

Return of Organization Exempt From Income Tax

2009

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

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.

For the 2009 calendar year, or tax year beginning Jul 1, 2009, and ending Jun 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization Alzheimer's Disease and Related Disorders Association	D Employer identification number 36-3463656
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 225 N. Michigan Ave. 1700	E Telephone number (312) 335-8700
		City, town or country State ZIP code + 4 Chicago IL 60601-7633	G Gross receipts \$ 90,883,569.
F Name and address of principal officer:		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number <input type="checkbox"/> 9334	
J Website: Alz.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation: <input type="checkbox"/> M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	872		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	767		
	5	Total number of employees (Part V, line 2a)	1,193		
	6	Total number of volunteers (estimate if necessary)	17,307		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.		
7b	Net unrelated business taxable income from Form 990-T, line 34	0.			
Revenue			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	76,355,603.	73,509,025.	
	9	Program service revenue (Part VIII, line 2g)	4,253,204.	6,577,759.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	547,187.	1,240,734.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,842,875.	4,614,641.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,998,869.	85,942,159.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,472,056.	1,618,273.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	52,455,414.	49,255,865.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	19,116.
b		Total fundraising expenses (Part IX, column (D), line 25)	11,380,492.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	32,222,096.	30,846,851.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,149,566.	81,740,105.	
19	Revenue less expenses. Subtract line 18 from line 12	-150,697.	4,202,054.		
Net Assets or Fund Balances			Beginning of Year	End of Year	
	20	Total assets (Part X, line 16)	95,022,208.	96,171,345.	
	21	Total liabilities (Part X, line 26)	13,084,018.	13,574,525.	
22	Net assets or fund balances. Subtract line 21 from line 20	81,938,190.	82,596,820.		

Part II Signature Block

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

Sign Here
 Signature of officer: Richard H. Hovland Date: 2/11/11
 Type or print name and title: Richard H. Hovland, CPA Chief Operations Officer

Paid Preparer's Use Only
 Preparer's signature: Grant Thornton LLP Date: 2/10/11
 Firm's name (or yours if self-employed), address, and ZIP + 4: Grant Thornton LLP
175 W Jackson Blvd
CHICAGO IL 60604
 Check if self-employed:
 Preparer's identifying number (see instructions):
 EIN: (312) 856-0200
 Phone no.: (312) 856-0200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

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 See Form 990, Page 2, Part III, Line 1 (continued)

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,891,804. including grants of \$ 26,004.) (Revenue \$ 2,772,846.) Workshops/Conferences/Seminars -- See Schedule O

4b (Code:) (Expenses \$ 2,950,575. including grants of \$ 448,790.) (Revenue \$ 2,024,218.) Respite Care -- See Schedule O

4c (Code:) (Expenses \$ 317,174. including grants of \$ 0.) (Revenue \$ 0.) Research -- See Schedule O

4d Other program services. (Describe in Schedule O.) (Expenses \$ 51,146,059. including grants of \$ 1,143,479.) (Revenue \$ 1,790,989.)

4e Total program service expenses ▶ 63,305,612.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 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 the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
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	X	
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	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete 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 assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
	• 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	12 A	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	X	
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did 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? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 361		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 4		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 1,193		
2b	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 instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If 'Yes,' enter the name of the foreign country: 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1a	872	
b Enter the number of voting members that are independent		
1b	767	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	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?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ EACH CHAPTER FILES IN THEIR RESPECTIVE STATES
- 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.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest 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 organization:
 ▶ Alzheimer's Association 225 N. Michigan Ave., Fl. 17, Chicago IL 60601-7633 (312) 335-8700

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA BANGS DIRECTOR	1.00	X					0.	0.	0.	
CLIFA ATLAS DIRECTOR	1.00	X					0.	0.	0.	
DOUG MOORHOUSE DIRECTOR	1.00	X					0.	0.	0.	
EDUARDO SALAZ VICE PRESIDENT	1.00	X					0.	0.	0.	
EVA LAI-KIT JONES DIRECTOR	1.00	X					0.	0.	0.	
GRACE LEE DIRECTOR	1.00	X					0.	0.	0.	
HERB WILLIAMS PRESIDENT	1.00	X					0.	0.	0.	
HOWARD WAHL DIRECTOR	1.00	X					0.	0.	0.	
JOAN MARKS DIRECTOR	1.00	X					0.	0.	0.	
JOE COONEY DIRECTOR	1.00	X					0.	0.	0.	
JOHN GRUBB DIRECTOR	1.00	X					0.	0.	0.	
JUNE DARMANIAN DIRECTOR	1.00	X					0.	0.	0.	
KEVIN PRINGLE TREASURER	1.00	X					0.	0.	0.	
LADSON HINTON DIRECTOR	1.00	X					0.	0.	0.	
LENNART MUCKE DIRECTOR	1.00	X					0.	0.	0.	
LESLIE BISHOP FRANCO DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LISA SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
MERRY GEIL SECRETARY	1.00	X						0.	0.	0.
PETER DALEY DIRECTOR	1.00	X						0.	0.	0.
RAFAEL GONZALEZ-AMEZCUA DIRECTOR	1.00	X						0.	0.	0.
RICK SMITH DIRECTOR	1.00	X						0.	0.	0.
SARAH EPSTEIN DIRECTOR	1.00	X						0.	0.	0.
CHRISTOPHER BINKLEY PAST CHAIRMAN	2.00	X						0.	0.	0.
DAVID POWELL DIRECTOR	1.00	X						0.	0.	0.
DONALD MURPHY DIRECTOR	1.00	X						0.	0.	0.
ELENORA CRICHLAW DIRECTOR	1.00	X						0.	0.	0.
FREDERICK WOLFE DIRECTOR	1.00	X						0.	0.	0.
GREG PFAHL DIRECTOR	1.00	X						0.	0.	0.
JANA JORDAN DIRECTOR	2.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								4,676,756.	0.	192,941.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **18**

	Yes	No
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	X	
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	X	
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		X

Section B. Independent Contractors

1 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) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 4,217,077.					
	b Membership dues	1b 32,605.					
	c Fundraising events	1c 30,885,804.					
	d Related organizations	1d 513,676.					
	e Government grants (contributions)	1e 5,047,536.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 32,812,327.					
	g Noncash contribns included in lns 1a-1f: \$	413,374.					
	h Total. Add lines 1a-1f		73,509,025.				
PROGRAM SERVICE REVENUE	Business Code						
	2a <u>Respite Care</u>	624100	2,024,218.	2,024,218.	0.	0.	
	b <u>Workshops/Conferences/Seminars/Trainin</u>	624100	2,772,846.	2,772,846.	0.	0.	
	c <u>Safe Return</u>	624100	33,455.	33,455.	0.	0.	
	d <u>Misc. Program Services</u>	900099	1,747,240.	1,747,240.	0.	0.	
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		6,577,759.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,081,997.	0.	0.	1,081,997.	
	4 Income from investment of tax-exempt bond proceeds		168,767.	0.	0.	168,767.	
	5 Royalties						
	6a Gross Rents	(i) Real	26,157.				
		(ii) Personal					
		b Less: rental expenses					
	c Rental income or (loss)	26,157.					
	d Net rental income or (loss)		26,157.	0.	0.	26,157.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	2,968,283.				
		(ii) Other	-373.				
		b Less: cost or other basis and sales expenses	2,972,693.	5,247.			
		c Gain or (loss)	-4,410.	-5,620.			
	d Net gain or (loss)		-10,030.	0.	0.	-10,030.	
	8a Gross income from fundraising events (not including \$ 30,885,804. of contributions reported on line 1c). See Part IV, line 18	a	6,255,950.				
		b Less: direct expenses	b	1,821,157.			
c Net income or (loss) from fundraising events			4,434,793.	0.	0.	4,434,793.	
9a Gross income from gaming activities. See Part IV, line 19	a	95,994.					
	b Less: direct expenses	b	42,346.				
	c Net income or (loss) from gaming activities		53,648.	0.	0.	53,648.	
10a Gross sales of inventory, less returns and allowances	a	110,261.					
	b Less: cost of goods sold	b	99,967.				
	c Net income or (loss) from sales of inventory		10,294.	10,294.	0.	0.	
Miscellaneous Revenue		Business Code					
11a <u>Misc. Rev</u>	900099	89,749.	0.	0.	89,749.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		89,749.					
12 Total revenue. See instructions		85,942,159.	6,588,053.	0.	5,845,081.		

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	25,781.	25,781.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,592,492.	1,592,492.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,004,607.	8,348,355.	1,284,212.	1,372,040.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages	30,591,441.	24,281,505.	2,443,451.	3,866,485.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	506,221.	393,091.	52,783.	60,347.
9 Other employee benefits	3,967,764.	3,121,448.	353,808.	492,508.
10 Payroll taxes	3,185,832.	2,503,500.	286,419.	395,913.
11 Fees for services (non-employees)				
a Management	105,664.	93,801.	4,809.	7,054.
b Legal	176,715.	111,750.	39,686.	25,279.
c Accounting	707,536.	354,980.	294,702.	57,854.
d Lobbying	167,958.	163,608.	3,600.	750.
e Prof fundraising svcs. See Part IV, ln 17	19,116.			19,116.
f Investment management fees	53,391.	25,872.	23,593.	3,926.
g Other	2,766,983.	2,216,590.	211,775.	338,618.
12 Advertising and promotion	1,716,075.	1,321,361.	36,545.	358,169.
13 Office expenses	5,827,732.	4,093,597.	548,568.	1,185,567.
14 Information technology	412,023.	309,968.	54,021.	48,034.
15 Royalties				
16 Occupancy	6,263,979.	4,940,823.	631,826.	691,330.
17 Travel	1,678,781.	1,316,560.	141,186.	221,035.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,510,627.	1,704,941.	58,247.	747,439.
20 Interest	71,822.	43,998.	17,946.	9,878.
21 Payments to affiliates	2,160,054.	2,148,522.	2,059.	9,473.
22 Depreciation, depletion, and amortization	1,128,848.	821,031.	195,978.	111,839.
23 Insurance	253,887.	192,318.	34,033.	27,536.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Fundraising Exp	1,284,868.	466,907.	1,580.	816,381.
b Printing & Publication	617,119.	428,853.	8,241.	180,025.
c Program Exp.	484,112.	481,748.	1,283.	1,081.
d Equip. Maint.	373,009.	313,838.	20,651.	38,520.
e Research	317,174.	307,174.	10,000.	0.
f All other expenses	1,768,494.	1,181,200.	292,999.	294,295.
25 Total functional expenses. Add lines 1 through 24f	81,740,105.	63,305,612.	7,054,001.	11,380,492.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	3,069,961.	1,861,948.	119,928.	1,088,085.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	20,868,466.	1	18,807,897.
	2	Savings and temporary cash investments	19,954,069.	2	24,527,810.
	3	Pledges and grants receivable, net	6,268,824.	3	5,978,520.
	4	Accounts receivable, net	10,266,966.	4	9,411,743.
	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 Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	249,106.	8	227,770.
	9	Prepaid expenses and deferred charges	1,201,757.	9	1,047,149.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	12,275,198.		
	b	Less: accumulated depreciation	7,860,523.	10c	4,414,675.
	11	Investments — publicly-traded securities	22,393,003.	11	24,910,640.
	12	Investments — other securities. See Part IV, line 11	2,585,298.	12	4,843,675.
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,678,961.	15	2,001,466.
16	Total assets. Add lines 1 through 15 (must equal line 34)	95,022,208.	16	96,171,345.	
LIABILITIES	17	Accounts payable and accrued expenses	9,258,450.	17	9,143,838.
	18	Grants payable	12,500.	18	73,226.
	19	Deferred revenue	1,394,656.	19	1,401,514.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	784,300.	23	349,052.
	24	Unsecured notes and loans payable to unrelated third parties	10,396.	24	392,182.
	25	Other liabilities. Complete Part X of Schedule D	1,623,716.	25	2,214,713.
	26	Total liabilities. Add lines 17 through 25	13,084,018.	26	13,574,525.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	62,279,624.	27	65,449,054.
	28	Temporarily restricted net assets	14,954,503.	28	14,368,999.
	29	Permanently restricted net assets	4,704,063.	29	2,778,767.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	81,938,190.	33	82,596,820.
34	Total liabilities and net assets/fund balances.	95,022,208.	34	96,171,345.	

BAA

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

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

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: Alzheimer's Disease and Related Disorders Association Employer identification number: 36-3463656

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 - 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 'unusual grants.') ...	88,948,400.	98,025,980.	75,819,991.	76,355,603.	73,509,025.	412,658,999.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3	88,948,400.	98,025,980.	75,819,991.	76,355,603.	73,509,025.	412,658,999.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ...						
6 Public support. Subtract line 5 from line 4						412,658,999.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	88,948,400.	98,025,980.	75,819,991.	76,355,603.	73,509,025.	412,658,999.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,848,610.	3,034,727.	2,141,782.	1,253,494.	1,276,921.	10,555,534.
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.)	4,232,407.	803,146.	728,278.	262,446.	4,634,803.	10,661,080.
11 Total support. Add lines 7 through 10						433,875,613.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	95.11%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.82%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants.') ...						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 19b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Other Income Part II, Line 10

2005: 4232407.

2006: 803146.

2007: 728278.

2008: 262446.

2009: 4634803.

Dashed lines for supplemental information.

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

2009

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule —

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	See Statement 2	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Sched B_Statement 2

CH	Ch_Name	Person	Payroll	Non-Cash	Amount
20	Northern California/No. Nevada	x			480,000.00
20	Northern California/No. Nevada	x			359,548.05
20	Northern California/No. Nevada	x			308,242.39
20	Northern California/No. Nevada	x			250,000.00
20	Northern California/No. Nevada	x			247,522.15
20	Northern California/No. Nevada	x			240,000.00
20	Northern California/No. Nevada	x			208,651.67
20	Northern California/No. Nevada	x			202,581.80
20	Northern California/No. Nevada	x			200,000.00
20	Northern California/No. Nevada	x			200,000.00
20	Northern California/No. Nevada	x			180,391.35
20	Northern California/No. Nevada	x			177,802.87
20	Northern California/No. Nevada	x			173,434.19
20	Northern California/No. Nevada	x			162,580.00
20	Northern California/No. Nevada	x			159,218.53
20	Northern California/No. Nevada	x			140,000.00
20	Northern California/No. Nevada	x			133,000.00
20	Northern California/No. Nevada	x			100,667.00
20	Northern California/No. Nevada	x			100,000.00
20	Northern California/No. Nevada	x			90,000.00
20	Northern California/No. Nevada	x			80,000.00
20	Northern California/No. Nevada	x			80,000.00
20	Northern California/No. Nevada	x			75,000.00
20	Northern California/No. Nevada	x			73,100.41
20	Northern California/No. Nevada	x			66,604.14
20	Northern California/No. Nevada	x			65,000.00
20	Northern California/No. Nevada	x			65,000.00
20	Northern California/No. Nevada	x			60,957.92
20	Northern California/No. Nevada	x			60,267.65
20	Northern California/No. Nevada	x			55,000.00
20	Northern California/No. Nevada	x			54,080.77
20	Northern California/No. Nevada	x			52,407.26
20	Northern California/No. Nevada	x			50,334.53
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			50,000.00
20	Northern California/No. Nevada	x			41,307.31
20	Northern California/No. Nevada	x			40,000.00
20	Northern California/No. Nevada	x			40,000.00
20	Northern California/No. Nevada	x			40,000.00
20	Northern California/No. Nevada	x			40,000.00
20	Northern California/No. Nevada	x			39,360.87
20	Northern California/No. Nevada	x			38,646.87
20	Northern California/No. Nevada	x			38,327.13
20	Northern California/No. Nevada	x			37,547.56
20	Northern California/No. Nevada	x			36,044.83
20	Northern California/No. Nevada	x			35,398.69
20	Northern California/No. Nevada	x			35,000.00
20	Northern California/No. Nevada	x			35,000.00

Sched B_Statement 2

CH	Ch Name	Person	Payroll	Non-Cash	Amount
83	ALZ Greater Maryland	x			5,000.00
83	ALZ Greater Maryland	x			5,000.00
83	ALZ Greater Maryland			x	5,000.00
83	ALZ Greater Maryland	x			5,000.00
83	ALZ Greater Maryland			x	5,000.00
100	Heart of America	x			30,175.00
100	Heart of America	x			25,000.00
100	Heart of America	x			15,000.00
100	Heart of America	x			10,000.00
100	Heart of America	x			10,000.00
100	Heart of America	x			7,500.00
100	Heart of America	x			7,500.00
100	Heart of America	x			7,500.00
100	Heart of America	x			6,030.00
100	Heart of America	x			6,000.00
100	Heart of America	x			5,000.00
100	Heart of America	x			5,000.00
100	Heart of America	x			5,000.00
100	Heart of America	x			5,000.00
101	Mid-Missouri Chapter	x			12,000.00
101	Mid-Missouri Chapter	x			10,000.00
101	Mid-Missouri Chapter	x			5,000.00
103	S.W. MISSOURI	x			59,375.00
103	S.W. MISSOURI			x	8,507.00
103	S.W. MISSOURI	x			7,000.00
103	S.W. MISSOURI	x			6,000.00
103	S.W. MISSOURI	x			5,000.00
103	S.W. MISSOURI	x			5,000.00
103	S.W. MISSOURI	x			5,000.00
103	S.W. MISSOURI	x			5,000.00
103	S.W. MISSOURI	x			5,000.00
103	S.W. MISSOURI	x			5,000.00
103	S.W. MISSOURI	x			5,000.00
103	S.W. MISSOURI	x			5,000.00
103	S.W. MISSOURI	x			5,000.00
103	S.W. MISSOURI	x			5,000.00
109	Midlands Chapter	x			339,300.00
109	Midlands Chapter	x			30,000.00
109	Midlands Chapter	x			10,000.00
109	Midlands Chapter	x			10,000.00
109	Midlands Chapter	x			9,656.00
109	Midlands Chapter	x			8,098.00
109	Midlands Chapter	x			5,787.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			20,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			10,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			10,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			10,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			5,100.00
118	Hudson Valley/Rockland/Westchester, NY Chapter			x	5,091.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			5,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			5,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			5,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			5,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			5,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			5,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			5,000.00
118	Hudson Valley/Rockland/Westchester, NY Chapter	x			5,000.00
120	Alzheimers's Association Long Island Chapter, Inc.	x			135,000.00
120	Alzheimers's Association Long Island Chapter, Inc.			x	20,000.00
120	Alzheimers's Association Long Island Chapter, Inc.	x			15,000.00
120	Alzheimers's Association Long Island Chapter, Inc.	x			10,000.00
120	Alzheimers's Association Long Island Chapter, Inc.	x			10,000.00
120	Alzheimers's Association Long Island Chapter, Inc.			x	7,000.00
120	Alzheimers's Association Long Island Chapter, Inc.			x	7,000.00
121	New York City	x			1,800,000.00
121	New York City	x			556,394.71
121	New York City	x			336,943.00
121	New York City	x			205,012.24
121	New York City	x			200,000.00
121	New York City	x			139,290.00
121	New York City	x			100,000.00
121	New York City	x			70,025.00
121	New York City	x			53,700.00
121	New York City	x			50,000.00
121	New York City	x			50,000.00
121	New York City	x			50,000.00
121	New York City	x			40,000.00
121	New York City	x			36,000.00
121	New York City			x	32,869.20
121	New York City	x			31,525.00
121	New York City	x			30,000.00
121	New York City	x			30,000.00
121	New York City	x			30,000.00

