCHEDULE J, PART I, LINE 4B
HARRY JOHNS PARTICIPATES IN A 457(F) PLAN. THE AMOUNTS ACCRUED ARE
INCLUDED ON SCHEDULE J AS DEFERRED COMPENSATION.
RICHARD HOVLAND, ANGELA GEIGER, HEATHER HUTCHISON, AND HARRY JOHNS
PARTICIPATE IN A 457(B) PLAN. THE AMOUNTS ACCRUED ARE INCLUDED ON
SCHEDULE J AS DEFERRED COMPENSATION.
Schedule J (Form 990) 2009

PAGE 59

Page 3 Schedule J (Form 990) 2009

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

SUPPLEMENTAL COMPENSATION INFORMATION
SCHEDULE J, PART II, COLUMN (C)
HARRY JOHNS - INCENTIVE COMPENSATION OF \$182,000 (PART II B (II)) IS
BASED ON PERFORMANCE MEASURES DEVELOPED, REVIEWED AND APPROVED BY
COMPENSATION COMMITTEE OF THE ALZHEIMER'S ASSOCIATION BOARD OF DIRECTORS
DEPENDENT COMPENSATION
TS THE ACHIEVEMENT OF STATE
IVE COMPENSATION WAS EARNED IN 2008, HOWE
R 2009. FOR THE
VE HAS BEEN VOLUNTARILY WAIVED BY THE EXECUT
RED COMPENSATION OF \$392,218 (PART I
COMPRISED OF BOTH EMPLOYEE AND EMPLOYER FUNDING TO THE 401K RETIREMENT
PLAN AND EMPLOYER ACCRUAL TO A SUPPLEMENTAL RETIREMENT ACCOUNT. THE
KECUTIVE AND WILL NOT
SNEFITS OF \$20,022 (PART II (D)) INCLUI
CONTRIBUTIONS TO MEDICAL, DENTAL, SHORT- AND LONG-TERM DISABILITY AND
BASIC LIFE PROVISION.

Schedule J (Form 990) 2009

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Page 3 Schedule J (Form 990) 2009

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
DEFERRED COMPENSATION FOR ANGELA GEIGER INCLUDES EMPLOYER FUNDING TO
RETIREMENT PLAN AND A RETENTION INCENTIVE ACCRUED BUT NOT PAID AT
DECEMBER 31, 2009.
DEFERRED COMPENSATION FOR RICHARD HOVLAND AND HEATHER HUTCHISON INCLUDES
EMPLOYER FUNDING TO RETIREMENT PLAN.
Schedule J (Form 990) 2009

PAGE 61

Continuation Sheet for Form 990

OMB No. 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Name of the Organization AI ASSOCIATION, INC.

