

Return of Organization Exempt From Income Tax

2010

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.

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

Form header section containing organization name (ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.), principal officer (RICHARD HOVLAND), and various identification numbers.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, and financial data for 2010 and 2009.

Part II Signature Block

Signature block containing officer signature (RICHARD H. HOVLAND), preparer signature (ANN M. PETRIE), and firm information (GRANT THORNTON LLP).

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

Application for Extension of Time To File an Exempt Organization Return

▶ **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 **X**
- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
	Number, street, and room or suite no. If a P.O. box, see instructions. 225 NORTH MICHIGAN AVENUE, 17TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60601	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ RICHARD HOVLAND, COO

Telephone No. ▶ 312 335-5771 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 12, 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 07/01, 20 10, and ending 06/30, 20 11.

2 If the tax year entered in line 1 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 \$	0
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.	3b \$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

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.

For Paperwork Reduction Act Notice, see Instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
SEE SCHEDULE O

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 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 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 \$ 21,392,532. including grants of \$ 12,371,296.) (Revenue \$ 2,998,681.)
ATTACHMENT 1

4b (Code:) (Expenses \$ 24,371,679. including grants of \$ 0.) (Revenue \$ 0.)
ATTACHMENT 2

4c (Code:) (Expenses \$ 9,173,183. including grants of \$ 601,845.) (Revenue \$ 0.)
CHAPTER SERVICES - FROM COAST TO COAST, MORE THAN 70 CHAPTERS ARE IN COMMUNITIES NATIONWIDE, PROVIDING SERVICES TO FAMILIES AND PROFESSIONALS, INCLUDING INFORMATION AND REFERRAL, SUPPORT GROUPS, CARE CONSULTATION, EDUCATION AND SAFETY SERVICES. THE NATIONAL ORGANIZATION PROVIDES STRATEGIC AND TACTICAL SUPPORT IN THESE ACTIVITIES.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 12,469,875. including grants of \$ 4,558,992.) (Revenue \$ 219,942.)

4e Total program service expenses ▶ 67,407,269.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <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?		
25 a	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 (or a family member thereof) 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)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	119	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	333	
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. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 instructions for 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?		
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 tax deductible?		
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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 a 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 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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, and meeting documentation.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
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.
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: RICHARD HOVLAND, COO 225 N. MICHIGAN AVENUE, CHICAGO, IL 60601-7633 (312) 335-5771

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

Check if Schedule O contains a response to any question in this Part VII X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) EDWARD BERUBE CHAIR, EXEC. COMM., DIRECTOR	10.00	X		X			0.	0.	0.	
(2) GERALD SAMPSON VICE CHAIR, EXEC. COMM., DIR.	10.00	X		X			0.	0.	0.	
(3) HEATHER BURNS TREASURER, EXEC. COMM., DIR.	5.00	X		X			0.	0.	0.	
(4) MARY GUERRIERO AUSTROM, PH.D. SECRETARY, EXEC. COMM., DIR.	10.00	X		X			0.	0.	0.	
(5) R. THOMAS BODKIN DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
(6) RANDOLPH BROCK III DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
(7) CATHY EDGE DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
(8) DEBORAH JONES DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
(9) LAM VIET NGUYEN, M.D. DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
(10) JOHN OSHER DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
(11) RONALD PETERSEN, M.D, PH.D. DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
(12) STEWART PUTNAM DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
(13) JOHN SABL DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
(14) RONALD SCHILLING, PH.D. DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
(15) ELECTA ANDERSON DIRECTOR	5.00	X					0.	0.	0.	
(16) CHRISTOPHER BINKLEY DIRECTOR	5.00	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 (describe hours for related organizations in Schedule O)	(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			
(17) LANE BOWEN DIRECTOR	5.00	X						0.	0.	0.
(18) BILL BUCHELE DIRECTOR	5.00	X						0.	0.	0.
(19) ROBERT K. BURKE DIRECTOR	5.00	X						0.	0.	0.
(20) MERYL COMER DIRECTOR	5.00	X						0.	0.	0.
(21) STEVEN DEKOSKY, M.D. DIRECTOR	5.00	X						0.	0.	0.
(22) RICHARD DELLA PENNA, M.D. DIRECTOR	5.00	X						0.	0.	0.
(23) JACK FAER DIRECTOR	5.00	X						0.	0.	0.
(24) MARLANA GEHA, PH.D. DIRECTOR	5.00	X						0.	0.	0.
(25) MARSHALL GELFAND, CPA DIRECTOR	5.00	X						0.	0.	0.
(26) COLLEEN GOLDHAMMER BENZIN DIRECTOR	5.00	X						0.	0.	0.
(27) LOUIS HOLLAND, JR. DIRECTOR	5.00	X						0.	0.	0.
(28) STEPHEN HUME, PSY.D DIRECTOR	5.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 4								2,231,554.	0.	750,181.
d Total (add lines 1b and 1c)								2,231,554.	0.	750,181.