Sched B_Statement 2

CH	Ch_Name	Person	Payroll	Non-Cash	Amount
128	WESTERN NEW YORK	x			5,000.00
135	Greater East Ohio Area Chapter	x			100,000.00
135	Greater East Ohio Area Chapter	x			41,500.00
135	Greater East Ohio Area Chapter	x			20,000.00
135	Greater East Ohio Area Chapter	x			20,000.00
135	Greater East Ohio Area Chapter	x			10,000.00
135	Greater East Ohio Area Chapter	x			9,232.00
135	Greater East Ohio Area Chapter	x			8,000.00
135	Greater East Ohio Area Chapter	x			5,000.00
139	Cleveland Area Chapter			x	12,103.00
140	Central Ohio Chapter	x			72,933.00
140	Central Ohio Chapter	x			17,660.00
140	Central Ohio Chapter	x			15,000.00
140	Central Ohio Chapter			x	14,159.00
140	Central Ohio Chapter	x			13,218.00
140	Central Ohio Chapter	x			9,000.00
140	Central Ohio Chapter	x			8,500.00
140	Central Ohio Chapter	x			7,400.00
140	Central Ohio Chapter	x			7,000.00
140	Central Ohio Chapter	x			6,070.00
140	Central Ohio Chapter			x	5,770.00
140	Central Ohio Chapter	x			5,280.00
143	Miami Valley Chapter	x			165,900.00
143	Miami Valley Chapter	x			39,075.00
143	Miami Valley Chapter	x			30,750.00
143	Miami Valley Chapter	x			20,000.00
143	Miami Valley Chapter	x			15,000.00
143	Miami Valley Chapter	x			12,000.00
143	Miami Valley Chapter	x			10,000.00
143	Miami Valley Chapter	x			10,000.00
143	Miami Valley Chapter	x			10,000.00
143	Miami Valley Chapter	x			10,000.00
143	Miami Valley Chapter	x			6,307.00
143	Miami Valley Chapter	x			5,000.00
143	Miami Valley Chapter	x			5,000.00
143	Miami Valley Chapter	x			5,000.00
144	Northwest Ohio Chapter	x			12,500.00
144	Northwest Ohio Chapter	x			10,000.00
144	Northwest Ohio Chapter	x			5,000.00
147	Oklahoma & Arkansas Chapter	x			430,787.00
147	Oklahoma & Arkansas Chapter	x			80,000.00
147	Oklahoma & Arkansas Chapter	x			33,000.00
147	Oklahoma & Arkansas Chapter	x			30,000.00
147	Oklahoma & Arkansas Chapter	x			29,683.00
147	Oklahoma & Arkansas Chapter	x			23,050.00
147	Oklahoma & Arkansas Chapter	x			20,756.00
147	Oklahoma & Arkansas Chapter	x			20,000.00
147	Oklahoma & Arkansas Chapter	x			20,000.00
147	Oklahoma & Arkansas Chapter	x			20,000.00
147	Oklahoma & Arkansas Chapter	x			15,500.00
147	Oklahoma & Arkansas Chapter	x			15,250.00
147	Oklahoma & Arkansas Chapter	x			15,230.00
147	Oklahoma & Arkansas Chapter	x			15,000.00
147	Oklahoma & Arkansas Chapter	x			15,000.00
147	Oklahoma & Arkansas Chapter	x			15,000.00
147	Oklahoma & Arkansas Chapter	x			11,500.00
147	Oklahoma & Arkansas Chapter	x			11,025.00
147	Oklahoma & Arkansas Chapter	x			10,875.00
147	Oklahoma & Arkansas Chapter	x			10,650.00
147	Oklahoma & Arkansas Chapter	x			10,000.00
147	Oklahoma & Arkansas Chapter	x			10,000.00
147	Oklahoma & Arkansas Chapter	x			10,000.00
147	Oklahoma & Arkansas Chapter	x			10,000.00
147	Oklahoma & Arkansas Chapter	x			10,000.00
147	Oklahoma & Arkansas Chapter	x			7,402.00
147	Oklahoma & Arkansas Chapter	x			7,000.00
147	Oklahoma & Arkansas Chapter	x			6,450.00
147	Oklahoma & Arkansas Chapter	x			5,365.00
148	Oregon	x			237,636.00
148	Oregon	x			150,000.00
148	Oregon	x			43,919.00
148	Oregon	x			22,222.00
148	Oregon			x	15,779.00
148	Oregon	x			10,000.00
148	Oregon	x			10,000.00
148	Oregon	x			8,000.00
148	Oregon	x			6,000.00
148	Oregon	x			5,910.00
148	Oregon	x			5,757.00
148	Oregon	x			5,708.00
148	Oregon			x	5,000.00
148	Oregon			x	5,000.00
161	South Carolina Chapter	x			10,000.00
161	South Carolina Chapter	x			5,334.00
162	South Dakota Office			x	97,500.00
169	Capital of Texas	x			50,000.00
169	Capital of Texas	x			28,000.00
169	Capital of Texas	x			15,000.00
169	Capital of Texas	x			6,265.00
169	Capital of Texas	x			5,080.00
169	Capital of Texas	x			5,000.00
169	Capital of Texas	x			5,000.00
169	Capital of Texas	x			5,000.00

Sched B_Statement 2

CH	Ch_Name	Person	Payroll	Non-Cash	Amount
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas	x			5,000.00
172	Greater Dallas			x	5,000.00
173	STAR Chapter	x			46,967.00
173	STAR Chapter	x			40,000.00
173	STAR Chapter	x			36,439.00
173	STAR Chapter	x			17,000.00
173	STAR Chapter	x			15,000.00
173	STAR Chapter	x			15,000.00
173	STAR Chapter	x			15,000.00
173	STAR Chapter	x			15,000.00
173	STAR Chapter	x			15,000.00
173	STAR Chapter	x			15,000.00
173	STAR Chapter	x			15,000.00
173	STAR Chapter	x			15,000.00
173	STAR Chapter	x			15,000.00
173	STAR Chapter	x			15,000.00
173	STAR Chapter	x			14,250.00
173	STAR Chapter	x			12,917.00
173	STAR Chapter	x			10,000.00
173	STAR Chapter	x			10,000.00
173	STAR Chapter	x			10,000.00
173	STAR Chapter	x			10,000.00
173	STAR Chapter	x			6,158.00
173	STAR Chapter	x			5,626.00
173	STAR Chapter	x			5,000.00
173	STAR Chapter	x			5,000.00
173	STAR Chapter	x			5,000.00
173	STAR Chapter	x			5,000.00
173	STAR Chapter	x			5,000.00
174	Houston & Southeast Texas	x			150,000.00
174	Houston & Southeast Texas	x			143,731.00
174	Houston & Southeast Texas	x			100,000.00
174	Houston & Southeast Texas	x			55,000.00
174	Houston & Southeast Texas	x			35,127.00
174	Houston & Southeast Texas	x			25,000.00
174	Houston & Southeast Texas	x			21,000.00
174	Houston & Southeast Texas	x			15,202.00
174	Houston & Southeast Texas	x			15,014.00
174	Houston & Southeast Texas	x			13,950.00
174	Houston & Southeast Texas	x			12,000.00
174	Houston & Southeast Texas	x			10,800.00
174	Houston & Southeast Texas	x			10,000.00
174	Houston & Southeast Texas	x			10,000.00
174	Houston & Southeast Texas	x			8,000.00
174	Houston & Southeast Texas	x			7,262.00
174	Houston & Southeast Texas	x			6,511.00
174	Houston & Southeast Texas	x			5,500.00
174	Houston & Southeast Texas	x			5,375.00
174	Houston & Southeast Texas	x			5,000.00
174	Houston & Southeast Texas	x			5,000.00
174	Houston & Southeast Texas	x			5,000.00
177	North Central Texas Chapter	x			156,171.00
177	North Central Texas Chapter	x			55,000.00
177	North Central Texas Chapter	x			45,200.00
177	North Central Texas Chapter	x			35,000.00
177	North Central Texas Chapter	x			30,000.00
177	North Central Texas Chapter	x			30,000.00
177	North Central Texas Chapter	x			25,000.00
177	North Central Texas Chapter	x			20,000.00
177	North Central Texas Chapter	x			15,800.00
177	North Central Texas Chapter	x			12,500.00
177	North Central Texas Chapter	x			10,827.00
177	North Central Texas Chapter	x			10,675.00
177	North Central Texas Chapter	x			10,614.00

Sched B_Statement 2

CH	Ch_Name	Person	Payroll	Non-Cash	Amount
177	North Central Texas Chapter	x			10,000.00
177	North Central Texas Chapter	x			10,000.00
177	North Central Texas Chapter	x			10,000.00
177	North Central Texas Chapter	x			10,000.00
177	North Central Texas Chapter	x			8,000.00
177	North Central Texas Chapter	x			8,000.00
177	North Central Texas Chapter	x			7,500.00
177	North Central Texas Chapter	x			6,600.00
177	North Central Texas Chapter	x			5,903.00
177	North Central Texas Chapter	x			5,693.00
177	North Central Texas Chapter	x			5,538.00
177	North Central Texas Chapter	x			5,068.00
177	North Central Texas Chapter	x			5,000.00
177	North Central Texas Chapter	x			5,000.00
177	North Central Texas Chapter	x			5,000.00
177	North Central Texas Chapter	x			5,000.00
177	North Central Texas Chapter	x			5,000.00
179	Alzheimer's Association- Vermont Chapter	x			20,000.00
179	Alzheimer's Association- Vermont Chapter	x			5,000.00
179	Alzheimer's Association- Vermont Chapter	x			5,000.00
179	Alzheimer's Association- Vermont Chapter	x			5,000.00
181	Central and Western Virginia Chapter	x			51,500.00
181	Central and Western Virginia Chapter	x			37,000.00
181	Central and Western Virginia Chapter	x			25,000.00
181	Central and Western Virginia Chapter	x			25,000.00
181	Central and Western Virginia Chapter	x			20,515.00
181	Central and Western Virginia Chapter	x			15,000.00
181	Central and Western Virginia Chapter	x			10,000.00
181	Central and Western Virginia Chapter	x			10,000.00
181	Central and Western Virginia Chapter	x			7,150.00
181	Central and Western Virginia Chapter	x			5,844.00
181	Central and Western Virginia Chapter	x			5,375.00
181	Central and Western Virginia Chapter	x			5,000.00
181	Central and Western Virginia Chapter	x			5,000.00
181	Central and Western Virginia Chapter	x			5,000.00
182	Southeastern Virginia	x			477,140.00
182	Southeastern Virginia	x			250,000.00
182	Southeastern Virginia	x			71,072.00
182	Southeastern Virginia			x	21,500.00
182	Southeastern Virginia			x	16,410.00
182	Southeastern Virginia	x			15,000.00
182	Southeastern Virginia			x	15,000.00
182	Southeastern Virginia				9,855.00
182	Southeastern Virginia			x	6,650.00
182	Southeastern Virginia	x			6,529.00
182	Southeastern Virginia			x	6,108.00
182	Southeastern Virginia	x			6,000.00
182	Southeastern Virginia	x			6,000.00
182	Southeastern Virginia			x	5,115.00
185	Greater Richmond	x			50,000.00
185	Greater Richmond	x			29,991.00
185	Greater Richmond	x			27,500.00
185	Greater Richmond	x			22,500.00
185	Greater Richmond	x			12,574.00
185	Greater Richmond	x			10,550.00
185	Greater Richmond	x			10,000.00
185	Greater Richmond	x			9,270.00
185	Greater Richmond	x			8,000.00
185	Greater Richmond	x			5,050.00
185	Greater Richmond	x			5,000.00
185	Greater Richmond	x			5,000.00
185	Greater Richmond	x			5,000.00
190	Western & Central Washington	x			550,000.00
190	Western & Central Washington	x			17,103.00
190	Western & Central Washington	x			16,252.00
190	Western & Central Washington	x			15,347.00
190	Western & Central Washington			x	12,430.00
190	Western & Central Washington	x			10,000.00
190	Western & Central Washington	x			10,000.00
190	Western & Central Washington	x			8,510.00
190	Western & Central Washington	x			8,300.00
190	Western & Central Washington	x			8,200.00
190	Western & Central Washington	x			7,931.00
190	Western & Central Washington	x			6,630.00
190	Western & Central Washington	x			6,587.00
190	Western & Central Washington	x			6,361.00
190	Western & Central Washington	x			6,185.00

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2009

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.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

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.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization Alzheimer's Disease and Related Disorders Association Employer identification number 36-3463656

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2009

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

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures – (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

BAA

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		7,990.
d Mailings to members, legislators, or the public?	X		22,478.
e Publications, or published or broadcast statements?	X		3,426.
f Grants to other organizations for lobbying purposes?	X		36,920.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		514,272.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		158,057.
i Other activities? If 'Yes,' describe in Part IV	X		26,698.
j Total. Add lines 1c through 1i			769,841.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Pt II-B Line 1i #208 Mid South Chapter-

One person was paid a limited salary in connection with grassroots organizing.

#232 Greater Iowa Chapter-

consultation with contract lobbyist

Part IV Supplemental Information *(continued)*

#109 Midlands-

State registration fee for lobbyist

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Employer Identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table with 2 columns: Held at the End of the Year. Rows include: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,842,920.	5,113,356.			
b Contributions	2,437,769.	389,067.			
c Net investment earnings, gains, and losses	326,967.	-504,765.			
d Grants or scholarships					
e Other expenditures for facilities and programs	317,022.	146,889.			
f Administrative expenses	10,511.	7,849.			
g End of year balance	7,280,123.	4,842,920.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		146,601.		146,601.
b Buildings		1,385,201.	605,051.	780,150.
c Leasehold improvements		2,660,372.	1,129,460.	1,530,912.
d Equipment		7,130,088.	5,486,460.	1,643,628.
e Other		952,936.	639,552.	313,384.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,414,675.

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Private Equity Investments	1,067,000.	Cost
Gaedke Perpetual Trust	371,078.	FMV
Palmer Charitable Remainder Annuity Trust	1,485,735.	FMV
Quasi Endowment Fund	294,718.	FMV
Trust	36,908.	FMV
Common collective trust funds	20,932.	FMV
Fixed Income	1,550,526.	FMV
Mutual Funds	16,778.	FMV
See Part VII Investments - Other Securities		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶	4,843,675.	

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B), line 15) ▶	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Capital lease obligations and deferred rent	132,526.
Liability under Unitrust Agreement	1,134,383.
Current Portion of Liability under Unitrust Agreement	129,393.
Capital Leases	27,827.
Annuity payment obligations	30,575.
Gift Annuities	45,991.
Research Gifts Due to National Office	432,288.
Agency funds held for others	187,500.
See Part X Other Liabilities	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	2,214,713.

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt II Line 5 14 Chapter Uses of Endowments and Endowment Fund

Percentages Listed Below:

Northern California and Nevada- 100% Permanent Endowment

for use of chapter programs

Central and North Florida Chapter- 100% Permanent Endowment

income to be used to fund operations

Part XIV Supplemental Information *(continued)*

East Central Iowa- 100% Board designated or quasi-endowment

The fund was created with proceeds from various money market

accounts used for cash reserve purposes with the intent

of creating a higher return on the reserves fund. The nature

of the funds are liquid and allows the Board access to the revenue

for the sole purpose of implementing the mission of the Association.

Greater Kentucky and Southern Indiana-

61% Permanent Endowment, 39% Term Endowment

For the Best Friends Adult Day Services Center

New York City Chapter- 100% Permanent Endowment

Unrestricted monies used for program related activities at the Chapter.

Rochester Chapter- 67% Board designated or quasi-endowment,

33% Permanent Endowment

Board designated funds will be used to support the Organization's programs

as deemed necessary. The permanent endowments are used to support

programs and services as specified by the donors.

Western New York Chapter- 100% Permanent Endowment

Our endowment is permanently restricted, but the earnings of

the endowment fund are unrestricted and can be used for

ordinary chapter operating expenses.

Oregon Chapter- 100% Permanent Endowment

Respite Care for the McGinty conference. Only interest earned can be used.

Part XIV Supplemental Information (continued)

Delaware Valley Chapter- 100% Permanent Endowment

Proceeds for operational purposes. One is under the chapters advisement and the other two are not.

South Carolina Chapter- 100% Board designated or quasi-endowment

Unrestricted funds were invested by the board of directors as endowment funds with Central and Coastal Carolina Foundations.

Funds are not available to the Association for operating use, but receive a payout grant yearly for unrestricted use.

South Dakota Office- 100% Permanent Endowment

The purpose of this Fund is to continue and expand educational resources of the office in Sioux Falls.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: Alzheimer's Disease and Related Disorders Association; Employer identification number: 36-3463656

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
Internet and email solicitations
Phone solicitations
In-person solicitations
Solicitation of non-government grants
Solicitation of government grants
Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

* See Schedule O

Total

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.

Dashed lines for listing states.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		Gala (event type)	Memory Walk (event type)	152 (total number)	(Add col. (a) through col. (c))	
REVENUE	1	Gross receipts	5,348,602.	25,375,225.	7,359,685.	38,083,512.
	2	Less: Charitable contributions	901,937.	8,154,219.	2,742,030.	11,798,186.
	3	Gross income (line 1 minus line 2)	4,446,665.	17,221,006.	4,617,655.	26,285,326.
DIRECT EXPENSES	4	Cash prizes			300.	300.
	5	Noncash prizes	60,911.	47,734.	0.	108,645.
	6	Rent/facility costs	44,957.	171,998.	237,005.	453,960.
	7	Food and beverages	495,189.	49,382.	437,876.	982,447.
	8	Entertainment	22,986.	6,262.	35,245.	64,493.
	9	Other direct expenses	513,229.	2,829,078.	1,195,889.	4,538,196.
	10	Direct expense summary. Add lines 4- through 9 in column (d)				6,148,041.
	11	Net income summary. Combine lines 3, column (d) and line 10				20,137,285.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1	Gross revenue		95,994.	95,994.
	2	Cash prizes			
DIRECT EXPENSES	3	Non-cash prizes		40,975.	40,975.
	4	Rent/facility costs			
	5	Other direct expenses		1,371.	1,371.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				42,346.
8	Net gaming income summary. Combine lines 1, column (d) and line 7				53,648.

9 Enter the state(s) in which the organization operates gaming activities: See Schedule G (Form 990 or Form 990-EZ), Part III, Line 9 (continued)

a Is the organization licensed to operate gaming activities in each of these states? 9a X

b If 'No,' explain: Raffle tickets sold for a car in connection with golf tournament.

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

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? 11 X

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12 X

	YES	NO
9a	X	
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ See Schedule O Statement -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a		X
------------	--	---

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address of the third party:

Name: ▶ -----

Address: ▶ -----

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a		X
------------	--	---

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Alzheimer's Disease and Related Disorders Association

Employer identification number

36-3463656

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered '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 []

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations 6
3 Enter total number of other organizations 4

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to 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
Respite	290	182,852.			
Scholarships/grant awards	14	9,810.			
IIIE Respite Grant (Dept. on Aging)	35	20,065.			
Memorial Respite Grant	45	15,672.			
Respite Grants	593	153,792.			
Respite	61	50,452.			
Respite Services	77	24,187.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 Northern California and Nevada-

Pt I Line 2 Chapter records all grant awards and respite payments on separate ledgers.

Pt I Line 2 _____

Pt I Line 2 Greater Indiana- These funds paid for Safe Return +Medic Alert enrollments

Pt I Line 2 and tuition for people who work in dementia care units to attend courses and earn

certification. The Chapter was directly billed and directly paid the respective vendors.