ALZHEIMER'S DISEASE&RELATED DISORDERS

Employer identification number 13-3039601

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours	F			C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
JACQUELINE KOURI DIRECTOR	5.00	Х						0.	0.	0
JOHN MAGGIO, PH.D.						ļ	 	0.	0.	0
DIRECTOR	5.00	X						0.	0.	0
BONNIE MARCUS							 		· ·	
DIRECTOR	5.00	Х						0.	0.	0
LINDA MENDELSON										
DIRECTOR	5.00	Х						0.	0.	0
DAVID MOSCOW										
DIRECTOR	5.00	Х						0.	0.	0
LAM VIET NGUYEN, M.D.									777111111111111111111111111111111111111	
DIRECTOR	5.00	Х						0.	0.	0
RON PROFILI										
DIRECTOR	5.00	Х						0.	0.	0
JIM PRUGH	. 🔟									
DIRECTOR	5.00	Х						0.	0.	0
DEBORAH A RANDALL ESQ	. 🔟									
DIRECTOR	5.00	Х						0.	0.	0
JOHN SABL										
DIRECTOR	5.00	Х						0.	0.	0
DARLENE SHILEY DIRECTOR										
ALAN SILVERGLAT	5.00	Х						0.	0.	0
DIRECTOR		.,	ĺ						_	
SUZANNE B SWIFT	5.00	Х	_					0.	0.	0
DIRECTOR		.,								
CARL TUERK, JR.	5.00	Х						0.	0.	0
DIRECTOR	5.00	Х		l						
DEBORA WESLEY-FREEMAN, MSW	1 3.00	^-			\dashv			0.	0.	0
DIRECTOR	5.00	Х						0.		^
SHELLIE WILLIAMS, M.D.	3.00							V.	0.	0
DIRECTOR	5.00	Х				į		0.	0.	0
THOMAS WINKEL	1		-	-			-	V •	<u> </u>	0
DIRECTOR	5.00	Х			1	-	Ì	0.	0.	0
THOMAS YOSHIKAWA, M.D.			-	-+				· · ·	٧.	0
DIRECTOR	5.00	Х		-				0.	0.	0.
KAREN ZIMMERMAN			\dashv	\dashv					· · ·	<u> </u>
DIRECTOR	5.00	Х						0.	0.	0.
JEROME H STONE			\dashv	+	+		\dashv			
EX-OFFICIO	5.00	Х						0.	0.	0.
HARRY JOHNS							-		· · · · · · · · · · · · · · · · · · ·	
PRESIDENT & CEO	60.00			Х				653,284.	0.	412,240.

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

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Name of the Organization ALZHEIMER'S DISEASE&RELATED DISORDERS

Employer identification number

ASSOCIATION, INC. 13-3039601 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I **Employees** (C) (D) (F) (B) Estimated Name and title Average hours Position (check all that apply) Reportable Reportable compensation amount of per week compensation employee Individual trustee Institutional trustee Key employee Highest compensated from related other from organizations compensation the organization (W-2/1099-MSC) from the (W-2/1099-MISC) organization and related organizations RICHARD HOVLAND CHIEF OPERATIONS OFFICER Χ 0. 50,918. 60.00 279,935. ANGELA GEIGER 102,406. 0. CHIEF STRATEGY OFFICER 60.00 Χ 342,564. WILLIAM THIES CHIEF MEDICAL SCIENCE OFFICER 0. 278,520. 45,547. 60.00 Χ HEATHER HUTCHISON VP - RELATIONSHIP DEVELOPMENT 0. 40,784. 60.00 Χ 277,926. SCOTT GARDNER VP - CHAPTER RELATIONS 60.00 Χ 194,505. 0. 19,721. CLAUDINE LAROCQUE SENIOR DIRECTOR - DEVELOPMENT 60.00 Χ 180,031 0. 32,572.

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Name of the organization

ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.

13-3039601

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	(d) f determini enues	ng
1	Art-Works of art						
2	Art-Historical treasures						
3	Art-Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods				22		
6	Cars and other vehicles	X	524	162,742.	COST / SI	ELLING	PRICE
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded	Χ	96	788,803.	COST / SE	ELLING	PRICE
10	Securities-Closely held stock						
11	Securities-Partnership, LLC,						
	or trust interests						
12	Securities-Miscellaneous					***************************************	
13	Qualified conservation						
	contribution-Historic						
	structures						
14	Qualified conservation						
	contribution-Other						
15	Real estate-Residential						
16	Real estate-Commercial						-
17	Real estate-Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received by	the organiz	ation during the tax year f	or contributions for			
	which the organization completed F	•	• ,		29		0
	,		,			Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prop	erty reported in Part I. lin	e 1-28 that	273 a.A.	N.
	it must hold for at least three year						ani.
	used for exempt purposes for the er					30a	X
b	If "Yes," describe the arrangement in						
31	Does the organization have a		ance policy that require	es the review of any n	on-standard	13.6	
	contributions?					31 X	
32a	Does the organization hire or use						
	contributions?					32a X	
h	If "Yes," describe in Part II.						
33	If the organization did not report re	venues in co	olumn (c) for a type of pro	perty for which column (a)	is checked		-1
			(5) is a Gpc of pro	polity ion innon condition (a)	io officiality		1

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

Schedule M (Form 990) 2009

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

THIRD PARTY INVOLVEMENT IN NON-CASH CONTRIBUTIONS

THIRD PARTY INVOLVEMENT IN NON-CASH CONTRIBUTIONS
SCHEDULE M, PART I, LINE 32B
A THIRD PARTY BROKER RECEIVES DIRECTLY, SELLS AND REMITS PROCEEDS FROM
STOCK GIFTS.