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 **37**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 5		

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 **72**

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				
	b	Membership dues	1b	171,239.			
	c	Fundraising events	1c	534,150.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,848,491.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	83,518,573.			
	g	Noncash contributions included in lines 1a-1f: \$		3,352,099.			
	h	Total. Add lines 1a-1f ▶		86,072,453.			
Program Service Revenue			Business Code				
	2a	PROGRAM CONFERENCES	611710	2,855,021.	2,855,021.		
	b	JOURNAL	511120	143,660.	143,660.		
	c	SAFE RETURN REGISTRATION FEES	611710	163,363.	163,363.		
	d	CAREGIVER TRAINING	611710	16,291.	16,291.		
	e					
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		3,178,335.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,153,841.		2,153,841.	
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		731.		731.	
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶				0.	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	33,737,651.	8,075.			
	b	Less: cost or other basis and sales expenses	34,349,637.	7,277.			
	c	Gain or (loss)	-611,986.	798.			
	d	Net gain or (loss) ▶				-611,188.	
	8a	Gross income from fundraising events (not including \$ 534,150. of contributions reported on line 1c). See Part IV, line 18 a		3,093,850.			
	b	Less: direct expenses b		1,169,623.			
c	Net income or (loss) from fundraising events ▶		1,924,227.		1,924,227.		
9a	Gross income from gaming activities. See Part IV, line 19 a		20,350.				
b	Less: direct expenses b		7,500.				
c	Net income or (loss) from gaming activities ▶		12,850.		12,850.		
10a	Gross sales of inventory, less returns and allowances a		285,070.				
b	Less: cost of goods sold b		85,312.				
c	Net income or (loss) from sales of inventory ▶		199,758.	40,288.	159,470.		
Miscellaneous Revenue			Business Code				
11a	AFFILIATE REVENUE	900099	753,889.		753,889.		
b	CHAPTER LICENSING AND MAINTENANCE	900099	615,349.		615,349.		
c	OTHER REVENUE	900099	153,167.		153,167.		
d	All other revenue						
e	Total. Add lines 11a-11d ▶		1,522,405.				
12	Total revenue. See instructions ▶		94,453,412.	3,218,623.		5,162,336.	