Central and Western Kansas Office-

IIIE (administered by the Area Agency on Aging in Kansas):Each

grant participant must complete an application we issue. The guidelines are

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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
Respite Reimbursement	46	23,856.			
Education Conference	250	7,923.			
Respite Vouchers for In-home Care Providers	1,602	800,675.			
RJ Roper Caregiver Awards	6	6,000.			
Respite Scholarships	105	66,981.			
Various	175	29,444.			
Various	109	49,113.			
Various	17	6,818.			
Various	7	5,458.			
Respite - various	0	2,854.			
Respite care - various recipients	0	22,991.			
Various	9	7,574.			

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2009

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Alzheimer's Disease and Related Disorders Association

Employer identification number

36-3463656

Part I Questions Regarding Compensation

1 a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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:

- a** The organization?
- b** Any related organization?
- If 'Yes' to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
Erna Colburn	(i)	181,024.	0.	0.	0.	28,733.	209,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Lou-Ellen Barkan	(i)	212,331.	0.	0.	0.	11,250.	223,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Anthony Sudler	(i)	153,700.	0.	0.	0.	5,390.	159,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION**

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JIM PRUGH DIRECTOR	1.00	X						0.	0.	0.
JOHN TIGHE CHAIRMAN OF THE BOARD	2.00	X						0.	0.	0.
KATHY SEIDEL TREASURER	2.00	X						0.	0.	0.
KATIE ROLLYSON DIRECTOR	1.00	X						0.	0.	0.
KELLY ROGERS VICE-CHAIRMAN OF THE BOARD	2.00	X						0.	0.	0.
MARGY CHRISTIAN DIRECTOR	2.00	X						0.	0.	0.
MICHAEL SARACUSA DIRECTOR	1.00	X						0.	0.	0.
NATHAN HOOKS SECRETARY	2.00	X						0.	0.	0.
PHILLIP HEATH DIRECTOR	1.00	X						0.	0.	0.
RODOLFO CARDENAS DIRECTOR	1.00	X						0.	0.	0.
SARAH LORANCE DIRECTOR	1.00	X						0.	0.	0.
THOM HURLEY DIRECTOR	1.00	X						0.	0.	0.
TRACEY WELCH DIRECTOR	2.00	X						0.	0.	0.
WALT DEHAVEN DIRECTOR	1.00	X						0.	0.	0.
WILLIAM BRIDGWATER DIRECTOR	1.00	X						0.	0.	0.
PATRICIA GIBBS VICE CHAIR	1.00	X						0.	0.	0.
CAROL SCHAFFER SECRETARY	1.00	X						0.	0.	0.
CATHY BUTLER DIRECTOR	1.00	X						0.	0.	0.
CRAIG JOHNSON DIRECTOR	1.00	X						0.	0.	0.
DANIEL WOLLMAN TREASURER	1.00	X						0.	0.	0.
ERIC RENNIE PAST CHAIR	1.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION**

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
GEORGE BICKFORD DIRECTOR	1.00	X							0.	0.	0.
GREGORY SMITH DIRECTOR	1.00	X							0.	0.	0.
JAY KEARNS DIRECTOR	1.00	X							0.	0.	0.
JENNIFER KEYES-SMITH DIRECTOR	1.00	X							0.	0.	0.
JULIA BRONDER DIRECTOR	1.00	X							0.	0.	0.
LINDA WORDEN DIRECTOR	1.00	X							0.	0.	0.
MARISSA CREAN DIRECTOR	1.00	X							0.	0.	0.
MAUREEN MAURO DIRECTOR	1.00	X							0.	0.	0.
MIKE MARINACCIO DIRECTOR	1.00	X							0.	0.	0.
MOLLY REES-GAVIN DIRECTOR	1.00	X							0.	0.	0.
RICHARD FISHER CHAIR	1.00	X							0.	0.	0.
RICHARD MEISENHEIMER DIRECTOR	1.00	X							0.	0.	0.
WILLIAM KOWALEWSKI DIRECTOR	1.00	X							0.	0.	0.
SAMUEL FERRERI EMERITUS DIRECTOR	1.00	X							0.	0.	0.
KATHY KALCK BOARD CHAIR	3.00	X							0.	0.	0.
JOSEPH KARP DIRECTOR	1.00	X							0.	0.	0.
MONIKA KROMBOCK SECRETARY	1.00	X							0.	0.	0.
JOEL LEVY DIRECTOR	1.00	X							0.	0.	0.
JOYCE MCLENDON DIRECTOR	1.00	X							0.	0.	0.
PHILLIP MROZINSKI ADVISORY BOARD	1.00	X							0.	0.	0.
ENRIQUE PINEIRO VICE CHAIR/TREASURER	2.00	X							0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES RUTHERFORD, ESQ. DIRECTOR	1.00	X						0.	0.	0.
DR. CARL SADOWSKY ADVISORY BOARD	1.00	X						0.	0.	0.
ELLIOT STARMAN, CPA DIRECTOR	1.00	X						0.	0.	0.
WILLIAM SUSSMAN, ESQ. DIRECTOR	1.00	X						0.	0.	0.
MARYLOU WATCHMAN DIRECTOR	1.00	X						0.	0.	0.
BRANDI GREGG DIRECTOR	1.00	X						0.	0.	0.
JAMIE GLAVICH SECRETARY	1.00	X						0.	0.	0.
KENYATTA RIVERS DIRECTOR	1.00	X						0.	0.	0.
PAMELA GHEZZI TREASURER	1.00	X						0.	0.	0.
RANDY BRAYN DIRECTOR	1.00	X						0.	0.	0.
ROBERT MORGAN DIRECTOR	1.00	X						0.	0.	0.
SALLIE DREYER DIRECTOR	1.00	X						0.	0.	0.
STUART GAINES CHAIR	2.00	X						0.	0.	0.
TONY PESARE DIRECTOR	1.00	X						0.	0.	0.
WENDA LEWIS DIRECTOR	1.00	X						0.	0.	0.
BILL HALL BOARD MEMBER	1.00	X						0.	0.	0.
BRETT TILLY BOARD MEMBER, PAST PRESIDENT	1.00	X						0.	0.	0.
DENNIS MCMANUS BOARD MEMBER	1.00	X						0.	0.	0.
DONNA MARCACCI BOARD MEMBER, PRESIDENT	1.00	X						0.	0.	0.
ERIK PETTIT BOARD MEMBER, TREASURER	1.00	X						0.	0.	0.
JAIDY TORO-RODRIGUE BOARD MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION**

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAYALAKSHMI ATTALURI BOARD MEMBER	1.00	X						0.	0.	0.
KATHY FULLER BOARD MEMBER	1.00	X						0.	0.	0.
KIM SANDERS BOARD MEMBER	1.00	X						0.	0.	0.
KRISTI MOUSHON BOARD MEMBER	1.00	X						0.	0.	0.
LINC HOBSON BOARD MEMBER	1.00	X						0.	0.	0.
LINDA BUCK BOARD MEMBER	1.00	X						0.	0.	0.
MARILYN SCHROEDER BOARD MEMBER	1.00	X						0.	0.	0.
MATTIE SCOTT BOARD MEMBER	1.00	X						0.	0.	0.
MAY MEISTER BOARD MEMBER	1.00	X						0.	0.	0.
NICK ESSER BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT WHITE BOARD MEMBER	1.00	X						0.	0.	0.
SHARON KENNEDY BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN DAWSON TIBBITS BOARD MEMBER, SECRETARY	1.00	X						0.	0.	0.
BRYAN SELANDER DIRECTOR, BOARD VICE CHAIR	1.00	X						0.	0.	0.
CATHY EDGE DIRECTOR	1.00	X						0.	0.	0.
CHARLENE S. AARON DIRECTOR	1.00	X						0.	0.	0.
DANI JACHINO DIRECTOR AND SECRETARY	2.00	X						0.	0.	0.
GUY GELLER DIRECTOR	1.00	X						0.	0.	0.
JOHN LAWRENCE DIRECTOR	1.00	X						0.	0.	0.
JOSEPH HARRINGTON DIRECTOR	1.00	X						0.	0.	0.
KARA CAMPBELL DIRECTOR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KERRY PECK DIRECTOR	1.00	X						0.	0.	0.
LAURA FIELD DIRECTOR	1.00	X						0.	0.	0.
MIKE O'BRIEN DIRECTOR	1.00	X						0.	0.	0.
NICHOLAS TZITZON DIRECTOR	1.00	X						0.	0.	0.
PAUL CAPONIGRI DIRECTOR AND TREASURER	2.00	X						0.	0.	0.
SCOTT PERRY DIRECTOR	1.00	X						0.	0.	0.
STEPHEN MACK DIRECTOR AND BOARD CHAIR	2.00	X						0.	0.	0.
ANDREA SMILEY MEMBER AT LARGE	1.00	X						0.	0.	0.
ANN MARIE HAKE MEMBER AT LARGE	1.00	X						0.	0.	0.
ANNE FISHER CAMPBELL MEMBER AT LARGE	1.00	X						0.	0.	0.
ARTHUR WACHHOLZ MEMBER AT LARGE	1.00	X						0.	0.	0.
BRIAN HEALEY MEMBER AT LARGE	1.00	X						0.	0.	0.
CAROLYN CUNNINGHAM MISSION AND OUTREACH CHAIR	1.00	X						0.	0.	0.
CURT FANKHAUSER PRESIDENT	1.00	X						0.	0.	0.
DEEDEE KATZMAN MEMBER AT LARGE	1.00	X						0.	0.	0.
JEAN RAMSER MEMBER AT LARGE	1.00	X						0.	0.	0.
JOANN KLOOZ MEMBER AT LARGE	1.00	X						0.	0.	0.
JOHN ELBIN MEMBER AT LARGE	1.00	X						0.	0.	0.
KATHY SEGRIST MEMBER AT LARGE	1.00	X						0.	0.	0.
MAUREEN BECHER SAGE TREASURER	1.00	X						0.	0.	0.
PATRICK HEALEY MEMBER AT LARGE	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PHIL NICELY RESOURCE MGMT CHAIR	1.00	X						0.	0.	0.
RICK RHODES MEMBER AT LARGE	1.00	X						0.	0.	0.
ROB GRANT SECRETARY	1.00	X						0.	0.	0.
STEPHEN ADAIR MEMBER AT LARGE	1.00	X						0.	0.	0.
SUZANNE FORTE MEMBER AT LARGE	1.00	X						0.	0.	0.
TOM CYRUS MEMBER AT LARGE	1.00	X						0.	0.	0.
ANN HAUGLAND DIRECTOR	1.00	X						0.	0.	0.
ANNE SALAMON DIRECTOR	1.00	X						0.	0.	0.
DAVID STOREY DIRECTOR	1.00	X						0.	0.	0.
DEBBIE CRAIG DIRECTOR	1.00	X						0.	0.	0.
DEBORAH JONES IMMEDIATE PAST PRESIDENT	1.00	X						0.	0.	0.
ERIC JOHNSON DIRECTOR	1.00	X						0.	0.	0.
GARY WICKLUND CHAPTER BOARD VICE PRESIDENT	1.00	X						0.	0.	0.
JANICE CHARLES DIRECTOR	1.00	X						0.	0.	0.
JOE HARTMAN DIRECTOR	1.00	X						0.	0.	0.
JOEL SCHMIDT CHAPTER BOARD PRESIDENT	1.00	X						0.	0.	0.
KATHY GOOD SECRETARY	1.00	X						0.	0.	0.
KRIS IREY DIRECTOR	1.00	X						0.	0.	0.
LAURIE SWANSON DIRECTOR	1.00	X						0.	0.	0.
LYNN WIDDEL DIRECTOR	1.00	X						0.	0.	0.
MARK OGDEN DIRECTOR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL J. SMITH DIRECTOR	1.00	X						0.	0.	0.
MICHAEL T. (TIM) SEYMOUR DIRECTOR	1.00	X						0.	0.	0.
MONA KNOLL DIRECTOR	1.00	X						0.	0.	0.
NADER T. AMR DIRECTOR	1.00	X						0.	0.	0.
PATRICK ALLEN TREASURER	1.00	X						0.	0.	0.
RICK SKOGMAN DIRECTOR	1.00	X						0.	0.	0.
CHRIS SWYERS DIRECTOR	1.00	X						0.	0.	0.
CINDY JOHNSON DIRECTOR	1.00	X						0.	0.	0.
DAVID HAASE DIRECTOR	1.00	X						0.	0.	0.
DEBBI ELMORE VICE PRESIDENT	1.00	X						0.	0.	0.
DOUG STARK DIRECTOR	1.00	X						0.	0.	0.
DOUG WATSON PRESIDENT	1.00	X						0.	0.	0.
DWAYNE BRODDLE DIRECTOR	1.00	X						0.	0.	0.
FRED HERMES TREASURER	1.00	X						0.	0.	0.
KATHY MCGEE DIRECTOR	1.00	X						0.	0.	0.
LARRY REGIER DIRECTOR	1.00	X						0.	0.	0.
MONICA CISSELL SECRETARY	1.00	X						0.	0.	0.
RICHARD ZABLE DIRECTOR	1.00	X						0.	0.	0.
STEPHANIE BROCK DIRECTOR	1.00	X						0.	0.	0.
SUZANNE MEEKER DIRECTOR	1.00	X						0.	0.	0.
ALLEN HARRIS, JR. DIRECTOR	1.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANN H. VENO DIRECTOR	1.00	X					0.	0.	0.	
BARBARA BAILEY COWDEN DIRECTOR	1.00	X					0.	0.	0.	
BECKY BEANBLOSSOM DIRECTOR	1.00	X					0.	0.	0.	
CATHY NAGY SECRETARY	1.00	X					0.	0.	0.	
CHRISTINE WHITE, LCSW DIRECTOR	1.00	X					0.	0.	0.	
COLMON ELRIDGE DIRECTOR	1.00	X					0.	0.	0.	
DAVID CASEY, MD DIRECTOR	1.00	X					0.	0.	0.	
DEBBIE TUGGLE DIRECTOR	1.00	X					0.	0.	0.	
DR. BEN SCHOENBACHLER VICE CHAIR	1.00	X					0.	0.	0.	
DR. RICHARD EDELSON, PHD DIRECTOR	1.00	X					0.	0.	0.	
HELEN KIENTZ DIRECTOR	1.00	X					0.	0.	0.	
JOE ROSENBERG DIRECTOR	1.00	X					0.	0.	0.	
LAURA WIGGLESWORTH TREASURER	1.00	X					0.	0.	0.	
NICKI MCMAHON DIRECTOR	1.00	X					0.	0.	0.	
SHARON REED CHAIR	1.00	X					0.	0.	0.	
STEVE MAGRE DIRECTOR	1.00	X					0.	0.	0.	
TERRY L SMALLWOOD DIRECTOR	1.00	X					0.	0.	0.	
ALETHEA LINDSAY SHREVEPORT	1.00	X					0.	0.	0.	
ANGELA GAUTHIER BATON ROUGE	1.00	X					0.	0.	0.	
DR. GLENN ALLY LAFAYETTE	1.00	X					0.	0.	0.	
ED PENNINGTON MONROE	1.00	X					0.	0.	0.	

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAY RIVE NEW ORLEANS - VICE CHAIR	1.00	X						0.	0.	0.
JENNIFER BASS WEST MONROE	1.00	X						0.	0.	0.
JOAN BERGMAN COVINGTON	1.00	X						0.	0.	0.
JOE CLEMENTS BATON ROUGE - TREASURER	1.00	X						0.	0.	0.
JONI JUERGENS LAFAYETTE - SECRETARY	1.00	X						0.	0.	0.
KATIE SIVILS MONROE - PAST CHAIR	1.00	X						0.	0.	0.
KEITH WEISHEIT HOUMA	1.00	X						0.	0.	0.
KIM RAINWATER SHREVEPORT	1.00	X						0.	0.	0.
MARY NOEL, RN NEW ORLEANS - CHAIR	1.00	X						0.	0.	0.
PATRICIA DEMICHELE NEW ORLEANS	1.00	X						0.	0.	0.
RICKY BONIN BROUSSARD	1.00	X						0.	0.	0.
ROSE ANN ST.ROMAIN MANSURA	1.00	X						0.	0.	0.
STEVE RAINEY SHREVEPORT	1.00	X						0.	0.	0.
WALLY BROUSSARD LAFAYETTE	1.00	X						0.	0.	0.
WILLIE MOUNT LAKE CHARLES	1.00	X						0.	0.	0.
BRIAN J. SCHEINBERG BOARD MEMBER	2.00	X						0.	0.	0.
CATHY NEUMAN BOARD SECRETARY	10.00	X						0.	0.	0.
CHIADI ONYIKA, MD, MHS BOARD MEMBER	2.00	X						0.	0.	0.
CRAIG CASH BOARD ETHICS DIRECTOR	2.00	X						0.	0.	0.
DONNA GAVER BOARD MEMBER	2.00	X						0.	0.	0.
ERNESTINE JONES JOLIVET BOARD MEMBER	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HOWARD POLLINGER BOARD MEMBER	2.00	X						0.	0.	0.
JACKALIN NOLLER BOARD MEMBER	2.00	X						0.	0.	0.
JEFFREY H. SCHERR, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
JOHN F. SCHULZE, JR BOARD VICE PRESIDENT	10.00	X						0.	0.	0.
KAREN KAUFMAN, PHD, CRNP BOARD MEMBER	2.00	X						0.	0.	0.
M. CHAD MALKUS, ESQ. BOARD PRESIDENT	10.00	X						0.	0.	0.
MARIANNE SHAUGNESSY, MSN, PH.D DIRECTOR	2.00	X						0.	0.	0.
MELINDA FITTING, PHD BOARD MEMBER	2.00	X						0.	0.	0.
REGINALD S AVERY, PH.D BOARD MEMBER	2.00	X						0.	0.	0.
ROBERT A. REITZ BOARD TREASURER	10.00	X						0.	0.	0.
ROBERT HARMON BOARD MEMBER	2.00	X						0.	0.	0.
ROBERT P. MCNUTT BOARD MEMBER	2.00	X						0.	0.	0.
SYLVIA MACKEY BOARD MEMBER	2.00	X						0.	0.	0.
VERONICA MOZZANO BOARD MEMBER	2.00	X						0.	0.	0.
ROB SWEATT BOARD MEMBER	1.00	X						0.	0.	0.
ALICIA MITCHELSON BOARD MEMBER	1.00	X						0.	0.	0.
BENJAMIN J. BILLER BOARD MEMBER	1.00	X						0.	0.	0.
CATHY TIVOL MASLAN PAST PRESIDENT	1.00	X						0.	0.	0.
CHRIS JONES TREASURER	1.00	X						0.	0.	0.
DAVID MARKS PRESIDENT	1.00	X						0.	0.	0.
DEBBIE BIEHL SECRETARY	1.00	X						0.	0.	0.