Supplemental Information to Form 990

OMB No. 1545-0047 Inspection

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization

ALZHEIMER'S DISEASE&RELATED DISORDERS

Employer identification number

13-3039601

ATTACHMENT 2

ASSOCIATION, INC.

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

THE ALZHEIMER'S ASSOCIATION IS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER CARE, SUPPORT, AND RESEARCH. OUR MISSION IS TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH. OUR VISION IS A WORLD WITHOUT ALZHEIMER'S DISEASE.

THE ALZHEIMER'S ASSOCIATION IS A VALUED RESOURCE FOR CAREGIVERS AND THOSE LIVING WITH THE DISEASE, OFFERING INFORMATION, EDUCATION AND SUPPORT. WE ARE A NATIONWIDE NETWORK WITH MORE THAN 70 AFFILIATED CHAPTERS WORKING TOGETHER TO ACCOMPLISH OUR MISSION. OUR NATIONAL OFFICE IS HEADQUARTERED IN CHICAGO, AND WE HAVE A DEDICATED PUBLIC POLICY OFFICE IN WASHINGTON, D.C. THE ALZHEIMER'S ASSOCIATION PROVIDES 24/7 CONSTITUENT SUPPORT THROUGH OUR HELPLINE 365 DAYS A YEAR (1.800.272.3900) AND AN AWARD-WINNING WEB SITE, ALZ.ORG.

WE ARE THE LARGEST NONPROFIT FUNDER OF ALZHEIMER'S DISEASE RESEARCH. SINCE AWARDING OUR FIRST GRANTS IN 1982, THE ASSOCIATION HAS COMMITTED OVER \$279 MILLION TO MORE THAN 1,900 BEST-OF-FIELD GRANT PROPOSALS. AS A LEADER IN THE FIELD, WE FOSTER A NETWORK FOR THE SCIENTIFIC COMMUNITY BY HOSTING AN INTERNATIONAL CONFERENCE FOCUSING ON RESEARCH.

Employer identification number 13-3039601

ATTACHMENT 2 (CONT'D)

IN ADDITION, WE ADVOCATE FOR THE NEEDS AND RIGHTS OF PEOPLE WITH

ALZHEIMER'S AND THEIR FAMILIES. WE SPEAK UP TO HELP ENCOURAGE CONGRESS TO

TAKE ACTION IN THE FIGHT AGAINST THIS DISEASE.

EDUCATION ABOUT ALZHEIMER'S DISEASE AND AWARENESS OF THE ASSOCIATION ARE KEY TO ACCELERATING PROGRESS. WE STRIVE TO MAKE MORE PEOPLE AWARE OF THE SERVICES AVAILABLE FOR THOSE FACING THIS DISEASE AND THE BENEFITS OF EARLY DETECTION. MILLIONS OF AMERICANS HAVE SIGNED UP AS ALZHEIMER'S ASSOCIATION "CHAMPIONS" TO EDUCATE, ADVOCATE, DONATE, AND PARTICIPATE TO MOVE THIS CAUSE FORWARD.