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	15,738,949.	15,738,949.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,793,184.	1,793,184.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,368,521.	732,601.	233,534.	402,386.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	19,349,078.	13,212,434.	1,051,606.	5,085,038.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,842,070.	1,248,006.	124,104.	469,960.
9 Other employee benefits	1,841,868.	1,254,228.	126,712.	460,928.
10 Payroll taxes	1,418,943.	953,314.	84,923.	380,706.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	1,313,938.	760,276.	62,499.	491,163.
c Accounting	151,931.	105,910.	32,467.	13,554.
d Lobbying	205,000.	205,000.		
e Professional fundraising services. See Part IV, line 17	456,776.			456,776.
f Investment management fees	95,228.	95,228.		
g Other	9,134,830.	4,106,517.	411,118.	4,617,195.
12 Advertising and promotion	8,703,607.	8,609,651.		93,956.
13 Office expenses	18,768,210.	10,592,689.	3,366,283.	4,809,238.
14 Information technology	388,157.	330,291.	7,452.	50,414.
15 Royalties	0.			
16 Occupancy	2,903,545.	2,522,813.	62,120.	318,612.
17 Travel	4,571,615.	3,657,789.	25,368.	888,458.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	740,314.	637,418.	7,113.	95,783.
20 Interest	8.	8.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	785,174.	462,163.	86,815.	236,196.
23 Insurance	118,006.	98,266.	1,970.	17,770.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>CONTINGENCY</u>	10,060.	3,168.		6,892.
b <u>RECRUITMENT</u>	252,342.	49,297.	1,178.	201,867.
c <u>BAD DEBT EXPENSE</u>	833,963.	12,525.		821,438.
d	0.			
e	0.			
f All other expenses	513,646.	225,544.	17,317.	270,785.
25 Total functional expenses. Add lines 1 through 24f	93,298,963.	67,407,269.	5,702,579.	20,189,115.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	15,586,256.	8,685,527.	2,556,368.	4,344,361.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,802,858.	1	10,708,534.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	18,914,827.	3	17,099,520.
	4 Accounts receivable, net	14,094,293.	4	22,708,593.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	0.	8	135,491.
	9 Prepaid expenses and deferred charges	1,859,487.	9	4,137,719.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,538,508.		
	b Less: accumulated depreciation	10b 11,296,424.	3,376,894.	10c 3,242,084.
	11 Investments - publicly traded securities	54,981,363.	11	55,910,534.
	12 Investments - other securities. See Part IV, line 11	10,393,951.	12	12,353,595.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	116,423,673.	16	126,296,070.	
Liabilities	17 Accounts payable and accrued expenses	5,297,686.	17	6,741,706.
	18 Grants payable	31,902,842.	18	27,149,833.
	19 Deferred revenue	2,277,176.	19	3,996,445.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	19,226,896.	25	19,787,586.
	26 Total liabilities. Add lines 17 through 25	58,704,600.	26	57,675,570.
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	24,278,255.	27	32,643,433.
	28 Temporarily restricted net assets	13,282,442.	28	13,922,372.
	29 Permanently restricted net assets	20,158,376.	29	22,054,695.
	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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	57,719,073.	33	68,620,500.	
34 Total liabilities and net assets/fund balances	116,423,673.	34	126,296,070.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	94,453,412.
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,298,963.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,154,449.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,719,073.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,746,978.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	68,620,500.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated 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	
3b	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	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Employer identification number
13-3039601

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 a 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 to 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 it 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?
 - (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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	82,129,990.	95,071,788.	78,177,850.	75,805,366.	85,896,759.	417,081,753.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,159,287.	3,384,152.	5,318,528.	4,413,451.	3,255,699.	22,531,117.
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	88,289,277.	98,455,940.	83,496,378.	80,218,817.	89,152,458.	439,612,870.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	933,904.	3,200,000.	1,188,870.	599,940.	728,821.	6,651,535.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.	933,904.	3,200,000.	1,188,870.	599,940.	728,821.	6,651,535.
8 Public support (Subtract line 7c from line 6.)						432,961,335.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.	88,289,277.	98,455,940.	83,496,378.	80,218,817.	89,152,458.	439,612,870.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,337,589.	4,684,438.	3,077,704.	1,969,538.	2,154,572.	16,223,841.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,337,589.	4,684,438.	3,077,704.	1,969,538.	2,154,572.	16,223,841.
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.) <u>ATCH 1</u>	111,460.	439,146.	607,419.	2,610,156.	4,901,325.	8,669,506.
13 Total support. (Add lines 9, 10c, 11, and 12.)	92,738,326.	103,579,524.	87,181,501.	84,798,511.	96,208,355.	464,506,217.
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 2010 (line 8, column (f) divided by line 13, column (f)).	15	93.21%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	94.06%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	3.49%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	3.69%

19a 33 1/3% support tests - 2010. 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