**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
ASSOCIATION**

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ERIN MARGOLIN BOARD MEMBER	1.00	X						0.	0.	0.
GIGI MATEO BOARD MEMBER	1.00	X						0.	0.	0.
JANE DICKINSON KRESS BOARD MEMBER	1.00	X						0.	0.	0.
JOHN C. AISENBREY BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH P. PLATT VICE PRESIDENT	1.00	X						0.	0.	0.
KAY GAFFNEY BOARD MEMBER	1.00	X						0.	0.	0.
MARY K. STADLER BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD WETZEL BOARD MEMBER	1.00	X						0.	0.	0.
AARON WILLARD BOARD MEMBER	.50	X						0.	0.	0.
ANDREA E. BENNA BOARD MEMBER	.50	X						0.	0.	0.
BILL GRACE BOARD SECRETARY	.50	X						0.	0.	0.
BRAD JENKS BOARD VICE PRESIDENT	.50	X						0.	0.	0.
DAVID OLIVER BOARD MEMBER	.50	X						0.	0.	0.
DONNA RICE BOARD MEMBER	.50	X						0.	0.	0.
GEORGE CARNEY BOARD PRESIDENT	1.50	X						0.	0.	0.
JACK SMITH BOARD MEMBER	.50	X						0.	0.	0.
KAY NIEMEIER BOARD MEMBER	.50	X						0.	0.	0.
LEAH BETH SIMON BOARD MEMBER	.50	X						0.	0.	0.
LILI VIANELLO BOARD MEMBER	.50	X						0.	0.	0.
MYRA AUD BOARD MEMBER	.50	X						0.	0.	0.
PETER KOUKOLA BOARD TREASURER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

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
ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PHILLIP ORSCHELN BOARD MEMBER	.50	X						0.	0.	0.
AMANDA QUINTANA DIRECTOR	2.00	X						0.	0.	0.
BETTY PARNELL DIRECTOR	2.00	X						0.	0.	0.
CARRIE ANN RICHARDSON DIRECTOR	2.00	X						0.	0.	0.
DR. MARY NEWMAN DIRECTOR	2.00	X						0.	0.	0.
JEANNIE MULLER-FARMER DIRECTOR	2.00	X						0.	0.	0.
JOEL P. THOMAS DIRECTOR	2.00	X						0.	0.	0.
KAREN KRITTENBRINK BOARD VICE CHAIR	4.00	X						0.	0.	0.
KATHLEEN O'DELL DIRECTOR	2.00	X						0.	0.	0.
KATIE ATON-JACKSON BOARD TREASURER	4.00	X						0.	0.	0.
KELLY BURNS DIRECTOR	2.00	X						0.	0.	0.
LOIS ZERRER BOARD CHAIRMAN	4.00	X						0.	0.	0.
SUSAN LUARCA DIRECTOR	2.00	X						0.	0.	0.
TOM SHORT DIRECTOR	2.00	X						0.	0.	0.
VICKI KARLOVICH BOARD SECRETARY	4.00	X						0.	0.	0.
HOLLY HUERTER-MORGAN, JD VICE CHAIR	1.00	X						0.	0.	0.
KATHY COZIAHR, BS TREASURER	1.00	X						0.	0.	0.
KRISTINE SULLIVAN, RN SECRETARY	1.00	X						0.	0.	0.
LARRY GUENTHER, MBA BOARD CHAIR	1.00	X						0.	0.	0.
DR. CHRISTINA HASEMANN VICE PRESIDENT	1.00	X						0.	0.	0.
DR. MARIAN SCHOENHEIT SECRETARY	1.00	X						0.	0.	0.

**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
ASSOCIATION**

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN SOMERS BOARD MEMBER	1.00	X						0.	0.	0.
HELEN DRUCE BOARD MEMBER	1.00	X						0.	0.	0.
JAY SULLIVAN BOARD MEMBER	1.00	X						0.	0.	0.
KAY O'BRIEN BOARD MEMBER	1.00	X						0.	0.	0.
KEITH RUNG TREASURER	1.00	X						0.	0.	0.
LARRY MALFITANO PRESIDENT	1.00	X						0.	0.	0.
MARTIN MANNING BOARD MEMBER	1.00	X						0.	0.	0.
MARY KOENIG BOARD MEMBER	1.00	X						0.	0.	0.
MARY PAT OLIKER BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL O'LEARY BOARD MEMBER	1.00	X						0.	0.	0.
PAUL STEPIEN VICE PRESIDENT	1.00	X						0.	0.	0.
PAULA HENNERTY BOARD MEMBER	1.00	X						0.	0.	0.
ROBERTO ANGELICOLA BOARD MEMBER	1.00	X						0.	0.	0.
SCOTT HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
ALAN E. DILLON DIRECTOR	1.00	X						0.	0.	0.
ALAN R. JACOBS, MD DIRECTOR	1.00	X						0.	0.	0.
ALLAN D. R. STERN DIRECTOR	1.00	X						0.	0.	0.
ANDREW B. SILLIN SECRETARY	1.00	X						0.	0.	0.
BRET JACOBOWITZ PRESIDENT	1.00	X						0.	0.	0.
CHARLOTTE OSTMAN DIRECTOR	1.00	X						0.	0.	0.
CHRISTINA ELYSE HORSFORD DIRECTOR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

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Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
D.A. ABRAMS DIRECTOR	1.00	X					0.	0.	0.	
DEBRA KAGAN-BIRKELAND DIRECTOR	1.00	X					0.	0.	0.	
DONNA MARIA BLANCERO DIRECTOR	1.00	X					0.	0.	0.	
FAITH KOTZKER DIRECTOR	1.00	X					0.	0.	0.	
JAMES B. MCEVOY, CPA DIRECTOR	1.00	X					0.	0.	0.	
JANET NEWBERG DIRECTOR	1.00	X					0.	0.	0.	
JOHN LEVIN DIRECTOR	1.00	X					0.	0.	0.	
KAREN FOLSTER LESPERANCE SECOND VICE CHAIR	1.00	X					0.	0.	0.	
KAREN GANIS FIRST VICE CHAIR	1.00	X					0.	0.	0.	
MELINDA STOREY WEISBERG DIRECTOR	1.00	X					0.	0.	0.	
STEVEN A. SHURKMAN, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM (ANDY) CAHN TREASURER	1.00	X					0.	0.	0.	
ANU LAMBA MEMBER	.50	X					0.	0.	0.	
DR. BLAINE GREENWALD MEMBER	.50	X					0.	0.	0.	
EDWARD A. SCHER, D.C. SECRETARY	.50	X					0.	0.	0.	
H. ROGER DAISLEY MEMBER	.50	X					0.	0.	0.	
IRA CHERNICK VICE PRESIDENT	.50	X					0.	0.	0.	
JULES E. LEVY, ESQ. IMMEDIATE PAST PRESIDENT	.50	X					0.	0.	0.	
KATHLEEN SCOPP-DISTLER MEMBER	.50	X					0.	0.	0.	
KEITH LAWLOR MEMBER	.50	X					0.	0.	0.	
KURT A. MEYER MEMBER	.50	X					0.	0.	0.	

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Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public
Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LAURENCE PETERS PRESIDENT	.50	X						0.	0.	0.
MELVIN R. MULLIN MEMBER	.50	X						0.	0.	0.
MICHAEL R. GORELICK MEMBER	.50	X						0.	0.	0.
NICK ROZAKIS MEMBER	.50	X						0.	0.	0.
NORMAN L. TOLLE, ESQ. MEMBER	.50	X						0.	0.	0.
RONALD A. FATOULLAH MEMBER	.50	X						0.	0.	0.
STEVE M. ZARKIN MEMBER	.50	X						0.	0.	0.
STEVEN L. BRASS, CPA TREASURER	.50	X						0.	0.	0.
ANDREW ALBSTEIN DIRECTOR	1.00	X						0.	0.	0.
ANN BERSON DIRECTOR	1.00	X						0.	0.	0.
ANNE MCBRIDE SCHREIBER DIRECTOR	1.00	X						0.	0.	0.
ARI F. COHEN DIRECTOR	1.00	X						0.	0.	0.
DAVID GEITHNER DIRECTOR	1.00	X						0.	0.	0.
ELVERA BISIGNANO MCGUIRE DIRECTOR	1.00	X						0.	0.	0.
HEATH MCLENDON CO-CHAIR	1.00	X						0.	0.	0.
JACK KAMIN DIRECTOR	1.00	X						0.	0.	0.
JAMES F. HADDON DIRECTOR	1.00	X						0.	0.	0.
JEFF HALIS DIRECTOR	1.00	X						0.	0.	0.
JEFFREY ASHER DIRECTOR	1.00	X						0.	0.	0.
JEFFREY JONES CO-CHAIR	1.00	X						0.	0.	0.
JOANNE RONSON DIRECTOR	1.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public
Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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Department of the Treasury
Internal Revenue Service

Name of the Organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION**

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN H. GERONON DIRECTOR	1.00	X						0.	0.	0.
KENNETH REISS DIRECTOR	1.00	X						0.	0.	0.
KEVIN T. MCDONNELL DIRECTOR	1.00	X						0.	0.	0.
LORI OSCHER FRIEDMAN DIRECTOR	1.00	X						0.	0.	0.
MARILYN COHEN DIRECTOR	1.00	X						0.	0.	0.
MIMI GAMMILL DIRECTOR	1.00	X						0.	0.	0.
NATHAN HALEGUA DIRECTOR	1.00	X						0.	0.	0.
PETER A. ANTONUCCI DIRECTOR	1.00	X						0.	0.	0.
SAMUEL F. MARINI TREASURER	1.00	X						0.	0.	0.
SIMON KOOYMAN DIRECTOR	1.00	X						0.	0.	0.
STEVE E. BOXER DIRECTOR	1.00	X						0.	0.	0.
SUNNIE KENOWSKY IRVING DIRECTOR	1.00	X						0.	0.	0.
SUSAN J. CACCAPPOLO SECRETARY	1.00	X						0.	0.	0.
SUSAN V. KAYSER DIRECTOR	1.00	X						0.	0.	0.
WILLIAM BRACHFELD DIRECTOR	1.00	X						0.	0.	0.
MILES ZATKOWSKY BOARD MEMBER	1.00	X						0.	0.	0.
AARON HILGER BOARD MEMBER	1.00	X						0.	0.	0.
ANDREW CAPPOTELLI BOARD MEMBER	1.00	X						0.	0.	0.
ANTHONY LEE BOARD SECRETARY	1.00	X						0.	0.	0.
BILL RYAN BOARD VICE CHAIR	1.00	X						0.	0.	0.
CAROL PODGORSKI, PH.D. BOARD MEMBER	1.00	X						0.	0.	0.

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 ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES RUNYON BOARD TREASURER	1.00	X						0.	0.	0.
DANIEL KATZ BOARD MEMBER	1.00	X						0.	0.	0.
DAVID MIDLAND PRESIDENT/CEO	1.00	X						0.	0.	0.
DAVID WOHR BOARD MEMBER	1.00	X						0.	0.	0.
DONALD LENNOX BOARD MEMBER	1.00	X						0.	0.	0.
ELIZABETH HARNESS MURPHY BOARD MEMBER	1.00	X						0.	0.	0.
G. RUSSELL WEST BOARD MEMBER	1.00	X						0.	0.	0.
KAY PREY BOARD MEMBER	1.00	X						0.	0.	0.
MELVA BROWN, PH.D. BOARD MEMBER	1.00	X						0.	0.	0.
NORMA HOLLAND BOARD MEMBER	1.00	X						0.	0.	0.
RALPH RICHARDS BOARD MEMBER	1.00	X						10,597.	0.	0.
RANDY TERHO BOARD MEMBER	1.00	X						0.	0.	0.
SHEILA KONAR BOARD MEMBER	1.00	X						0.	0.	0.
SIAN CAMERON BOARD MEMBER	1.00	X						0.	0.	0.
STEPHAN ASH BOARD MEMBER	1.00	X						0.	0.	0.
STEWART PUTNAM BOARD MEMBER	1.00	X						0.	0.	0.
TODD BUTLER BOARD MEMBER	1.00	X						0.	0.	0.
VICTORIA HINES BOARD CHAIR	1.00	X						0.	0.	0.
CHRIS PHILLIPS BOARD OF DIRECTORS	1.00	X						0.	0.	0.
DAVID CASCIO BOARD OF DIRECTORS, PRESIDENT	1.00	X						0.	0.	0.
DAVID ZAPFEL BOARD OF DIRECTORS	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public
Inspection

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Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION

Employer identification number
36-3463656

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

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANA HENRY TREASURER, BOARD OF DIRECTORS	1.00	X						0.	0.	0.
ERIC G. WIEDMANN BOARD OF DIRECTORS	1.00	X						0.	0.	0.
ESTELLE BRICKNER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
KEVIN ENGLISH VP, BOARD OF DIRECTORS	1.00	X						0.	0.	0.
KRISTINA M. YOUNG BOARD OF DIRECTORS	1.00	X						0.	0.	0.
LARRY ROBB BOARD OF DIRECTORS	1.00	X						0.	0.	0.
MARK STEVENS BOARD OF DIRECTORS	1.00	X						0.	0.	0.
MICHAEL L. GROSS BOARD OF DIRECTORS	1.00	X						0.	0.	0.
MICHAEL OLEAR BOARD OF DIRECTORS	1.00	X						0.	0.	0.
MICHELLE RAINKA BOARD OF DIRECTORS	1.00	X						0.	0.	0.
RANDI DRESSEL BOARD OF DIRECTORS	1.00	X						0.	0.	0.
RICHARD GEHRING BOARD OF DIRECTORS	1.00	X						0.	0.	0.
THOMAS J. BEHAN BOARD OF DIRECTORS	1.00	X						0.	0.	0.
D. JOE FLEMMING DIRECTOR	1.00	X						0.	0.	0.
CHRISSY PASTORE DIRECTOR	1.00	X						0.	0.	0.
DOUG MACKAY DIRECTOR	1.00	X						0.	0.	0.
DR. DAN VAN DUSSEN DIRECTOR	1.00	X						0.	0.	0.
ELIZABETH KOZENKO DIRECTOR	1.00	X						0.	0.	0.
JENNIFER LILE DIRECTOR	1.00	X						0.	0.	0.
MARK CRAIG DIRECTOR	1.00	X						0.	0.	0.
MARY ANNE ROTHERMEL DIRECTOR	1.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public Inspection

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Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NEAL COLBY DIRECTOR	1.00	X					0.	0.	0.	
REX FERRY DIRECTOR	1.00	X					0.	0.	0.	
ROBERT PACANOVSKY DIRECTOR	1.00	X					0.	0.	0.	
SUE STEIGER DIRECTOR	1.00	X					0.	0.	0.	
BERNIE OSTROWSKI BOARD MEMBER	1.00	X					0.	0.	0.	
BILL BLACK BOARD MEMBER	1.00	X					0.	0.	0.	
BRENDA SPRITE BOARD MEMBER	1.00	X					0.	0.	0.	
CHUCK WHITE BOARD MEMBER	1.00	X					0.	0.	0.	
GLORIA GROAT BOARD MEMBER	1.00	X					0.	0.	0.	
GREG COMFORT BOARD VP	1.00	X					0.	0.	0.	
JENNY SIMAITIS BOARD MEMBER	1.00	X					0.	0.	0.	
JIM FYLNN BOARD MEMBER	1.00	X					0.	0.	0.	
JOANIE JOHNSON BOARD PRESIDENT	1.00	X					0.	0.	0.	
JOHN BURKHART BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN PETRO BOARD TREASURER	1.00	X					0.	0.	0.	
JOHN WISEMAN BOARD MEMBER	1.00	X					0.	0.	0.	
MARK KELLY BOARD MEMBER	1.00	X					0.	0.	0.	
PAM LIEBERT BOARD MEMBER	1.00	X					0.	0.	0.	
PATRICK KELLY BOARD MEMBER	1.00	X					0.	0.	0.	
STEVEN MOORE BOARD MEMBER	1.00	X					0.	0.	0.	
SUSAN HOLCOMB BOARD MEMBER	1.00	X					0.	0.	0.	

Continuation Sheet for Form 990

2009

Open to Public Inspection

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Department of the Treasury
Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM CARROLL BOARD MEMBER	1.00	X						0.	0.	0.
STEVE ARNOLD TREASURER	3.00	X						0.	0.	0.
GARY CONLEY TRUSTEE	1.00	X						0.	0.	0.
DAVE DUDON TRUSTEE	1.00	X						0.	0.	0.
SHIRLEY FINLEY TRUSTEE	1.00	X						0.	0.	0.
MICKI FITZGERALD TRUSTEE	1.00	X						0.	0.	0.
JANELLE FORBES PRESIDENT	3.00	X						0.	0.	0.
BETH HUTTER VP FOR RESOURCE DEVELOPMENT	2.00	X						0.	0.	0.
MEENAKSHI PATEL TRUSTEE	1.00	X						0.	0.	0.
DONALD RINEER SECRETARY	3.00	X						0.	0.	0.
JIM STAHLER VP FOR PUBLIC POLICY	3.00	X						0.	0.	0.
DENNIS STAUFFER VP FOR CHAPTER PROGRAMS	2.00	X						0.	0.	0.
WANDA WILLIS TRUSTEE	2.00	X						0.	0.	0.
BEVERLY COX DIRECTOR	1.00	X						0.	0.	0.
CATHY MELMS DIRECTOR	1.00	X						0.	0.	0.
DAVID DIMMER DIRECTOR	1.00	X						0.	0.	0.
DAVID SHELTON DIRECTOR	1.00	X						0.	0.	0.
DIANE WINGER DIRECTOR	1.00	X						0.	0.	0.
GAIL DOXSIE DIRECTOR	1.00	X						0.	0.	0.
JEFFREY COLE VP DEVELOPMENT & COMMUNICATION	1.00	X						0.	0.	0.
JOEL JERGER BOARD TREASURER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARV BEAUFORD DIRECTOR	1.00	X						0.	0.	0.
MICHAEL MALONE BOARD PRESIDENT	1.00	X						0.	0.	0.
SCOTT WILLIAMS BOARD SECRETARY	1.00	X						0.	0.	0.
SUSAN CONDA DIRECTOR	1.00	X						0.	0.	0.
SUZANNE HOLLENBACHER DIRECTOR	1.00	X						0.	0.	0.
THONDA JAMES DIRECTOR	1.00	X						0.	0.	0.
TIMOTHY STORMS VP EDUCATION & SERVICES	1.00	X						0.	0.	0.
WENDY GRAMZA DIRECTOR	1.00	X						0.	0.	0.
WILLIAM CONLISK DIRECTOR	1.00	X						0.	0.	0.
BLANTON BROWN BOARD MEMBER	3.00	X						0.	0.	0.
CHARLIE HARDING BOARD MEMBER	3.00	X						0.	0.	0.
CRAIG SILBERG BOARD MEMBER	3.00	X						0.	0.	0.
DAVID DEARMAN SECRETARY/TREASURER OF BOARD	5.00	X						0.	0.	0.
DAVID LAWSON BOARD MEMBER	3.00	X						0.	0.	0.
DAVID LOFITS BOARD MEMBER	3.00	X						0.	0.	0.
DAVID MERCER BOARD MEMBER	3.00	X						0.	0.	0.
DAVID MURLETTE BOARD MEMBER	3.00	X						0.	0.	0.
DR. CHANDINI SHARMA BOARD MEMBER	3.00	X						0.	0.	0.
GAY LARSON BOARD MEMBER	3.00	X						0.	0.	0.
HARRY SHELINE BOARD CHAIR	5.00	X						0.	0.	0.
JACKIE KOURI BOARD MEMBER	3.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public Inspection

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Department of the Treasury
Internal Revenue Service

Name of the Organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES HOLMAN BOARD MEMBER	3.00	X					0.	0.	0.	
JEFF COPE BOARD MEMBER	3.00	X					0.	0.	0.	
JUDY GIBSON BOARD MEMBER	3.00	X					0.	0.	0.	
KIM FRENCH BOARD MEMBER	3.00	X					0.	0.	0.	
LAKIESHA MITCHELL BOARD MEMBER	3.00	X					0.	0.	0.	
LAURA TURNER BOARD MEMBER	3.00	X					0.	0.	0.	
LAWERENCE CUNNINGHAM BOARD MEMBER	3.00	X					0.	0.	0.	
LETITIA JACKSON BOARD MEMBER	3.00	X					0.	0.	0.	
MARGARET SWIMMER BOARD MEMBER	3.00	X					0.	0.	0.	
REV LINDA BRINKWORTH BOARD MEMBER	3.00	X					0.	0.	0.	
SALLY HOOD BOARD MEMBER	3.00	X					0.	0.	0.	
SARA MURPHY BOARD MEMBER	3.00	X					0.	0.	0.	
SCOTT GRAUER BOARD MEMBER	3.00	X					0.	0.	0.	
STEVE REMCHUK BOARD MEMBER	3.00	X					0.	0.	0.	
THOM CROWE BOARD MEMBER	3.00	X					0.	0.	0.	
TOM PALMER BOARD MEMBER	3.00	X					0.	0.	0.	
WILLIAM LISSAU BOARD MEMBER	3.00	X					0.	0.	0.	
WILLIAM ORR MD BOARD MEMBER	3.00	X					0.	0.	0.	
ANN NORDQUIST DIRECTOR	1.00	X					0.	0.	0.	
ELIZABETH ECKSTROM, MD DIRECTOR	1.00	X					0.	0.	0.	
JILL HASON TREASURER	1.00	X					0.	0.	0.	