A DONOR-SUPPORTED ORGANIZATION, THE ALZHEIMER'S ASSOCIATION ALLOCATES ITS FUNDS IN AN ETHICAL AND RESPONSIBLE MANNER THAT EXCEEDS THE RIGOROUS STANDARDS OF AMERICA'S MOST EXPERIENCED CHARITY EVALUATOR, THE BETTER BUSINESS BUREAU WISE GIVING ALLIANCE.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

ADVOCACY - AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES,
BUSINESSES AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE COMING CLOSER TO
FINDING BETTER TREATMENTS THAT COULD DRASTICALLY ALTER THE COURSE OF THE
DISEASE. WE ALSO NEED BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING
ALZHEIMER'S. TENS OF THOUSANDS OF GRASS ROOTS ADVOCATES SPEAK UP FOR THE
NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND HELP
ENCOURAGE CONGRESS TO INCREASE FUNDING FOR RESEARCH. POLICY ACTIVITIES
ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY
CARE AND RAISE AWARENESS OF KEY ISSUES.

Schedule O (Form 990) 2009 Name of the organization

ASSOCIATION, INC.

ALZHEIMER'S DISEASE&RELATED DISORDERS

Employer identification number 13-3039601

ATTACHMENT 2 (CONT'D)

Page 2

REVENUES: NONE

EXPENSES: \$4,229,265

GRANTS: \$176.264

PATIENT AND FAMILY SERVICES - THE ALZHEIMER'S ASSOCIATION PROVIDES THE MOST COMPREHENSIVE SOURCE OF SUPPORT FOR THE ESTIMATED 5.3 MILLION AMERICANS WITH ALZHEIMER'S DISEASE AND THEIR 11 MILLION CAREGIVERS, MOSTLY FAMILY MEMBERS. OUR EARLY STAGE ADVISORY GROUP PROVIDES IMPORTANT GUIDANCE FOR SERVICES AND INITIATIVES DESIGNED FOR PEOPLE IN THE EARLY STAGES OF ALZHEIMER'S DISEASE. A NATIONWIDE TOLL-FREE HELPLINE IS AVAILABLE 24 HOURS A DAY, EVERY DAY OF THE YEAR. THE ALZHEIMER'S ASSOCIATION MEDICALERT + SAFE RETURN* PROGRAM HAS IDENTIFIED AND RETURNED THOUSANDS OF LOST PEOPLE TO THE SAFETY OF THEIR HOMES SINCE 1993. WE ALSO OFFER CARESOURCE*, A SUITE OF FREE ONLINE TOOLS ASSISTING CAREGIVERS; CAREFINDER* AND SENIOR HOUSING FINDER*, TO HELP PEOPLE MAKE HOME AND RESIDENTIAL CARE DECISIONS. THOUSANDS OF PEOPLE NATIONWIDE PARTICIPATE ONLINE AND FACE TO FACE IN OUR SUPPORT GROUPS AND CARE CONSULTATION TO HELP THEM NAVIGATE THE LONG JOURNEY THROUGH ALZHEIMER'S DISEASE.

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

REVENUES: \$212,870

EXPENSES: \$5,344,268

GRANTS: \$427,111

REVIEW OF 990

Employer identification number 13-3039601

ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, SECTION B, LINE 11

THE ASSOCIATION'S OFFICERS, AUDIT COMMITTEE, FINANCE COMMITTEE, AND FULL BOARD OF DIRECTORS REVIEW THE FORM BEFORE IT IS FILED. COPIES ARE PROVIDED TO COMMITTEES AND FULL BOARD VIA EMAIL. OFFICERS ON-SITE RECEIVE A HARD COPY AND ELECTRONIC COPY FOR THEIR REVIEW.