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 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; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
CHAPTER LICENSE & MAINT. FEES	0.	222,906.	413,788.	982,928.	615,349.	2,234,971.
OTHER REVENUE	111,460.	214,433.	192,163.	100,873.	153,167.	772,096.
AFFILIATE REVENUE	0.	0.	0.	595,380.	753,889.	1,349,269.
INCOME FROM FUNDRAISING EVENTS	0.	0.	0.	930,975.	3,093,850.	4,024,825.
INCOME FROM SALES OF INVENTORY	0.	1,807.	1,468.	0.	285,070.	288,345.
TOTAL	<u>111,460.</u>	<u>439,146.</u>	<u>607,419.</u>	<u>2,610,156.</u>	<u>4,901,325.</u>	<u>8,669,506.</u>

Schedule of Contributors

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

2010

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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) and 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 its 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).

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

Employer identification number
13-3039601

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 2,640,894.	Person <input checked="" 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.)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
 - Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
 - Section 527 organizations: Complete Part I-A only.
- If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
- If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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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 on behalf of or in opposition to candidates for public office 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 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 filing organization made payments. 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-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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												
1 a	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" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a	Lobbying nontaxable 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				

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	
d Mailings to members, legislators, or the public?	X		50,369.
e Publications, or published or broadcast statements?	X		6,825.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		478,624.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		262,996.
i Other activities? If "Yes," describe in Part IV	X		359,674.
j Total. Add lines 1c through 1i			1,158,488.
2 a 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?			

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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

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, lines 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) nondeductible 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.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

NEARLY ALL OF THE ASSOCIATION'S LOBBYING IS THROUGH STAFF OR ITS VOLUNTEERS. THEREFORE, ONLY A SMALL AMOUNT OF REPORTABLE EXPENSES ARE INCURRED FOR GRASS ROOTS LOBBYING, 10% OF THE DATABASE CONTRACTS, OR \$4,320. THESE AMOUNTS ARE USED FOR ADVOCACY.

ADDITIONALLY THE ASSOCIATION HAS TRAINING TO DEVELOP AND ORGANIZE CHAPTER BASED GRASSROOTS ACTIVITIES. FOR FISCAL YEAR 2011 THESE TRAINING EXPENDITURES WERE \$355,354.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

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

Employer identification number 13-3039601

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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 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 in the form of a conservation easement on the last day of the tax year, 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 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 easements 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.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 the 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	9,438,167.	8,125,409.	9,400,894.		
b Contributions	96,708.	117,211.	60,401.		
c Net investment earnings, gains, and losses	2,091,738.	1,195,547.	-1,285,475.		
d Grants or scholarships			50,411.		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,626,613.	9,438,167.	8,125,409.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 0.0000 %
 - b Permanent endowment ▶ 100.0000 %
 - c Term endowment ▶ 0.0000 %
- 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 | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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				
b Buildings				
c Leasehold improvements		3,986,783.	1,980,241.	2,006,542.
d Equipment		5,214,857.	4,184,208.	1,030,649.
e Other		5,336,868.	5,131,975.	204,893.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				3,242,084.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTERESTS	12,238,571.	FMV
(B) ASSETS HELD IN TRUST	115,024.	FMV
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	12,353,595.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO CHAPTERS	11,712,817.
(3) GIFT ANNUITY OBLIGATIONS	4,735,205.
(4) DEFERRED COMPENSATION	1,007,102.
(5) DEFERRED RENT	2,332,462.
(6) -----	
(7) -----	
(8) -----	
(9) -----	
(10) -----	
(11) -----	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	19,787,586.

2. FIN 48 (ASC 740) 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	94,453,412.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	93,298,963.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,154,449.
4	Net unrealized gains (losses) on investments	4	8,887,877.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	859,101.
9	Total adjustments (net). Add lines 4 through 8	9	9,746,978.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	10,901,427.

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	108,389,303.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	8,887,877.
b	Donated services and use of facilities	2b	3,557,050.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,405,652.
e	Add lines 2a through 2d	2e	13,850,579.
3	Subtract line 2e from line 1	3	94,538,724.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-85,312.
c	Add lines 4a and 4b	4c	-85,312.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	94,453,412.