Continuation Sheet for Form 990

2009

Open to Public Inspection

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Department of the Treasury
Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY CLARK VICE PRESIDENT	1.00	X						0.	0.	0.
KAREN GARST PRESIDENT	1.00	X						0.	0.	0.
KATHERINE JIMENEZ DIRECTOR	1.00	X						0.	0.	0.
MARK DONHAM DIRECTOR	1.00	X						0.	0.	0.
MATT ADAMS DIRECTOR	1.00	X						0.	0.	0.
PATRICK GILLETTE, MD DIRECTOR	1.00	X						0.	0.	0.
ROBERT TOZER DIRECTOR	1.00	X						0.	0.	0.
RUTH LAYTON DIRECTOR	1.00	X						0.	0.	0.
TRACI RAY DIRECTOR	1.00	X						0.	0.	0.
ANDREA P. CLEARKIN, CPA DIRECTOR	1.00	X						0.	0.	0.
ANDREW L. HUNT DIRECTOR	1.00	X						0.	0.	0.
CARL UNDERLAND DIRECTOR	1.00	X						0.	0.	0.
CAROL F. LIPPA, MD DIRECTOR	1.00	X						0.	0.	0.
CHAD DEHART, CPA TREASURER	1.00	X						0.	0.	0.
CYNTHIA P. EISEN DIRECTOR	1.00	X						0.	0.	0.
DAVID R. HOFFMAN, ESQ. DIRECTOR	1.00	X						0.	0.	0.
DEBORAH HAUGH VICE CHAIR	1.00	X						0.	0.	0.
DOUGLAS L. CHAET, FACHE DIRECTOR	1.00	X						0.	0.	0.
GEORGE M. CHAMBERLAIN JR., ESQ. DIRECTOR	1.00	X						0.	0.	0.
GEORGE V. HAGER JR., CPA DIRECTOR	1.00	X						0.	0.	0.
GORDON M. WASE, ESQ. DIRECTOR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

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Department of the Treasury
Internal Revenue Service

Name of the Organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION**

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GREG TIGANI SECRETARY	1.00	X						0.	0.	0.
HARVEY P. ROTHMAN, DO DIRECTOR	1.00	X						0.	0.	0.
JOHN LANGEL, ESQ. CHAIR	1.00	X						0.	0.	0.
JON RUNYAN DIRECTOR	1.00	X						0.	0.	0.
KAREN J. GURSKI, MD DIRECTOR	1.00	X						0.	0.	0.
MICHAEL P. RUSSOMANO DIRECTOR	1.00	X						0.	0.	0.
MICHAEL P. WALKER, ESQ. DIRECTOR	1.00	X						0.	0.	0.
PATRICK MCKOY DIRECTOR	1.00	X						0.	0.	0.
RICARDO HURTADO VICE CHAIR	1.00	X						0.	0.	0.
ROBERT F. MARINO DIRECTOR	1.00	X						0.	0.	0.
ROBERT G. CONOVER VICE CHAIR	1.00	X						0.	0.	0.
STEPHEN A. FELDMAN, ESQ. DIRECTOR	1.00	X						0.	0.	0.
TOM SIBSON, CPA DIRECTOR	1.00	X						0.	0.	0.
VAL F. NUNNENKAMP JR. DIRECTOR	1.00	X						0.	0.	0.
ANNE C. MANGUM DIRECTOR	2.00	X						0.	0.	0.
B. J. BURNS DIRECTOR	2.00	X						0.	0.	0.
BARBARA BARHAM DIRECTOR	5.00	X						0.	0.	0.
BARBARA SPECTER DIRECTOR	2.00	X						0.	0.	0.
BEN MUSTIAN VICE CHAIR	5.00	X						0.	0.	0.
CARROLL CAMPBELL, III DIRECTOR	2.00	X						0.	0.	0.
DAVID HAMMETT DIRECTOR	2.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public Inspection

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Department of the Treasury
Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEB LEWIS DIRECTOR	2.00	X					0.	0.	0.	
FANNIE KENNEDY DIRECTOR	2.00	X					0.	0.	0.	
GAIL STOKES SECRETARY	5.00	X					0.	0.	0.	
GARY PIPER DIRECTOR	2.00	X					0.	0.	0.	
GEORGE WEST DIRECTOR	2.00	X					0.	0.	0.	
GERALD HUSKAMP DIRECTOR	2.00	X					0.	0.	0.	
JERRY NEELY DIRECTOR	2.00	X					0.	0.	0.	
JIMMY ALLISON DIRECTOR	2.00	X					0.	0.	0.	
JOHN ABSHER DIRECTOR	2.00	X					0.	0.	0.	
JOHN LEDFORD DIRECTOR	2.00	X					0.	0.	0.	
KAREN PICKARD DIRECTOR	2.00	X					0.	0.	0.	
LUCIEN RICHARDSON DIRECTOR	5.00	X					0.	0.	0.	
LYKES HENDERSON TREASURER	5.00	X					0.	0.	0.	
MARGARET COKER DIRECTOR	3.00	X					0.	0.	0.	
MARK S. KINDY DIRECTOR	2.00	X					0.	0.	0.	
MARY ERVIN WHITE DIRECTOR	2.00	X					0.	0.	0.	
MISSY JOHNSON CHAIR	5.00	X					0.	0.	0.	
PAUL R. OKEN DIRECTOR	2.00	X					0.	0.	0.	
RICK SHAW DIRECTOR	5.00	X					0.	0.	0.	
SARAH ROWAN DIRECTOR	2.00	X					0.	0.	0.	
C.F. (FRANK) ETTER DIRECTOR	1.00	X					0.	0.	0.	

Continuation Sheet for Form 990

2009

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Department of the Treasury
Internal Revenue Service

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CINDY MEYER TREASURER	1.00	X					0.	0.	0.	
CRAIG ELLERBROEK DIRECTOR	1.00	X					0.	0.	0.	
MARC FEINSTEIN DIRECTOR	1.00	X					0.	0.	0.	
MARK DEAK DIRECTOR	1.00	X					0.	0.	0.	
REV. JENNIFER HALLENBECK PRESIDENT	1.00	X					0.	0.	0.	
ROY BURR DIRECTOR	1.00	X					0.	0.	0.	
RUTH SCHEMMELE SECRETARY	1.00	X					0.	0.	0.	
AVA LATE DIRECTOR	1.00	X					0.	0.	0.	
BOBBY JENKINS DIRECTOR	1.00	X					0.	0.	0.	
BUSTER BROWN DIRECTOR	1.00	X					0.	0.	0.	
CLINT HACKNEY DIRECTOR	1.00	X					0.	0.	0.	
DANNY HAMILTON DIRECTOR	1.00	X					0.	0.	0.	
DK REYNOLDS DIRECTOR	1.00	X					0.	0.	0.	
ED CLEMENTS DIRECTOR	1.00	X					0.	0.	0.	
JEANNE PARKER DIRECTOR	1.00	X					0.	0.	0.	
JIM LYDON DIRECTOR	1.00	X					0.	0.	0.	
LAUREE MOFFETT DIRECTOR	1.00	X					0.	0.	0.	
LYNNE OHMSTEDE DIRECTOR	1.00	X					0.	0.	0.	
MARGARET KRASOVEC DIRECTOR	1.00	X					0.	0.	0.	
RICK GRUNDMAN DIRECTOR	1.00	X					0.	0.	0.	
RON DEVERE DIRECTOR	1.00	X					0.	0.	0.	

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUNNY SMITH DIRECTOR	1.00	X					0.	0.	0.	
DR. AJAY PATHAK DIRECTOR	2.00	X					0.	0.	0.	
DR. ANNE LIPTON DIRECTOR	2.00	X					0.	0.	0.	
DR. CHARLES HUNTER DIRECTOR	2.00	X					0.	0.	0.	
DR. RAMON DIAS ARRASTIA DIRECTOR	2.00	X					0.	0.	0.	
A. JAY FINEGOLD DIRECTOR	2.00	X					0.	0.	0.	
DAVID DEALY DIRECTOR	2.00	X					0.	0.	0.	
GERALD SAMPSON CHAIRMAN	2.00	X					0.	0.	0.	
ISAAC SANDOVAL SECRETARY	2.00	X					0.	0.	0.	
JACK BROYLES VICE CHAIRMAN	2.00	X					0.	0.	0.	
KEITH ASHBURN SERVICES COMMITTEE CHAIR	40.00	X					0.	0.	0.	
BETTY NEUMAN GOVERNANCE & NOMINATING CHAIR	2.00	X					0.	0.	0.	
BIDDIE JORDON DIRECTOR	2.00	X					0.	0.	0.	
DEBORAH GARRETT DIRECTOR	2.00	X					0.	0.	0.	
DIANE BRIERLY DEVELOPMENT COMMITTEE CO-CHAIR	2.00	X					0.	0.	0.	
DIANNE PICHLER AUDIT COMMITTEE CHAIR	2.00	X					0.	0.	0.	
EVELYN PONDER DEVELOPMENT COMMITTEE CO-CHAIR	2.00	X					0.	0.	0.	
JANET NYLUND DIRECTOR	2.00	X					0.	0.	0.	
JUDY JARMON-DIAMOND PUBLIC POLICY COMMITTEE CHAIR	2.00	X					0.	0.	0.	
KATY HAUGH DIRECTOR	2.00	X					0.	0.	0.	
KAY HAMMOND DIRECTOR	2.00	X					0.	0.	0.	

Continuation Sheet for Form 990

2009

Open to Public Inspection

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Department of the Treasury
Internal Revenue Service

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SALLY HOGLUND DIRECTOR	2.00	X						0.	0.	0.
STACEY JONES ANGEL TREASURER	2.00	X						0.	0.	0.
SUSAN YOST PR COMMITTEE CHAIR	2.00	X						0.	0.	0.
ART SERNA DIRECTOR	1.00	X						0.	0.	0.
MATTHEW COHEN DIRECTOR	1.00	X						0.	0.	0.
JOHN DALLAHAN DIRECTOR	1.00	X						0.	0.	0.
DR. KELLY OVERLEY DIRECTOR	1.00	X						0.	0.	0.
EDDIE GARCIA SECRETARY	1.00	X						0.	0.	0.
LAURA GOLDMAN DIRECTOR	1.00	X						0.	0.	0.
KEELI JERNIGAN DIRECTOR	1.00	X						0.	0.	0.
WILL JEWELL TREASURER	1.00	X						0.	0.	0.
KELLY KERR DIRECTOR	1.00	X						0.	0.	0.
L. J. ANDERSON VICE CHAIR	1.00	X						0.	0.	0.
GENIE MCCARTNEY DIRECTOR	1.00	X						0.	0.	0.
MITCH MOSS CHAIR	1.00	X						0.	0.	0.
DON RODEN DIRECTOR	1.00	X						0.	0.	0.
DIANE SMITH DIRECTOR	1.00	X						0.	0.	0.
MATT SPAHN DIRECTOR	1.00	X						0.	0.	0.
ELAINE TALARSKI DIRECTOR	1.00	X						0.	0.	0.
YVONNE L. TRACHTA DIRECTOR	1.00	X						0.	0.	0.
ANNA CATALANO PRES ELECT & BOARD DEV. CHAIR	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public
Inspection

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Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AUDREY CHENG TREVINO EX-OFFICIO	1.00	X						0.	0.	0.
DIANE BAZELIDES DEVELOPMENT CHAIR	2.00	X						0.	0.	0.
GINGER KANALY BOARD MEMBER	2.00	X						0.	0.	0.
HARRY E. WALKER DIRECTOR EMERITUS	1.00	X						0.	0.	0.
JAN JOHNSON IMMEDIATE PAST PRESIDENT	2.00	X						0.	0.	0.
JANET JACKSON - MCCULLOCH PROGRAMS & SERVICES CHAIR	2.00	X						0.	0.	0.
JIM SAYE BOARD MEMBER	2.00	X						0.	0.	0.
JOI BEASLEY BOARD MEMBER	2.00	X						0.	0.	0.
KATE ALLEN STUKENBERG BOARD MEMBER	2.00	X						0.	0.	0.
KATHY CARTER EX-OFFICIO	1.00	X						0.	0.	0.
KIM SANCHEZ ADVOCACY CHAIR	2.00	X						0.	0.	0.
KURT GOERINGER PRESIDENT	2.00	X						0.	0.	0.
LYNN BENCOWITZ BOARD MEMBER	2.00	X						0.	0.	0.
MARK KUNIK MD, MPH BOARD MEMBER	2.00	X						0.	0.	0.
NANCY RITTER BOARD MEMBER	2.00	X						0.	0.	0.
ROYCE IMHOFF, II BOARD MEMBER	2.00	X						0.	0.	0.
STEPHANIE MAGERS EX-OFFICIO	1.00	X						0.	0.	0.
SUSANNE SCHMELZ TREASURER	2.00	X						0.	0.	0.
VICTOR J. NARCISSE, III BOARD MEMBER	2.00	X						0.	0.	0.
W. ANDREW (ANDY) ACHENBAUM SECRETARY	2.00	X						0.	0.	0.
W. PERRY ZIVLEY, JR. BOARD MEMBER	2.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public Inspection

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Department of the Treasury
Internal Revenue Service

Name of the Organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION**

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE FOX BOARD MEMBER	2.00	X						0.	0.	0.
WILLIAM E. FISHER BOARD MEMBER	2.00	X						0.	0.	0.
ANN LESOK BOD FY10, NOT CURRENT ON BOARD	1.00	X						0.	0.	0.
BILL FALCK BOARD OF DIRECTORS	2.00	X						0.	0.	0.
BRYAN MCCALED BOARD OF DIRECTORS	1.00	X						0.	0.	0.
DAVID BURR VP, BOARD OF DIRECTORS	2.00	X		X				0.	0.	0.
DAVID MARTIN BOARD OF DIRECTORS	1.00	X						0.	0.	0.
DAVID MELLINA BOARD OF DIRECTORS	1.00	X						0.	0.	0.
DERRAL REED BOD FY10, NOT CURRENT ON BOARD	1.00	X						0.	0.	0.
ELLIS LANGSTON BOARD OF DIRECTORS	1.00	X						0.	0.	0.
GRACE ANN DURDEN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
GREG MCCOY PRESIDENT, BOARD OF DIRECTORS	2.00	X						0.	0.	0.
JAMIE FEASTER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
JANICE SIX BOARD OF DIRECTORS	1.00	X						0.	0.	0.
JEFF FRANKLIN BOARD OF DIRECTORS	1.00	X						0.	0.	0.
JERRY PIPES BOD FY10, NOT CURRENT ON BOARD	1.00	X						0.	0.	0.
MEHARVAN SINGH BOARD OF DIRECTORS	1.00	X						0.	0.	0.
MICHAEL OLMSTEAD BOARD OF DIRECTORS	1.00	X						0.	0.	0.
MIKE TANDY BOARD OF DIRECTORS	1.00	X						0.	0.	0.
RICHARD MATSLER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
RICK WEAVER BOARD OF DIRECTORS	1.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public
Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL BRINKMAN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
SUSAN WILCOX TREASURER, BOARD OF DIRECTORS	2.00	X						0.	0.	0.
TED ST. CLAIR BOARD OF DIRECTORS	1.00	X						0.	0.	0.
VALERIE HOLLOWAY SKINNER SECRETARY, BOARD OF DIRECTORS	2.00	X						0.	0.	0.
WARREN YORK BOD FY10, NOT CURRENT ON BOARD	1.00	X						0.	0.	0.
WILLIAM CRAWFORD BOARD OF DIRECTORS	1.00	X						0.	0.	0.
DANIEL BEAN, PH.D DIRECTOR	2.00	X						0.	0.	0.
DON GEORGE CEO BLUE CROSS BLUE SHIELD VT	2.00	X						0.	0.	0.
J. PAUL GIULIANI, ESQ. DIRECTOR	2.00	X						0.	0.	0.
JOSEPH KRAWCZYK STATE REPRESENTATIVE	2.00	X						0.	0.	0.
MARIANNE APFELBAUM EDITOR	2.00	X						0.	0.	0.
RANDOLPH BROCK, III STATE SENATOR	2.00	X						0.	0.	0.
SUSAN WEHRY, M.D. DIRECTOR	2.00	X						0.	0.	0.
BARRY MOORE DIRECTOR	1.00	X						0.	0.	0.
BRIAN PHELPS DIRECTOR	1.00	X						0.	0.	0.
CAROL MANNING DIRECTOR	1.00	X						0.	0.	0.
E. RAY DINSTEL DIRECTOR	1.00	X						0.	0.	0.
JEFFREY ULMER DIRECTOR	1.00	X						0.	0.	0.
JOYCE TIPTON DIRECTOR	1.00	X						0.	0.	0.
MARGIE SHAVER DIRECTOR	1.00	X						0.	0.	0.
ROBERT GILGES DIRECTOR	1.00	X						0.	0.	0.

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

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▶ See the instructions for Form 990.