CONFLICT OF INTEREST POLICY

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

THE RESPONSIBILITY FOR DISCLOSING ANY KNOWN OR REASONABLY FORESEEN ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL BE UPON THE INTERESTED PARTY WHOSE INTERESTS ARE OR MAY APPEAR TO BE IN CONFLICT WITH THE ASSOCIATION. ALL INTERESTED PARTIES ARE REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE ASSOCIATION AND THEREAFTER SHALL FILE WITH THE ASSOCIATION AN UPDATED DISCLOSURE STATEMENT AS MAY BE REQUIRED FROM TIME TO TIME BY THE BOARD OF DIRECTORS OR ITS COMMITTEE DESIGNEE AND IN NO EVENT LESS OFTEN THAN ANNUALLY. AS CITED FROM ARTICLE XVIII, SECTION 2 OF THE BYLAWS, INTERESTED PERSONS OR CHAPTERS SHALL DISCLOSE ANY CONFLICT AND SHALL NOT VOTE ON A MATTER AND FURTHER SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OF COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED PERSON OR CHAPTER REPRESENTATIVE WAS NOT PRESENT DURING ANY DISCUSSION OF THE MATTER AND DID NOT VOTE ON THE MATTER IN PERSON OR BY PROXY. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD, THE INTERESTED PERSON OR CHAPTER SHALL DISCLOSE SUCH CONFLICT TO THE

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

Employer identification number 13-3039601

ATTACHMENT 2 (CONT'D)

BOARD OF DIRECTORS OR SUCH COMMITTEE AND SHALL NOT VOTE ON THE MATTER. FURTHER THE INTERESTED PERSON OR REPRESENTATIVE FROM A CHAPTER HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR THE COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS OR THE COMMITTEE, AS THE CASE MAY BE, EXCLUDING THE INTERESTED PERSON OR REPRESENTATIVE FROM A CHAPTER CONCERNING WHOM THE DOUBT HAS ARISEN. THE GOVERNANCE AND NOMINATING COMMITTEE OF THE BOARD OF DIRECTORS SHALL REPORT TO THE BOARD OF DIRECTORS FROM TIME TO TIME ON THE IMPLEMENTATION OF THESE GUIDELINES AND THE STATUS OF ANY POLICY DEVELOPMENTS REGARDING COMPENSATION AND CONFLICTS OF INTEREST. FURTHER, THE GOVERNANCE AND NOMINATING COMMITTEE SHALL REPORT TO THE BOARD AS SOON AS REASONABLE AFTER HAVING BEEN ALERTED TO SPECIFIC INSTANCES WHEN THESE GUIDELINES HAVE NOT BEEN FOLLOWED OR ANY OTHER ISSUE REGARDING COMPENSATION OR CONFLICT OF INTEREST IS DETERMINED TO EXIST.

COMPENSATION OF OFFICERS

FORM 990, PART VI, SECTION B, LINE 15B

COMPENSATION IS ESTABLISHED FOR THE CEO BY THE COMPENSATION COMMITTEE

AND THE EXECUTIVE COMMITTEE AFTER A THOROUGH SALARY/MARKET REVIEW

CONDUCTED BY OUTSIDE COMPENSATION CONSULTANTS. FOR THE CEO THIS REVIEW

WAS LAST DONE IN 2008 AND FOR THE SENIOR MANAGEMENT TEAM LAST DONE IN

2009 - ALL POSITIONS ARE CURRENTLY UNDER MARKET REVIEW BY HEWITT AND

ASSOCIATES. EACH YEAR THE COMPENSATION COMMITTEE EVALUATES THE CEO'S

PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS WHICH INCLUDES 360

Employer identification number

ATTACHMENT 2 (CONT'D)

FEEDBACK COLLECTION, INTERVIEWS AND PERFORMANCE EVALUATION. THE COMMITTEE AND CHAIRMAN OF THE BOARD USE THIS DATA TO DETERMINE BONUS ELIGIBILITY. THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW DONE AT THE END OF EACH FISCAL YEAR. INCLUDES A SELF ASSESSMENT, 360 REVIEW AND EVALUATION BY THE CEO. SALARY IS BENCHMARKED EVERY TWO YEARS. THIS YEAR THE SALARIES AND TOTAL COMPENSATION PACKAGES OF THE SENIOR STAFF WERE BENCHMARKED BY HEWITT & ASSOCIATES.

GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

FORM 990 IS MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING ON OUR ORGANIZATION'S WEBSITE AND UPON REQUEST. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING ON OUR ORGANIZATION'S WEBSITE AND UPON REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FUNDRAISING CONSULTANT- CONTROL ARRANGEMENT

SCHEDULE G, PART I, LINE 2B, BOX (III)

ALZHEIMER'S ASSOCIATION ENGAGES IMC FOR PROFESSIONAL FUNDRAISING CONSULTANT SERVICES. A DESCRIPTION OF THE ARRANGMENT OF THE FUNDS IS LISTED BELOW:

POST OFFICE BOX. IMC WILL FACILITATE THE SET UP OF A POST OFFICE BOX TO BE USED SOLELY FOR THE PURPOSE OF THE VOLUNTEER RECRUITMENT CAMPAIGN. ALL DONATIONS MAILED IN FOR THE VOLUNTEER RECRUITMENT CAMPAIGN WILL BE MAILED

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

Employer identification number 13-3039601

ATTACHMENT 2 (CONT'D)

TO THE SEPARATE POST OFFICE BOX AND WILL BE COLLECTED DAILY (5 DAYS PER WEEK, MONDAY - FRIDAY) BY THE CAGING VENDOR. POST OFFICE FEES WILL BE INVOICED THROUGH IMC AND PAID THROUGH THE CAGE.

BANK ACCOUNT. IMC WILL FACILITATE THE SET UP OF A BANK ACCOUNT, AT THE BANK OF CLIENT'S CHOICE, TO BE USED SOLELY FOR DEPOSITS OF DONATIONS FROM THE VOLUNTEER RECRUITMENT CAMPAIGN. ALL DONATIONS MAILED IN FOR THE VOLUNTEER RECRUITMENT CAMPAIGN WILL BE COLLECTED AND PROCESSED BY THE CAGING VENDOR. ALL FUNDS FROM THE VOLUNTEER RECRUITMENT DONATIONS WILL BE DEPOSITED INTO THE BANK ACCOUNT SET UP FOR VOLUNTEER RECRUITMENT WITHIN 2 DAYS. BANK FEES WILL BE INVOICED THROUGH IMC AND PAID THROUGH THE CAGE.

FUNDRAISING CONSULTANT- FEE ARRANGEMENT

SCHEDULE G, PART I, LINE 2B, BOX (VI)

THE AGREEMENT BETWEEN INFOCISION MANAGEMENT CORPORATION AND ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION IS NOT A PERCENTAGE-BASED AGREEMENT. INFOCISION MANAGEMENT CORPORATION IS TO BE PAID A FIXED FEE PER COMPLETED CALL AS DESCRIBED IN THE MAIN AGREEMENT AND SAID COMPENSATION PROVISIONS SHALL BE CONTROLLING. ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION EXERCISES CONTROL AND APPROVAL OVER THE CONTENT AND FREQUENCY OF ALL SOLICITATIONS.

501(H) ELECTION

SCHEDULE C, PART IIA AND IIB

DURING FISCAL YEAR 2009, ALZHEIMER'S ASSOCIATION CANCELED THEIR 501(H)

ELECTION. THE AMOUNTS REPORTED ON THE CURRENT YEAR'S 990 SCHEDULE C ARE

THE LOBBYING AMOUNTS THAT TOOK PLACE WITHOUT THE 501(H) ELECTION. FOR

Schedule O (Form 990) 2009 Page 2

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

Employer identification number 13-3039601

ATTACHMENT 2 (CONT'D)

FISCAL YEAR 2011, ALZHEIMER'S ASSOCIATION WILL STILL CONTINUE TO CONDUCT LOBBYING, BUT THROUGH A DIFFERENT APPROACH.