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

1	Total expenses and losses per audited financial statements	1	97,317,019.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,932,744.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	85,312.
e	Add lines 2a through 2d	2e	4,018,056.
3	Subtract line 2e from line 1	3	93,298,963.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment 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	93,298,963.

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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

USE OF ENDOWMENT

SCHEDULE D, PART V, LINE 4

THE ASSOCIATION FOLLOWS DIRECTIONS REGARDING INCOME EARNED ON ENDOWMENTS.
IF NO DIRECTION, INCOME IS USED TOWARD OUR MISSION.

FIN 48

SCHEDULE D, PART X, LINE 2

IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48 ("FIN 48") (NOW REFERRED TO AS ASC 740-10-25-6, "ASC 740"), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109," WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH THE BROADER CONCEPTS PREVIOUSLY OUTLINE IN ASC 740. THE ASSOCIATION ADOPTED THIS NEW GUIDANCE AS OF JULY 1, 2009. THIS GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNIZED AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY THE TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE POSITION MAY BE CHALLENGED. THE ASSOCIATION IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE TAX YEARS ENDING 2008, 2009, AND 2010 ARE STILL OPEN TO AUDIT FOR BOTH

Part XIV Supplemental Information (continued)

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

RECONCILIATION OF NET ASSETS

SCHEDULE D, PART XI, LINE 8

CHANGE IN PERPETUAL TRUST	\$ 1,799,612
CHANGE IN SPLIT INTEREST	(395,030)
ACQUISITION OF DISSOLVED CHAPTERS	8,233
PLEDGE WRITE-OFF	(179,090)
DONATED NONCASH CONTRIBUTIONS	(375,694)
MISCELLANEOUS ADJUSTMENT	1,070
TOTAL	\$ 859,101

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 2D

CHANGE IN PERPETUAL TRUST	\$ 1,799,612
CHANGE IN SPLIT INTEREST	\$ (395,030)
MISCELLANEOUS	\$ 1,070
TOTAL	\$ 1,405,652

Part XIV Supplemental Information (continued)

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 4B

COST OF GOODS SOLD	\$ (85,312)
TOTAL	\$ (85,312)

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XIII, LINE 2D

COST OF GOODS SOLD	\$ 85,312
TOTAL	\$ 85,312

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Employer identification number
13-3039601

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0.	0.	GRANTMAKING		897,984.
(2) SOUTH AMERICA	0.	0.	GRANTMAKING		200,000.
(3) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		199,200.
(4) NORTH AMERICA	0.	0.	GRANTMAKING		100,000.
(5) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		396,000.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	0.	0.			1,793,184.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0.	0.			1,793,184.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	PROGRAM SUPP	200,000.	CHECK			FMV
(2)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	200,000.	CHECK			FMV
(3)			EAST ASIA/PACIFIC	PROGRAM SUPP	200,000.	CHECK			FMV
(4)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	199,987.	CHECK			FMV
(5)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	100,000.	CHECK			FMV
(6)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	100,000.	CHECK			FMV
(7)			NORTH AMERICA	PROGRAM SUPP	100,000.	CHECK			FMV
(8)			EAST ASIA/PACIFIC	PROGRAM SUPP	100,000.	CHECK			FMV
(9)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	99,935.	CHECK			FMV
(10)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	99,662.	CHECK			FMV
(11)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	99,400.	CHECK			FMV
(12)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	99,200.	CHECK			FMV
(13)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	99,000.	CHECK			FMV
(14)			EAST ASIA/PACIFIC	PROGRAM SUPP	96,000.	CHECK			FMV
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 14.