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RON FEINMAN DIRECTOR	1.00	X						0.	0.	0.
WILLIAM STOKES DIRECTOR	1.00	X						0.	0.	0.
BENJAMIN HUGER II TREASURER	1.00	X						0.	0.	0.
BRUCE BALLARED DIRECTOR	1.00	X						0.	0.	0.
GLENN A JENNER DIRECTOR	1.00	X						0.	0.	0.
JAMIE ALBANO VP	1.00	X						0.	0.	0.
LEE JAMERSON DIRECTOR	1.00	X						0.	0.	0.
MARCIE MCMILLIN PRESIDENT	1.00	X						0.	0.	0.
MARION BACKUS VP	1.00	X						0.	0.	0.
MIKE MORISI DIRECTOR	1.00	X						0.	0.	0.
PEG NEEJER DUFFY DIRECTOR	1.00	X						0.	0.	0.
SHEILA POWELL SECRETARY	1.00	X						0.	0.	0.
W. HUNTER OLD DIRECTOR	1.00	X						0.	0.	0.
ANNE. P. CONSTANT, ED.D DIRECTOR	2.00	X						0.	0.	0.
ARTHUR C. COX, JR. JR. FINANCE CHAIR, BOARD OF DIR	2.00	X						0.	0.	0.
DR. JAMES BICKSEL DIRECTOR	2.00	X						0.	0.	0.
GRANT MCLAUGHLIN DIRECTOR	2.00	X						0.	0.	0.
J. KELLY GANJEI DIRECTOR	2.00	X						0.	0.	0.
JACK SHANKMAN, VICE CHAIR-BOARD OF DIRECTORS	2.00	X						0.	0.	0.
JANE OTTENBERG DIRECTOR	2.00	X						0.	0.	0.
JASON SAGER DIRECTOR	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public
Inspection

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Department of the Treasury
Internal Revenue Service

Name of the Organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JODI LYONS DIRECTOR	2.00	X						0.	0.	0.
KEN CONNELLY DIRECTOR	2.00	X						0.	0.	0.
LAUREN LEFKOWITZ DIRECTOR	2.00	X						0.	0.	0.
MARC BALAMACI DIRECTOR	2.00	X						0.	0.	0.
MARILYN TUCKER DIRECTOR	2.00	X						0.	0.	0.
MARK BIERBOWER DIRECTOR	2.00	X						0.	0.	0.
MICHAELA SHARPE SECRETARY, BOARD OF DIRECTORS	2.00	X						0.	0.	0.
PATRICIA VAGONIS DIRECTOR	2.00	X						0.	0.	0.
PATRICK BRANNELLY DIRECTOR	2.00	X						0.	0.	0.
R. JORDAN SMYTH, JR, CFA DIRECTOR	2.00	X						0.	0.	0.
RAMONA RODRIGUEZ DIRECTOR	2.00	X						0.	0.	0.
RANDY EAST DIRECTOR	2.00	X						0.	0.	0.
RICHARD RAMLALL DIRECTOR	2.00	X						0.	0.	0.
ROBERT COMEAU CHAIR, BOARD OF DIRECTORS	2.00	X						0.	0.	0.
ROBERT D. KANTOR, ARPC DIRECTOR	2.00	X						0.	0.	0.
RYAN TRIPLETT DIRECTOR	2.00	X						0.	0.	0.
SCOTT E. HUCH VICE CHAIR, BOARD OF DIRECTORS	2.00	X						0.	0.	0.
SUSAN HEISEY, MSW DIRECTOR	2.00	X						0.	0.	0.
ANDREA YORK DIRECTOR	1.00	X						0.	0.	0.
BEN GARRETT DIRECTOR	1.00	X						0.	0.	0.
BETTY FAHAD DIRECTOR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public
Inspection

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Department of the Treasury
Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRENDA MITCHELL SECRETARY	1.00	X						0.	0.	0.
CHET WADE DIRECTOR	1.00	X						0.	0.	0.
DIANNE DENNY VICE PRESIDENT	1.00	X						0.	0.	0.
IVAN TOLBERT DIRECTOR	1.00	X						0.	0.	0.
JOHN BEASLEY DIRECTOR	1.00	X						0.	0.	0.
KATHERINE KENNEDY DIRECTOR	1.00	X						0.	0.	0.
LYNNE SEWARD DIRECTOR	1.00	X						0.	0.	0.
MARIE KOLENDO TREASURER	1.00	X						0.	0.	0.
MATT HARPER PRESIDENT	1.00	X						0.	0.	0.
NICK FARAONE DIRECTOR	1.00	X						0.	0.	0.
RUSSELL PERKINS DIRECTOR	1.00	X						0.	0.	0.
SCOTT PACIOCCO DIRECTOR	1.00	X						0.	0.	0.
SHANNON RIVIERE DIRECTOR	1.00	X						0.	0.	0.
THELMA BLAND WATSON DIRECTOR	1.00	X						0.	0.	0.
VALERIE HOPSON-BELL DIRECTOR	1.00	X						0.	0.	0.
BARBARA SHAW PRESIDENT	5.00	X						0.	0.	0.
BRAD GOODE MEMBER	2.00	X						0.	0.	0.
BRIAN OLIVE MEMBER	2.00	X						0.	0.	0.
CASSADRA UNDLIN SECRETARY	5.00	X						0.	0.	0.
CHRISTOPHER GRUENFELD TREASURER	5.00	X						0.	0.	0.
CRAIG ANDERSON MEMBER	2.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public Inspection

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Department of the Treasury
Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EILEEN ALEXANDER MEMBER	5.00	X						0.	0.	0.
ELECTA ANDERSON VICE PRESIDENT (DEVELOPMENT)	5.00	X						0.	0.	0.
JACK TONKIN MEMBER	2.00	X						0.	0.	0.
JOHN SHOESMITH VICE PRESIDENT	5.00	X						0.	0.	0.
JON YOUNGER, MD MEMBER	2.00	X						0.	0.	0.
MARK DAVIDSON VICE PRESIDENT	5.00	X						0.	0.	0.
MICHAEL MANNING TREASURER	2.00	X						0.	0.	0.
NORA GIBSON PRESIDENT	5.00	X						0.	0.	0.
ROBERT FRASER, PH.D MEMBER	5.00	X						0.	0.	0.
STEVE OLSEN MEMBER	2.00	X						0.	0.	0.
ANDREW BROWNFIELD DIRECTOR	1.00	X						0.	0.	0.
ANN STOTTLEMYER VICE PRESIDENT	1.00	X						0.	0.	0.
ANNETTE ZAVAREEI DIRECTOR	1.00	X						0.	0.	0.
BARRY DOBSON TREASURER	1.00	X						0.	0.	0.
BECKY DEEM SECRETARY	1.00	X						0.	0.	0.
CANDACE JONES DIRECTOR	1.00	X						0.	0.	0.
CHAD BROADWATER DIRECTOR	1.00	X						0.	0.	0.
CHRISTINA BRUMLEY DIRECTOR	1.00	X						0.	0.	0.
DANIEL KIMBLE DIRECTOR	1.00	X						0.	0.	0.
DAVID CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
DAVID HIGGINS DIRECTOR	1.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public
Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GAYLENE MILLER PRESIDENT	1.00	X						0.	0.	0.
JERRY WALKER DIRECTOR	1.00	X						0.	0.	0.
PHIL TURNER DIRECTOR	1.00	X						0.	0.	0.
SAMUEL SCOTT DIRECTOR	1.00	X						0.	0.	0.
TRACY MOODY DIRECTOR	1.00	X						0.	0.	0.
WILLIAM HUTCHENS DIRECTOR	1.00	X						0.	0.	0.
BONNIE WEYERS SECRETARY	1.00	X						0.	0.	0.
BRAD BECKMAN PRESIDENT OF THE BOARD	1.00	X						0.	0.	0.
DANIEL WILHELM TREASURER	1.00	X						0.	0.	0.
DIANA BROWN VICE PRESIDENT	1.00	X						0.	0.	0.
KATIE DYKES DIRECTOR	1.00	X						0.	0.	0.
LARRY WHITE DIRECTOR	1.00	X						0.	0.	0.
SHANNON TODD DIRECTOR	1.00	X						0.	0.	0.
STEPHANIE LA PLANT DIRECTOR	1.00	X						0.	0.	0.
STEVE NOOYEN DIRECTOR	1.00	X						0.	0.	0.
ALLYSON OLIVIER DIRECTOR	1.00	X						0.	0.	0.
ANNE BASTING DIRECTOR	1.00	X						0.	0.	0.
BETH MEYER-ARNOLD VICE PRESIDENT	1.00	X						0.	0.	0.
BRUCE LINDL DIRECTOR	1.00	X						0.	0.	0.
DALE MUEHL TREASURER	1.00	X						0.	0.	0.
DAVID HAGMAN DIRECTOR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

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
ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID SIMBRO PRESIDENT	1.00	X						0.	0.	0.
ELLEN BASTING DIZARD SECRETARY	1.00	X						0.	0.	0.
JACQUELYN RICE DIRECTOR	1.00	X						0.	0.	0.
JESTENE MCCORD DIRECTOR	1.00	X						0.	0.	0.
JIM DAVIS DIRECTOR	1.00	X						0.	0.	0.
JOHN KUROWSKI DIRECTOR	1.00	X						0.	0.	0.
LUIS BAEZ DIRECTOR	1.00	X						0.	0.	0.
MARK STENZEL DIRECTOR	1.00	X						0.	0.	0.
TAMANNA BEMBENEK DIRECTOR	1.00	X						0.	0.	0.
TOM BAYLERIAN DIRECTOR	1.00	X						0.	0.	0.
CAROLE KELLY DIRECTOR	1.00	X						0.	0.	0.
CELIA MANLEY DIRECTOR	1.00	X						0.	0.	0.
CONNIE JENKINS DIRECTOR	1.00	X						0.	0.	0.
CYNTHIA LUTHER, DSN, FNP DIRECTOR	1.00	X						0.	0.	0.
DENNIS SHARP DIRECTOR	1.00	X						0.	0.	0.
JANET BUTTS DIRECTOR	1.00	X						0.	0.	0.
JEAN CLARK DIRECTOR	1.00	X						0.	0.	0.
JO ANN O'QUIN, PH. D. DIRECTOR	1.00	X						0.	0.	0.
KENNETH A. DRUMMONDS DIRECTOR	1.00	X						0.	0.	0.
KEVIN D. JONES DIRECTOR	1.00	X						0.	0.	0.
LISA BEAN DIRECTOR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK MEEKS, JR., MD DIRECTOR	1.00	X						0.	0.	0.
MARSHALL BELAGA, M.D. DIRECTOR	1.00	X						0.	0.	0.
MARY NELL DORRIS DIRECTOR	1.00	X						0.	0.	0.
MELANIE FORTENBERRY DIRECTOR	1.00	X						0.	0.	0.
PAMALA B. WILSON DIRECTOR	1.00	X						0.	0.	0.
RICHARD NENNEAU, M.D. DIRECTOR	1.00	X						0.	0.	0.
SUSAN GRAVES DIRECTOR	1.00	X						0.	0.	0.
WILLIAM B. HOWELL DIRECTOR	1.00	X						0.	0.	0.
AL WIGGINS BOARD MEMBER	1.00	X						0.	0.	0.
ANN BELTZ BOARD MEMBER	1.00	X						0.	0.	0.
BRAD HINTON BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE DUNCAN VICE CHAIR	1.00	X						0.	0.	0.
CAINE COLLEY BOARD MEMBER	1.00	X						0.	0.	0.
CHAUNDRAL CRUTCHER BOARD MEMBER	1.00	X						0.	0.	0.
DAVID ARCHER BOARD MEMBER	1.00	X						0.	0.	0.
FAYE WEAVER BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE JENSEN, PHD BOARD CHAIR	1.00	X						0.	0.	0.
JAMES TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
KARLA MILLER BOARD MEMBER	1.00	X						0.	0.	0.
KENNETH SAKAUYE BOARD MEMBER	1.00	X						0.	0.	0.
MARVIN STUBBS BOARD MEMBER	1.00	X						0.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION**

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MELINDA VANCE BOARD MEMBER	1.00	X						0.	0.	0.
MIKE BRENT TREASURER/SECRETARY	1.00	X						0.	0.	0.
RICK REGEN BOARD MEMBER	1.00	X						0.	0.	0.
SHARON DURNIN BOARD MEMBER	1.00	X						0.	0.	0.
BRENT SAMPLE DIRECTOR	1.00	X						0.	0.	0.
CURTIS FORD CHAIRPERSON	1.00	X						0.	0.	0.
DAN DAVIS DIRECTOR	1.00	X						0.	0.	0.
DARSHINI JAYAWARDENA DIRECTOR	1.00	X						0.	0.	0.
DAVID OGBURN DIRECTOR	1.00	X						0.	0.	0.
DAWN WAGNER SECRETARY	1.00	X						0.	0.	0.
DEBBIE MINER IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
DINA BICKELL DIRECTOR	1.00	X						0.	0.	0.
HEIKE SCHMOLCK DIRECTOR	1.00	X						0.	0.	0.
MEGAN MILLIGAN DIRECTOR	1.00	X						0.	0.	0.
MISSY SISLER VICE CHAIR - INTERIM TREASURER	1.00	X						0.	0.	0.
PEGGY JENKINS DIRECTOR	1.00	X						0.	0.	0.
STEVE HABENICHT DIRECTOR	1.00	X						0.	0.	0.
THOMAS FISCHER JR DIRECTOR	1.00	X						0.	0.	0.
TOM WATSON DIRECTOR	1.00	X						0.	0.	0.
BARB MAHONEY DIRECTOR	1.00	X						0.	0.	0.
BRIAN CASEY DIRECTOR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public
Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELAINE HOPKINS DIRECTOR	1.00	X						0.	0.	0.
JAMES SCHAEFER SECRETARY/TREASURER	1.00	X						0.	0.	0.
LON PAGE DIRECTOR	1.00	X						0.	0.	0.
LORENE HARRIS DIRECTOR	1.00	X						0.	0.	0.
MARK SCROGGIN VICE PRESIDENT	1.00	X						0.	0.	0.
MELISSA POLAND-KNAPIK DIRECTOR	1.00	X						0.	0.	0.
NICOLE MANDERFELD DIRECTOR	1.00	X						0.	0.	0.
PAIGE PATTON-MORRIS DIRECTOR	1.00	X						0.	0.	0.
PATRICIA JOHNSON PRESIDENT	1.00	X						0.	0.	0.
ROSEMARY THIELMAN DIRECTOR	1.00	X						0.	0.	0.
WILLIAM FISHER CEO	40.00			X				149,484.	0.	0.
LINDA MITCHELL PRESIDENT/CEO	50.00			X				117,078.	0.	0.
JAMES VUMBACO CHIEF FINANCIAL OFFICER	45.00			X				75,000.	0.	0.
PATRICIA CLARK EXECUTIVE DIRECTOR	45.00			X				110,000.	0.	0.
ELLEN BROWN CEO	40.00			X				88,693.	0.	3,816.
GRACE GRANT-BROWN COO	40.00			X				83,575.	0.	2,721.
KATHRYN REDINGTON CEO	40.00			X				70,828.	0.	0.
ERNA COLBORN PRESIDENT AND CEO	40.00			X				181,024.	0.	28,733.
JANET DEVLIN CFO	40.00			X				107,754.	0.	15,538.
HEATHER ALLEN HERSHBERGER DIRECTOR	40.00			X				127,014.	0.	19,235.
WANDA J. LEW DIRECTOR	40.00			X				94,854.	0.	3,111.

Continuation Sheet for Form 990

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY HAUER DIRECTOR	40.00			X				66,354.	0.	0.
TERI SHIRK PRESIDENT AND CEO	40.00			X				103,500.	0.	0.
MARY CATHERINE NAUGLE EXECUTIVE DIRECTOR	40.00			X				101,699.	0.	2,098.
ANNETTE WEST ACTING PRESIDENT/CEO	50.00			X				44,000.	0.	0.
REBECCA ARGILAGOS PRESIDENT/CEO-MILITARY DEP	50.00			X				4,236.	0.	0.
DUANE J. GROSS CEO	40.00			X				79,567.	0.	0.
CATHERINE JAMES CEO	40.00			X				65,818.	0.	1,318.
MELISSA MCMAHON CHIEF PROGRAMS OFFICER	40.00			X				40,255.	0.	0.
TONI ANN WALSH CHIEF DEVELOPMENT OFFICER	40.00			X				53,449.	0.	0.
WILLIAM STRALIPER CFO	40.00			X				52,759.	0.	0.
ELAINE SPROAT CEO	35.00			X				86,117.	0.	19,433.
MARY ANN RAGONA EXECUTIVE DIRECTOR/CEO	40.00			X				108,346.	0.	0.
LOU-ELLEN BARKAN PRESIDENT & CEO	40.00			X				212,331.	0.	11,250.
MAY WOEL VP & CFO	40.00			X				98,030.	0.	5,321.
RICHARD MUELLER BOARD SECRETARY	40.00			X				0.	0.	0.
SHARON BOYD INTERIM PRES/CEO, SENIOR VP	40.00			X				78,911.	0.	6,714.
JOAN SILLASEN FINANCE DIRECTOR	40.00			X				52,425.	0.	0.
PAMELA SCHUELLERMAN EXECUTIVE DIRECTOR	40.00			X				78,979.	0.	0.
NANCY A. DOUGLAS FINANCE DIRECTOR	40.00			X				67,337.	0.	14,602.
NANCY B. UDELSON EXECUTIVE DIRECTOR	40.00			X				94,576.	0.	13,659.
MICHELLE CHIPPAS EXECUTIVE DIRECTOR & CEO	40.00			X				92,785.	0.	0.

Continuation Sheet for Form 990

2009

Open to Public
Inspection

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Department of the Treasury
Internal Revenue Service

Name of the Organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION

Employer identification number
36-3463656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JUDI VERHOEF PRESIDENT & CEO	40.00			X				110,634.	0.	0.
JUDY MCKELLAR EXECUTIVE DIRECTOR	40.00			X				81,900.	0.	0.
WENDY CAMPBELL EXECUTIVE DIRECTOR	37.50			X				127,395.	0.	0.
CYNTHIA C. ALEWINE CEO/PRESIDENT	40.00			X				88,280.	0.	0.
DEBBIE HANNA EXECUTIVE DIRECTOR	40.00			X				73,396.	0.	0.
JOHN R. GILCHRIST, JR. PRESIDENT & CEO	40.00			X				147,701.	0.	26,037.
JANET L. MASSEY, CPA DIRECTOR OF FINANCE	40.00			X				83,594.	0.	10,916.
PHILLIP KING CFO	50.00			X				74,333.	0.	0.
RICHARD ELBEIN CEO	50.00			X				105,923.	0.	0.
SUE FRIEDMAN EXECUTIVE DIRECTOR	40.00			X				80,134.	0.	0.
VALERIE WASHINGTON DIRECTOR, FINANCE & OPERATIONS	40.00			X				50,080.	0.	0.
ANTHONY SUDLER EXECUTIVE DIRECTOR	40.00			X				153,700.	0.	0.
BEN KORDESTANI CFO & COO	40.00			X				125,000.	0.	0.
SHARON PETERSON CEO	40.00			X				79,739.	0.	0.
MICHAEL FURGIUELE DIRECTOR OF OPERATIONS	40.00			X				53,142.	0.	0.
MARCIA MASSENGILL CEO	40.00			X				62,000.	0.	0.
RON BEAVER CFO	40.00			X				50,000.	0.	0.
DEBRA R. BROOK EXECUTIVE DIRECTOR	40.00						X	100,000.	0.	0.
JED A. LEVINE EXEC VP DIR PROGRAMS & SERVICE	40.00						X	119,130.	0.	6,959.
DAVID VILLANI CFO & COO	40.00						X	113,300.	0.	0.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	12	186,250.	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	199	24,786.	Cost or Selling Price of Donate
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	22	133,834.	Cost or Selling Price of Donate
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	X	1	46,139.	Cost or Selling Price of Donat
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	31	22,365.	FMV
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0.

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

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

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.

Pt I Line 32b Oklahoma/Arkansas Chapter-

Car Program LLC process all contributions of motor vehicles for us.

Rochester Chapter-

The Chapter uses Car Program, Inc. to receive, process and sell car donations on behalf of the Chapter. The Chapter receives the proceeds of the sale less any fees.