ATTACHMENT	3

4A PROGRAM SERVICE

RESEARCH - THE ALZHEIMER'S ASSOCIATION IMPLEMENTS AN AGGRESSIVE RESEARCH AND SCIENCE PROGRAM STRATEGICALLY DESIGNED TO ACCELERATE PROGRESS BY FOSTERING INNOVATION, IDENTIFYING AND FILLING CRITICAL KNOWLEDGE GAPS, DEVELOPING AND DISSEMINATING TOOLS, AND NURTURING TALENT.

THE ALZHEIMER'S ASSOCIATION HAS BEEN A CATALYST AND CONVENER FOR ALMOST 30 YEARS. WHETHER FUNDING INNOVATIVE GRANTS TO HELP FURTHER TREATMENTS AND DISCOVERY, HOSTING THE ALZHEIMER'S ASSOCIATION INTERNATIONAL CONFERENCE ON ALZHEIMER'S DISEASE (ICAD*), THE WORLD'S LARGEST GATHERING OF ALZHEIMER'S RESEARCHERS OR LEADING THE WORLDWIDE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (ADNI) TO ACCELERATE ADVANCES IN IMAGING, THE ALZHEIMER'S ASSOCIATION SEEKS TO FUND BEST-IN-CLASS RESEARCH. WE WORK WITH COLLABORATORS AROUND THE GLOBE FROM ALL SECTORS TO HASTEN THIS PROGRESS.

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

ATTACHMENT	4	

Schedule O (Form 990) 2009
Page 2

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

Employer identification number 13-3039601

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 4 (CONT'D)

4B PROGRAM SERVICE

PUBLIC AWARENESS AND EDUCATION - ALZHEIMER'S IS A PROGRESSIVE AND ULTIMATELY FATAL DISEASE. TOO FEW AMERICANS UNDERSTAND THE LOOMING EPIDEMIC OF ALZHEIMER'S THAT WILL HAVE GRAVE ECONOMIC IMPACT ON AS MANY AS 16 MILLION FAMILIES AND THE U.S. ECONOMY BY MID-CENTURY. ALREADY MILLIONS OF AMERICANS AND THEIR FAMILIES ARE STRUGGLING WITH THIS DISEASE WITHOUT ENOUGH INFORMATION AND SUPPORT.

THE ALZHEIMER'S ASSOCIATION HAS INVESTED IN EDUCATION CAMPAIGNS AND INITIATIVES TO INCREASE KNOWLEDGE ABOUT ALZHEIMER'S DISEASE AND AWARENESS OF THE ALZHEIMER'S ASSOCIATION AS A CENTER OF HELP AND HOPE. KEY MESSAGES INCLUDE THE IMPORTANCE OF EARLY DETECTION, RESOURCES FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND THE SOCIETAL IMPACT OF THE DISEASE. WE ALSO ENGAGE MILLIONS OF PEOPLE AS CHAMPIONS TO EDUCATE THEIR COMMUNITIES AND WORKPLACES.

ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

DC, FL, GA, IL, IA, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, UT, VA, WA, WV, WI,

ATTACHMENT 6

Page 2

ALZHEIMER'S DISEASE&RELATED DISORDERS Employer identification number Name of the organization 13-3039601 ASSOCIATION, INC. ATTACHMENT 6 (CONT'D) 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS COMPENSATION NAME AND ADDRESS DESCRIPTION OF SERVICES CONSULTANT 4,613,415. TG MADISON INC 3340 PEACHTREE RD. ATLANTA, GA 30326 PRINTING/LETTER SHOP 4,163,627. ALANIZ 425 N. IRIS STREET MT. PLEASANT, IA 52641 2,678,805. INFOCISION TELEMARKETING 325 SPRINGSIDE DRIVE AKRON, OH 44333 2,288,640. QUAD/GRAPHIC, INC PRINTING/LETTER SHOP P.O. BOX 930505 ATLANTA, GA 31193 1,329,250. THOMPSON HABIB DENISON CONSULTANT 80 HAYDEN AVENUE, SUITE 300 LEXINGTON, MA 02421

TOTAL COMPENSATION

15,073,737.