Colorado Chapter-

Contractor/company picks up auto, delivers for auction, provides tax info and thank you letters to donor, forwards net receipts to Chapter, issues 1098-C for donors

Chapters use third-party unrelated brokers to sell stock.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ASSOCIATION

ALZHEIMER'S DISEASE & RELATED DISORDERS

Employer identification number
36-3463656

ATTACHMENT 2

FORM 990, PART H ON THE FIRST PAGE

LISTING OF CHAPTERS OF THE ALZHEIMER'S ASSOCIATION IN THE GROUP IRS 990

NAME & EIN & ADDRESS	CHAPTER #
NORTHERN CALIFORNIA AND NORTHERN NEVADA, 94-2897949 1060 LA AVENIDA ST, MOUNTAIN VIEW, CA 94040	20
COLORADO, 84-0908354 455 SHERMAN STREET, SUITE 500, DENVER, CO 80203-3532	24
CONNECTICUT, 42-1540769 279 NEW BRITAIN ROAD, KENSINGTON, CT 06037	28
SOUTHEAST FLORIDA, 59-2008883 3333 FOREST HILL BLVD., WEST PALM BEACH, FL 33406	33
CENTRAL AND NORTH FLORIDA, 36-3487166 378 CENTER POINTE CIRCLE, ALAMONTE SPRINGS, FL 32701	37
CENTRAL ILLINOIS, 37-1224417 606 W. GLEN AVENUE, PEORIA, IL 61614	58
GREATER ILLINOIS, 36-3102348 8430 WEST BRYN MAWR, CHICAGO, IL 60631	59

Name of the organization	Employer identification number
ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	36-3463656
GREATER INDIANA, 35-1747836 50 EAST 91ST STREET, INDIANAPOLIS, IN 46240	67
EAST CENTRAL IOWA, 42-1333384 1570 42ND STREET NE, CEDAR RAPIDS, IA 52402	73
CENTRAL AND WESTERN KANSAS, 20-5107941 347 SOUTH LAURA, WITCHITA, KS 67211	75
GREATER KENTUCKY AND SOUTHERN INDIANA, 36-4497854 6100 DUTCHMANS LANE, LOUISVILLE, KY 40205	78
LOUISIANA, 72-1038780 3717 GOVERNMENT STREET, ALEXANDRIA, LA 71302	81
GREATER MARYLAND, 52-1219428 1850 YORK ROAD, SUITE D, TIMONIUM, MD 21093	83
HEART OF AMERICA, 48-0934474 3846 WEST 75TH STREET, PRAIRIE VILLAGE, KS 66208	100
MID MISSOURI, 43-1344786 2400 BLUFF CREEK DRIVE, COLUMBIA, MO 65201	101
SOUTHWEST MISSOURI, 43-1485251	103

ATTACHMENT 2 (CONT'D)

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

Employer identification number
36-3463656

ATTACHMENT 2 (CONT'D)

1500 SOUTH GLENSTONE, SPRINGFIELD, MO 65804

MIDLANDS, 47-0648438

109

1941 SOUTH 42ND STREET, OMAHA, NE 68105

CENTRAL NEW YORK, 36-3487171

117

441 WEST KIRKPATRICK STREET, SYRACUSE, NY 13204-1361

HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY, 14-1695487

118

2 JEFFERSON PLAZA, SUITE 103, POUGHKEEPSIE, NY 12601-4027

LONG ISLAND, 11-2637292

120

3281 VETERANS MEMORIAL HIGHWAY, RONKONKOMA, NY 11779

NEW YORK CITY, 13-3277408

121

360 LEXINGTON AVENUE, 5TH FLOOR, NEW YORK, NY 10017

ROCHESTER, 16-1159941

123

435 EAST HENRIETTA ROAD, ROCHESTER, NY 14620

WESTERN NEW YORK, 16-1181599

128

2805 WEHRLE DRIVE, SUITE 6, WILLIAMSVILLE, NY 14221

GREATER EAST OHIO AREA, 34-1454446

135

1815 WEST MARKET STREET, SUITE 301, AKRON, OH 44313

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ASSOCIATION

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ATTACHMENT 2 (CONT'D)

CLEVELAND AREA, 34-1311175	139
23215 COMMERCE PARK DRIVE, BEACHWOOD, OH 44122	
CENTRAL OHIO, 31-0996236	140
3380 TREMONT ROAD, COLUMBUS, OH 43221	
MIAMI VALLEY, 31-1031867	143
3797 SUMMIT GLEN DRIVE, SUITE G100, DAYTON, OH 45449	
NORTHWEST OHIO, 34-1423768	144
2500 NORTH REYNOLDS ROAD, TOLEDO, OH 43615-2820	
OKLAHOMA/ARKANSAS, 73-1183372	147
6465 SOUTH YALE, SUITE 206, TULSA, OK 74136-7810	
OREGON, 93-0813252	148
1650 NORTHWEST NAITO PARKWAY, PORTLAND, OR 97209	
DELAWARE VALLEY, 23-2280056	156
399 MARKET STREET, PHILADELPHIA, PA 19106	
SOUTH CAROLINA, 57-0792592	161
521 N. MCDUFFIE STREET, ANDERSON, SC 29621	

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ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	36-3463656
SOUTH DAKOTA, 32-0151779 1000 N WEST AVE SUITE 250, SIOUX FALLS, SD 57104	162 <u>ATTACHMENT 2 (CONT'D)</u>
CAPITAL OF TEXAS , 74-2286105 3429 EXECUTIVE CENTER DRIVE, AUSTIN, TX 78731	169
GREATER DALLAS, 75-2041194 4144 NORTH CENTRAL EXPRESSWAY, DALLAS, TX 75204	172
STAR, 04-3631046 4687 NORTH MESA, EL PASO, TX 79912	173
HOUSTON & SOUTHEAST TEXAS, 74-2198685 2242 WEST HOLCOMBE BLVD., HOUSTON, TX 77030	174
NORTH CENTRAL TEXAS, 75-1984152 101 SUMMIT AVENUE, FORT WORTH, TX 76102	177
VERMONT AND NEW HAMPSHIRE, 03-0286299 172 NORTH MAIN STREET, BARRE, VT 5641	179
CENTRAL AND WESTERN VIRGINIA, 54-1309570 1160 PEPSI PLACE, CHARLOTTESVILLE, VA 22901	181
SOUTHEASTERN VIRGINIA, 54-1204329	182

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ATTACHMENT 2 (CONT'D)

6350 CENTER DRIVE, NORFOLK, VA 23502

NATIONAL CAPITAL AREA, 52-1196162 184

3701 PENDER DRIVE, FAIRFAX, VA 22030

GREATER RICHMOND, 54-1263555 185

4600 COX ROAD, GLEN ALLEN, VA 23060

WESTERN AND CENTRAL WASHINGTON STATE, 91-1075926 190

12721 30TH AVENUE NE, SUITE 101, SEATTLE, WA 98125

WEST VIRGINIA, 36-3487172 191

1111 LEE STREET, EAST, CHARLESTON, WV 25301

GREATER WISCONSIN, 39-1493227 194

2900 CURRY LANE SUITE A, GREEN BAY, WI 54311

SOUTHEASTERN WISCONSIN, 39-1350965 195

6130 W. NATIONAL AVENUE, MILWAUKEE, WI 53214

MISSISSIPPI CHAPTER, 64-0786327 205

1900 DUNBARTON DRIVE, JACKSON, MS 39216

MID SOUTH, 62-1860364 208

4205 HILLSBORO PIKE, SUITE 216, NASHVILLE, TN 37215

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ATTACHMENT 2 (CONT'D)

GREATER IOWA, 42-1520582 232

1730 28TH STREET, WEST DES MOINES, IA 50266

INLAND NORTHWEST, 91-1409620 233

601 W. MAXWELL, SUITE 4, SPOKANE, WA 99201

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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Statement of Program Service Accomplishments

Respite Care - Respite care provides temporary care for affected individuals and desperately needed relief to family caregivers charged with the 24/7 care of a loved one with Alzheimer's disease or a related dementia. Chapter expenses for respite care services are most frequently attributed to paying for care through a properly licensed care provider for individuals who have Alzheimer's disease or dementia diagnosis and do not have the financial resources needed to pay for such care. Typical providers include home respite care agencies and adult day care centers.

Program Services- Chapters participate in the Alzheimer's Association Nationwide Common Program Plan. The Association's portfolio of programs include:

Information and Referral - Provides support and information about Alzheimer's disease and related dementias, programs and services provided by the Association, and community resources as they relate to Alzheimer's disease and related disorders through a 24/7 toll free helpline as well as the web.

Care Consultation - Improves the affected individual and their caregiver's quality of life and decreases the stressful impact of Alzheimer's and dementia. Chapters employ Care Consultants who identify areas of need and provide assistance and psychosocial support through education about the disease and symptom management, problem solving, planning for future needs,

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and linkages with resources, particularly during transitional or crisis situations.

Consumer Education-Chapters provide a variety of educational seminars offered in communities nationwide.

Support Groups-Chapters provide support groups for caregivers and persons with the disease offered in a variety of locations to meet the needs of diverse communities.

Safety Services-Chapters provide nationwide programs, such as Safe Return/Medic Alert and Comfort Zone, which address the safety needs of persons with the disease and their caregivers.

Early Stage Programming - Addresses the unique needs of individuals in the early stages of Alzheimer's or a related dementia. Chapters address Early Stage needs through a variety of education, awareness, and engagement opportunities designed to help individuals and families cope with the diagnosis and empower them to make decisions regarding their future and make the most of life following their diagnosis.

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

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further treatments and discovery, hosting the world's largest gathering of Alzheimer's researchers (International Conference on Alzheimer's Disease) or leading the worldwide Alzheimer's Disease Neuroimaging Initiative (ADNI) to accelerate advances in imaging, the Alzheimer's Association seeks out key gaps and fills them with knowledge. We work with collaborators around the globe from all sectors to hasten progress.

Pt VI-A, Line 2 Greater Maryland Chapter-

Two Board members are related.

Southwest Missouri Chapter-

During the year, two of our board members,

Karen Krittenbrink and Susan Luarca, became part owners of a used car business

New York City Chapter-

Heath McLendon (Co-Chair) is a client of Jeffrey Asher (Director) and Nathan Halegua is a client of Andrew Albstein (both Directors)

South Carolina Chapter-

Two Board Members are Related

STAR Chapter- One Board Member (Yvonne Tracha) worked for another Board member (Mitch Moss).

Western and Central Washington State Chapter-

Electa Anderson is Craig Anderson's sister-in-law

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time of hire and annually report any changes.

Heart of America Chapter -

Conflict of interest issues are discussed in interviews before a Board member is nominated for election or a staff member is hired.

Board members and key employees annually complete a Conflict of Interest Disclosure Statement and any potential conflicts are discussed with the Executive Committee of the Board.

Mid Missouri Chapter -

A written Conflict of Interest Policy is reviewed and signed annually kept in files in the Executive Director's office.

Southwest Missouri Chapter -

Through the written disclosure per 12b above, The business interests are known to the management of the Chapter & all business transactions are approved with this knowledge in mind.

Midlands Chapter -

Conflict of interest is discussed prior to service on the Board Of Directors and is assessed annually by way of a signed statement from each member of the Board. All employees read and sign a conflict of interest statement when hired.

Central New York Chapter -

The Organization's Conflicts of Interest Policy is reviewed and signed by board member. Board member have duty to disclose any

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conflicts or potential conflict that arise during the course of board activities. Conflicts are monitored during the course of board meetings and are reflected in board meeting minutes, should a conflict arise that should be addressed.

Hudson Valley/Rockland/Westchester Chapter -

The Chapter's President & CEO annually reviews any conflict of interest disclosed and brings that conflict of interest to the attention of the Board chair in the event of a situation or action that could give rise to a conflict

Long Island Chapter -

All members of the Board and key employees are required to disclose annually interests that could give rise to conflict. Compliance is monitored and enforced by the Employee Handbook, the National Operations Manual and the Board Policy and Conflict of Interest Packet.

New York City Chapter -

All board member prospects must sign the conflict of interest policy, before they are invited to join the Board. Additionally, all current officers, directors, trustees and key employees are required to sign the policy each year. They are also required to disclose immediately any interests that could give rise to conflicts, should these occur during the year.

Rochester Chapter -

Annually, the Board members are required to submit conflict of

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interest statements. The individual is required to notify the Organization if a conflict occurs prior to the next required submission of the conflict of interest statement.

Western New York Chapter -

Annual re-signing of the conflict by all members of the board along with chapter policy review.

Greater East Ohio Chapter -

Annually, the board of trustees completes conflict of interest statement.

Central Ohio Chapter -

Once a year each Board member reviews and signs the conflict of interest statement. The statements are reviewed by the Executive Committee. The staff reviews and signs a conflict of interest statement annually.

Miami Valley Chapter -

If Chapter suspects a breach of the policy an investigation would be started and appropriate action taken.

Northwest Ohio Chapter -

Upon appointment to the board, the conflict of interest policy is reviewed and signed by board members. This policy is reviewed with board members on an ongoing annual basis.

Oklahoma and Arkansas Chapter -

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Compliance to policies is a daily duty of each Manager. Typically Managers are supervising program policies and procedures, Personnel policies, and compliance with budgets. Annually Management has a Retreat where policies and procedures are re-emphasized. In addition our annual audit is a comprehensive look at all our financial procedures.

Oregon Chapter -

Disclosed at board meetings. None this year.

Delaware Valley Chapter -

Conflict of interest done annually by staff, board and other key volunteers.

South Carolina Chapter -

Members complete a conflict of interest form annually at the beginning of business relations with the chapter, etc. Members abstain from discussing and/or voting on items related to the potential conflict. Questionable situations where conflict could arise are discussed by the board chair and CEO to determine the appropriate course of action. If necessary, the chair and CEO meet with the board member to insure that no actions are taken that would present a conflict.

South Dakota Office -

Once a year, forms are reviewed and questions are asked if necessary.

Capital of Texas Chapter -

Policy is delivered to each employee, discussed, and policies

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reinforced at that time.

Greater Dallas Chapter -

All new Board members sign a conflict of interest. The auditors send out a "Related Party Questionnaire" each year to board members. Employees execute a Conflict of Interest form each fiscal year.

Star Chapter -

On an annual basis each Board of Directors completes conflict of interest statement.

Houston & Southeast Texas Chapter -

All interested persons are required to file a disclosure statement prior to commencing work with the Chapter and thereafter update it as may be required from time to time, and in no event less often than annually. The Nominating Committee shall report to the Board of Directors from time to time on the implementation of the policy or if any conflict of interest exists.

North Central Texas Chapter -

The disclosure statement is signed by all board members and key staff annually.

Vermont Chapter -

It is monitored through self disclosure.

Central and Western Virginia -

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All employees and Board Members are required to sign a conflict of interest statement annually. The governance committee and the finance committee provide ongoing monitoring and any needed enforcement.

Southeastern Virginia Chapter -

Each year board members are required to sign the chapter's conflict of interest statement. At that time, any potential conflict of interest is disclosed and recorded in the meeting minutes.

National Capital Chapter -

This policy is part of our employee handbook. The officers regularly enforce this policy with all employees. We all make sure to follow all restrictions and regulations of the written conflict of interest policy.

Greater Richmond Chapter -

CEO reviews

Western and Central Washington State Chapter -

The Board reviews annual conflict of interest statements and discusses any potential conflicts that might exist.

West Virginia Chapter -

When a transaction occurs that may involve an entity that a Board or staff member has a relationship with that may constitute a conflict of interest, it is examined carefully to ensure it is carried out on an arms-length basis. Conflict of interest statements are required

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to be signed each year.

Greater Wisconsin Chapter -

Chapter maintains a conflict of interest policy between board, committees and employees. Annual review of all board relationships is conducted to identify potential conflicts. During the year, any changes resulting in potential conflicts are documented and announced to other officers and board members. Any affected members or officers recuse themselves from voting on items where potential conflict is involved.

Southeastern Wisconsin Chapter -

Periodically, officers, directors, trustees, and/or key employees are requested to revise the conflict of interest policy for updates.

Mississippi Chapter -

Discussed at annual meetings and new member orientations.

Mid South Chapter -

Annually a questionnaire is given to all board members and all employees.

Greater Iowa Chapter -

The responsibility of disclosing any known or reasonably foreseeable actual or potential conflicts of interest falls upon the interested person whose interests are or may appear to be in conflict with the chapter. Interested persons shall err on the side of prudence and disclose an actual or potential conflict if in doubt as to

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whether such conflicts exists. Disclosure shall be made in writing on disclosure forms provided by the Chapter. In this regard, all interested persons are required to annually file a conflict of interest disclosure statement. Staff members will review and update, as needed, the conflict of interest disclosure statement during their annual performance reviews. Board members shall review and update during the annual meeting of the board, typically held in May. It is the responsibility of the Board President and Executive Director to maintain current disclosure statements of all interested persons and to address situations in which a conflict of interest exists. In addition to the annual disclosure, board members and key employees must state their conflict of interest at the time of voting or decision making on issues related to the conflict. Board meeting minutes and/or other documentation of meetings and decisions should include a record of the individual's request to refrain from decision making.

Inland Northwest Chapter -

The Board Governance Committee meets annually to review conflict of interest statements from Board Members and key staff. The Governance Committee will investigate all allegations of noncompliance and make recommendations to the Chapter Board. The Chapter Board takes all necessary actions at its meetings.

Pt VI-B, Line 15 40 of the 51 answered yes. The following answered yes.

Northern California and Northern Nevada Chapter -

Chapter's CEO and Director of Finance compensation is set by

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the Executive Committee on an annual basis.

Colorado Chapter -

CEO's performance and salary is reviewed and determined by

the Executive Committee of the Board. All employees salaries are

compared with annual wage surveys completed by Colorado

Non-Profit Association (CNA) for reasonableness and position in local

job markets. All salaries are monitored and determined by the CEO.

Southeast Florida Chapter -

Comparability data is obtained and included in the annual

operating budget that is reviewed and approved by the Finance

Committee, Executive Committee and the Board of Directors.

Central and North Florida Chapter -

15.a: Compensation committee composed of members of the

Board and representatives of the National office reviewed

comparability data provided by the National Office, set standards

for review and approved compensation for the Chapter CEO.

15.b: The CEO in conjunction with the governing body reviews

comparability data provided by the National office for other key

employees of the Chapter. Sets performance standards and reviews

and determines compensation for other key employees,

Central Illinois Chapter -

Executive Director reviews staff performance and market comparables.

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Greater Indiana Chapter -

The Executive Committee of the Board of Directors reviews the Executive Director at the end of each fiscal year and determines any increase based on past performance. The Executive Director discusses with the Executive Committee proposed increases for all other employees during the budget process. All increases are based on performance as determined during the annual reviews. Periodic comparison with available data may result in salary increases, if it is determined that a position is not in line with like positions or geographic locations.

East Central Iowa Chapter -

The Executive Director's salary range is reviewed by the Compensation Committee, based on comparable data provided by the National Association. The Executive Committee reviews the E.D. performance with input from the full Board of Directors, determines the salary.

Central and Western Kansas Chapter -

The Board President sends out reviews to all of the board members. This is a review that is completed about our Executive Director. Once the Board President receives the individual reviews, he compiles it into one review. He also researches on-line for salaries that are comparable to the Executive Directors position at a non-profit. The Board President then has a one on one review with our Executive Director.

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----- Greater KY and Southern Indiana Chapter - -----

----- The compensation of the Chief Executive Officer for each year, or -----
 ----- the terms of compensation for a multi-year contract, is -----
 ----- recommended by the Executive Committee of the Board in advance -----
 ----- and approved by a vote of the full Board. In considering -----
 ----- compensation, all elements are provided to the Board, including -----
 ----- (but not limited to): the value of all employee benefits whether -----
 ----- taxable or not, the value of vehicles to the employee, retirement -----
 ----- and health plan contributions. Prior to a final vote on the -----
 ----- compensation, the Board collects information regarding amounts -----
 ----- paid by comparable organizations for comparable services and -----
 ----- consider how the proposed compensation compares to -----
 ----- the comparison information. If the amount proposed as -----
 ----- compensation seems high based on the comparison information, -----
 ----- the Board considers collecting additional information or obtaining a -----
 ----- professional compensation opinion. The vote by the Board is recorded -----
 ----- in the meeting minutes within sixty days after the meeting, -----
 ----- including the amount authorized and references to the comparison -----
 ----- information. -----

----- Louisiana Chapter - -----

----- Annually the chapter conducts 360 degree employee reviews on -----
 ----- the Executive Director and other key management personnel. The -----
 ----- ED annually makes recommendations to the Board on Key Employee -----
 ----- salaries and the overall increase in salaries. The Executive -----
 ----- Committee on the Board of Directors reviews and recommends -----
 ----- the salary of the ED. -----

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Heart of America Chapter -

The Executive Committee of the Board annually sets the compensation of the Executive Director. Salaries are well within range for this market. We have an all-volunteer Board so compensation of Board members is not an issue.

Mid-Missouri Chapter -

The Compensation Committee conducts an annual evaluation of the Executive Director and determines appropriate compensation based on comparable data from at least two independent sources. The Compensation Committee presents report to full Board of Directors. Other key employees of the Chapter are evaluated by the Executive Director on an annual basis and compensation is determined by performance and comparable data for similar positions.

Southwest Missouri Chapter -

Each year there is a review of the compensation and benefits of all employees of the chapter by the Finance Committee, considering comparability data, the current financial condition and the budgeted revenues & expenses for the next year. The CEO and other key persons receive the proportionate amount of consideration, as do other employees relative to their importance to the chapter.

Midlands Chapter

The executive committee and the Board members performs this function.

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Central New York Chapter -All compensation increases are approved by the Board of Directors.Hudson Valley/Rockland/Westchester, NY Chapter -

Before determining compensation for the Chapter's CEO and
recommending raises for other key employees, the Chapter's
Compensation Committee reviewed the compensation survey
published by the New York Council of Nonprofits (in which data are
sorted by the organization's location and size), as well as similar
information provided by the Alzheimer's Association's national office.

Long Island Chapter -Compensation is determined and voted upon by the Board.New York City Chapter -

Board members were asked to provide written comment on the CEO's
performance. In addition, all staff members were asked to fill
out an employee feedback survey around engagement that addressed
the work environment and performance of chapter leadership.
The Board's Compensation Committee and the Board's co-chairs
reviewed the results and also reviewed the data relating to salaries
of CEOs of other similarly situated non-profit organizations. Based
on the feedback and market data, the Compensation Committee
and Board co-chairs decided on a recommended compensation amount
for the CEO for the upcoming fiscal year. The full Board
adopted the recommendation after discussion in an executive session

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of the Board on June 16. The salaries of key management employees were determined through discussions among the CEO, the Board's co-chairs and the Compensation Committee.

Western New York Chapter - Board Of Directors review and approval required.

Miami Valley Chapter - In setting compensation levels, the Chapter reviews local salary surveys and current market conditions. The Board President approves the Executive Directors salary increases. Note all current directors have been on staff for more than 4 years and most at 8+ years. No significant salary adjustments have been made during that time.

Northwest Ohio Chapter- The Executive Director's performance is evaluated. Upon completion of the review, the Executive Committee meets to determine a compensating value for the Executive Director. This information is forwarded to the Finance Director who modifies salary amounts with the third party payroll service. Other key employees compensation is reviewed by a task force, comparing local salary surveys and adjusting if necessary.

Oklahoma & Arkansas Chapter - Compensation of key individuals is managed by the Personnel Committee that uses many sources to determine appropriate levels.

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They have national studies of compensation grades supplied by our national office, consultations with National Personnel Director and local surveys of non profit compensation for our specific location.

Delaware Valley Chapter -

Executive committee reviews and determines President & CEO's salary.

South Dakota Office -

The Executive Committee annually reviews salaries and evaluates Executive Director. Executive Director evaluates other employees and makes recommendations for salary.

Capital of Texas Chapter -

Review of CEO's compensation is directed by Chairman of the Board of Directors, produces a written document annually and is reviewed by CEO and Chair prior to acceptance. CEO reviews senior staff.

Greater Dallas Chapter -

The Chapter Executive's compensation is reviewed and approved by the Compensation Committee. All other staff is reviewed, approved and budgeted by the Chapter Executive. Independent salary surveys are utilized in determining market competitive salary structure for other key employees.

Star Chapter -

The Chapter's CEO, Executive Director's salary is reviewed and approved by the Board. All key employees and management staff are

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approved and reviewed by the Executive Director.

Houston & Southeast Texas Chapter -

An Approval Body composed of individuals without any conflict of interest, need to approve the compensation arrangement, based on comparability data that demonstrates the fair market value of the compensation in question. The Approval Body needs to document how it reached its decisions, including the data on which it relied.

Vermont Chapter -

Board reviewed and approved compensation level for Executive Director and other key employees.

Central and Western Virginia Chapter -

The compensation of the Chapter's CEO is determined by the Governance Committee of the Board of Directors. The compensation of key employees is also reviewed by the Chapter CEO and the Board Chair and Treasurer.

Southeastern Virginia Chapter -

The chapter has established a formal Executive Compensation Committee that is supported by the National Association's Senior Human Resources Director. The committee meets 3 to 4 times a year to review the progress concerning the agreed upon CEO's goals. The National Association provides comparative salary data of CEO pay in the local area. The Executive Compensation Committee

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recommends the CEO salary increase based on performance review and accomplishment of goals. The Committee notifies the Board of the recommendation. Upon approval by the Board, the Treasurer will notify the chapter's Finance office of the salary percentage increase.

National Capital Chapter -

The chapter uses the salary and compensation survey and comparability data within the industry to compensate the officers and key executives. These key employees are being interviewed and approved by the board members. All salaries and compensations for all employees regardless of the nature of the positions are based on the compensation grids reviewed and approved by the officers and executives of the Association.

Greater Richmond Chapter -

Members of the Board of Directors use an industry and demographics benchmark type system to help determine management salaries.

Western and Central Washington State Chapter -

The Board uses salary surveys from United Way to benchmark Executive Director and key employee compensation.

West Virginia Chapter -

The Compensation Committee of the Board of Directors reviews salaries of management on an annual basis during the budget

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preparation period.

Greater Wisconsin Chapter -

Annual review of wage and salary for all management and organizations. Board level review is completed for all position ranges annually in combination with annual board process.

Finance/Compensation Committee reviews all salaries of management staff. Board President identifies the salary and related compensation for Chapter Executive.

Southeastern Wisconsin Chapter -

The organization participates in the Salary Review done by the Non-Profit Center of Milwaukee, which in return gets a report that compares salary data collected from different other non-profit organizations in Southeastern Wisconsin. This data is compared to the current staff wages by management and the Board. Also, other comparison salary reports are obtained as a National comparison as well.

Mississippi Chapter -

Chapter has a compensation committee that reports to the full board.

Mid South Chapter -

The Board appointed a compensation committee and this committee performed a review of comparable salaries and these salaries ranges were then approved by the Board.

Inland Northwest Chapter -

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The Chapter has a Compensation Committee with Board Members,
 Community Volunteers and a National Alzheimer's Association
 Staff Member. The Compensation Committee recommends draft
 goals and compensation for the Chapter Executive Director.

Pt VI-C, Line 19 Chapters make its governing documents, conflict of interest
 policy, and financial statements available upon request
 from requestors. Some Chapters will post the group 990 on
 their individual Chapter's website. The group 990 is posted
 to the National Alzheimer's Association website at alz.org
 Chapters will also make the 990 available upon request if it
 is not posted on their website.

Sch G, Line 1 No individual Chapter expended professional fundraising expenses
 in excess of \$15,000.

Sch G, pg 2, line 6 Southeast Virginia Chapter- 90% Volunteer Labor
 Greater Dallas Chapter
 Greater Wiscosin- 100% Volunteer Labor

Sch G, pg3, line 14 Greater Dallas Chapter
 Janet L. Massey
 4144 N. Central Expressway, Suite 750
 Dallas TX, 75204

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Southeastern Virginia Chapter

Patricia Woodis

6350 Center Drive, Suite 102

Norfolk, VA 23502

Sch I, Pt IV Line 2 1) the person being cared for must be 60+ years, 2) person needing care must live at home with caregiver, 3) they must live in Sedgwick, Butler, Harvey County. The facility that the caregiver uses, invoices us directly. Memorial Grant: Each participant must complete an application we issue. We reimburse caregivers for in-home or daycare respite fees. These fees are reimbursed up to \$400 for the year. The caregiver must send in proof of payment to receive their reimbursement.

Greater Maryland Chapter-

Grants using Maryland State Respite funds are based on state guidelines. Other respite grants are based on demonstrated need. All respite care grants are administered and monitored by our Family Care Manager.

Heart of America Chapter-

Reimbursement model. Grantee presents paid receipts for services (respite service, purchase of briefs, medicines to treat disease)

Midlands Chapter-

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Participants must meet eligibility requirements and submit documentation prior to payment of funds.

Hudson Valley/Rockland/Westchester, NY Chapter-

Grants will provide up to \$500, to be used within three months of acceptance for licensed, accredited, or other approved agency-sponsored respite care services. Requests for renewal of the grant may be discussed with the Director of Programs and Services. The total amount awarded to a family cannot exceed \$1,000. An approved application for the "Time Away" Respite Program will remain active until the end of the calendar year that it was awarded. If respite care services are not utilized, or if a request for an extension of program eligibility is not discussed with the director of programs and services, the application will become void.

Rochester Chapter-

The payments are made directly by our Organization to third parties to provide assistance to individuals. Financial statements are reviewed monthly and participant utilization is adjusted as necessary after the statement review.

Western New York Chapter-

Grants are provided for respite in amounts of \$400 per individual payable to the facility providing service.

Greater East Ohio Chapter-

The majority of the money paid is sent directly to the facility for Respite Reimbursement and paid directly to the organization for Safe Return.

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Delaware Valley Chapter-

We have our Executive Director handle the grants. She has a tickler file and schedules for applications and reporting. She works with my bookkeeper to complete all the financial reports and with the program person assigned to the grant for the narrative and deliverables.

South Carolina Chapter-

Respite Grant vouchers are issued to family caregivers for AD patients and entered into a respite database. The database is monitored on a monthly basis to ensure families are using funds to provide care for AD patient. Individuals are called to ensure receipt and understanding of process.

Greater Dallas Chapter-

1)RJ Roper Caregiver Award recognizes the value of caring for the caregiver. Nomination for outstanding caregivers is solicited from various health care communities which outlines the criteria necessary to be considered for the award. A committee then chooses the winners based on the applicants' compelling stories. The number of awards is based on the number of sponsorships received. Each award amount is \$1,000.

2)Respite individual recipients must meet financial need requirements in order to qualify for the program. The maximum amount per recipient is \$125 per month for a 24 month period. Also refer clients to various respite providers and offset certain expenses through this program.

3)Emergency financial assistance is occasionally provided to individuals or families, on the recommendation by one of the managers of family services. This assistance is generally low-dollar amounts that are intended to assist the family with an extraordinary circumstance.

Name of the organization

Alzheimer's Disease and Related Disorders Association

Employer identification number

36-3463656

4) Safe Return Payments - In order to encourage enrollment in this vital program, the Association will pay the initial fee.

5) Research Fellowship - Donor provided awards for two young researchers for their outstanding work in the field of Alzheimer's research.

Southeastern Virginia-

Grant vendors are required to submit standardized respite reports for payment. The report has participant and reimbursement data. Reports are reviewed and data is updated to the grant workbook prior to processing payment.

Greater Richmond-

Caregivers submit an application including a physicians statement that the patient has some form of dementia. Through home visits the consultant confirms the applicants status as the primary caregiver. The application is reviewed by program staff for approval. Recipients are required to use respite providers licensed by the state. Funds are paid directly to the facility, in-home care provider or adult day care upon receipt of an invoice.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Alzheimer's Disease and Related Disorders Association

Employer identification number

36-3463656

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Alz.Disease&Related Disorder's Asn.Found.Rochester,NY, Inc 86-1175985 435 E. Henrietta Road , Rochester NY 14620	Generate financial support fo	NY	501 (c) 3	7	Assoc holds Beneficial
Coalition of New York State Alzheimers Chapters, Inc. 13-4076596 435 E. Henrietta Road , Rochester NY 14620	public policy activites and g	NY	501 (c) 3	11c, III-FI	supporting organization

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

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.

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.

We are the largest nonprofit funder of Alzheimer's disease research. Since Awarding our first grants in 1982, the Associaton 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.

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 foward.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: _____ Description: Program Services -- See Schedule O
 Expenses 51,146,059.
 Grants Of 1,143,479.
 Revenue.. 1,790,989.

Schedule D, Supplemental Financial Statements
Part VII Investments - Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Other:		

Schedule D, Supplemental Financial Statements
Part X Other Liabilities

(a) Description of Liability	Beg of Year Amount (990-EZ ONLY)	(b) End of Year Amount
Funds on behalf of AACT		13,672.
Fiscal agent liabilities		71,101.
Unamortized lease incentive		9,457.
Previous Year Other Liabilities	1,623,716.	0.

Schedule O (Form 990), Supplemental Information to Form 990
Schedule G (Form 990 or Form 990-EZ), Part III, Line 9 (continued)

Enter the state(s) in which the organization operates gaming activities:

Wisconsin
Texas
Virginia

Schedule O (Form 990), Supplemental Information to Form 990
Schedule G (Form 990 or Form 990-EZ), Part III, Line 9b (continued)

If 'No,' explain:

Virginia does not require a gaming license for activities
that gross less than 40,000

Alzheimer's Association
 Year Ended June 30, 2010
 EIN #36-3463656
 GEN #9334

Attachment

Listing of Chapters of the Alzheimer's Association
 included in the Group IRS 990

ST	EIN	CHP	NAME	ADDRESS	CITY	ZIP
CA	94-2897949	20	Northern California and Nevada	1060 La Avenida St	Mountain View	94040
CO	84-0908354	24	Colorado	455 Sherman Street, Suite 500	Denver	80203-3532
CT	42-1640769	28	Connecticut	279 New Britain Road	Kensington	06037
FL	59-2008883	33	Southeast Florida	3333 Forest Hill Blvd.	West Palm Beach	33406
FL	36-3487166	037	Central and North Florida	378 Center Pointe Circle	Alamonte Springs	32701
IL	37-1224417	58	Central Illinois	808 W. Glen Avenue	Peoria	61614
IL	38-3102348	59	Greater Illinois	8430 West Bryn Mawr	Chicago	60631
IN	35-1747836	67	Greater Indiana	50 East 91st Street	Indianapolis	46240
IA	42-1333384	73	East Central Iowa	1570 42nd Street NE	Cedar Rapids	52402
KS	20-5107941	75	Central and Western Kansas	347 South Laura	Wichita	67211
KY	36-4497854	78	Greater Kentucky and Southern Indiana	8100 Dutchmans Lane	Louisville	40205
LA	72-1038780	081	Louisiana	3717 Government Street	Alexandria	71302
MD	52-1219428	83	Greater Maryland	1850 York Road, Suite D	Timonium	21093
KS	48-0934474	100	Heart of America	3848 West 75th Street	Prairie Village	66208
MO	43-1344786	101	Mid Missouri	2400 Bluff Creek Drive	Columbia	65201
MO	43-1485251	103	Southwest Missouri	1500 South Glenstone	Springfield	65804
NE	47-0848438	109	Midlands	1941 South 42nd Street	Omaha	68105
NY	36-3487171	117	Central New York	441 West Kirkpatrick Street	Syracuse	13204-1381
NY	14-1695487	118	Hudson Valley/Rockland/Westchester, NY	2 Jefferson Plaza, Suite 103	Poughkeepsie	12601-4027
NY	11-2637292	120	Long Island	3281 Veterans Memorial Highway	Ronkonkoma	11779
NY	13-3277408	121	New York City	380 Lexington Avenue, 5th Floor	New York	10017
NY	16-1159941	123	Rochester	435 East Henrietta Road	Rochester	14620
NY	16-1181599	128	Western New York	2805 Wehrle Drive, Suite 6	Williamsville	14221
OH	34-1454446	135	Greater East Ohio Area	1815 West Market Street, Suite 301	Akron	44313
OH	34-1311175	139	Cleveland Area	23215 Commerce Park Drive	Beachwood	44122
OH	31-0996236	140	Central Ohio	3380 Tremont Road	Columbus	43221
OH	31-1031867	143	Miami Valley	3797 Summit Glen Drive, Suite G100	Dayton	45449
OH	34-1423768	144	Northwest Ohio	2500 North Reynolds Road	Toledo	43615-2820
OK	73-1183372	147	Oklahoma/Arkansas	8465 South Yale, Suite 206	Tulsa	74136-7810
OR	93-0813252	148	Oregon	1650 Northwest Naito Parkway	Portland	97209
PA	23-2280056	158	Delaware Valley	399 Market Street	Philadelphia	19106
SC	57-0792592	161	South Carolina	521 N. McDuffie Street	Anderson	29621-5528
SD	32-0151779	162	South Dakota	1000 N West Ave Suite 250	Sioux Falls	57104
TX	74-2286105	169	Capital of Texas	3429 Executive Center Drive	Austin	78731
TX	75-2041194	172	Greater Dallas	4144 North Central Expressway	Dallas	75204
TX	04-3631046	173	STAR	4887 North Mesa	El Paso	79912
TX	74-2198665	174	Houston & Southeast Texas	2242 West Holcombe Blvd.	Houston	77030
TX	75-1984152	177	North Central Texas	101 Summit Avenue	Fort Worth	76102
VT	03-0286299	179	Vermont	172 North Main Street	Barre	5641
VA	54-1309570	181	Central and Western Virginia	1160 Pepsi Place	Charlottesville	22901
VA	54-1204329	182	Southeastern Virginia	6350 Center Drive	Norfolk	23502
VA	52-1196162	184	National Capital Area	3701 Pender Drive	Fairfax	22030
VA	54-1263555	185	Greater Richmond	4600 Cox Road	Glen Allen	23060
WA	91-1075926	190	Western and Central Washington State	12721 30th Avenue NE, Suite 101	Seattle	98125
WV	36-3487172	191	West Virginia	1111 Lee Street, East	Charleston	25301
WI	39-1493227	194	Greater Wisconsin	2900 Curry Lane Suite A	Green Bay	54311
WI	39-1350965	195	Southeastern Wisconsin	6130 W. National Avenue	Milwaukee	53214
MS	64-0786327	205	Mississippi Chapter	1900 Dunbarton Drive	Jackson	39216
TN	62-1860364	208	Mid South	4205 Hillsboro Pike, Suite 218	Nashville	37215
IA	42-1620582	232	Greater Iowa	1730 28th Street	West Des Moines	50268
WA	91-1409620	233	Inland Northwest	601 W. Maxwell, Suite 4	Spokane	99201

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see Instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
 Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Jeff Tyler Title ▶ Senior Specialist Date ▶ 11/9/15

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization Alzheimer's Association	Employer identification number 36 3463656
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 225 N. Michigan Ave. Suite 1700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago, IL 60601	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **Individual Chapters with reports at National**

Telephone No. ▶ (312) 335-5217 FAX No. ▶ ()

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **9334**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15th**, 20**11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20..... or

▶ tax year beginning **July 1**, 20**09**, and ending **June 30**, 20**10**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.