3 Enter total number of other organizations or entities. 0.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

MONITORING THE USE OF FOREIGN GRANTS

THE ALZHEIMER'S ASSOCIATION MONITORS THE USE OF GRANT FUNDS BOTH INSIDE AND OUTSIDE OF THE UNITED STATES AS FOLLOWS:

ALL AWARDEES ARE REQUIRED TO PROVIDE ANNUAL REPORTING BOTH ON STATUS OF THE RESEARCH PROJECT AND THEIR FINANCIAL EXPENDITURES TO THE ALZHEIMER'S ASSOCIATION. THE POST-AWARD SPECIALIST WILL NOTIFY THE RESEARCHER AND THE INSTITUTIONAL FINANCIAL OFFICIAL 60 DAYS PRIOR TO THE ANNIVERSARY OF THE AWARD OF THE REQUIRED REPORTS (SCIENTIFIC, FINANCIAL AND PUBLICATIONS AS A RESULT OF ASSOCIATION FUNDING). SUBSEQUENT PAYMENTS ARE GENERATED BY THE RECEIPT AND APPROVAL OF THE INTERIM PROGRESS REPORTS. THE ALZHEIMER'S ASSOCIATION PROVIDES A TEMPLATE FOR THE INTERIM SCIENTIFIC REPORT AND A TEMPLATE FOR THE INTERIM FINANCIAL REPORT WHICH ARE AVAILABLE AT: [HTTPS://PROPOSALCENTRAL.ALUM.COM/LOGIN.ASP](https://PROPOSALCENTRAL.ALUM.COM/LOGIN.ASP) TO BE DOWNLOADED BY THE RESEARCHER TO THEIR COMPUTER. THIS TEMPLATE PROVIDES THE REQUIRED FORMAT FOR SUBMISSION OF THE ANNUAL REPORTS. THE POST-AWARD SPECIALIST WILL NOTIFY THE RESEARCHER AND THE INSTITUTIONAL FINANCIAL OFFICIAL 60 DAYS PRIOR TO THE ANNIVERSARY OF THE AWARD OF THE REQUIRED FINANCIAL REPORT. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD AND UPLOADED TO PROPOSALCENTRAL; THE INSTITUTIONAL OFFICIAL CANNOT BE THE PRIMARY INVESTIGATOR OF THE PROJECT. THE FINANCIAL REPORT IS REVIEWED BY THE ASSIGNED POST-AWARD SPECIALIST FOR ACCURACY AND ACCOUNTABILITY WITHIN THE AGREED UPON BUDGET. THE ALZHEIMER'S ASSOCIATION PROVIDES AN EXCEL

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

TEMPLATE FOR THE INTERIM FINANCIAL REPORT WHICH IS AVAILABLE ONLINE TO BE DOWNLOADED BY THE GRANTS AND CONTRACTS ACCOUNTANT TO THEIR COMPUTER FOR COMPLETION. THIS TEMPLATE PROVIDES THE REQUIRED FORMAT FOR SUBMISSION OF THE ANNUAL FINANCIAL REPORT.

AT THE CONCLUSION OF THE AWARD, ALL REPORTS/PUBLICATION(S) ARE DUE 90 DAYS AFTER THE AWARD EXPIRES AND MUST BE UPLOADED TO PROPOSALCENTRAL ONLINE SYSTEM. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD.

IN ADDITION, WE REQUEST, MONITOR, AND FOLLOW-UP TO ENSURE SUBMISSION COMPLIANCE ON ALL AWARDED CONTRACTS, AND TO SECURE FINANCIAL REPORTING REQUIREMENTS ARE MET. WE AUDIT ANNUAL AWARDEES FINANCIAL REPORTS TO ENSURE ELIGIBILITY FOR CONTINUED FUNDING. DELINQUENT REPORT(S) MAY RESULT IN THE WITHDRAWAL OF FUNDING. RESEARCHERS ARE INFORMED THAT DELINQUENT REPORTING COULD LEAD TO WITHDRAWAL OF FUNDING WHEN THE REQUEST FOR ANNUAL REPORT(S) IS SENT. IF FUNDING IS WITHDRAWN DUE TO DELINQUENT REPORTS, ANY UNSPENT FUNDS MUST BE RETURNED TO THE ALZHEIMER'S ASSOCIATION. THIS RESEARCHER BECOMES INELIGIBLE TO APPLY FOR FUNDING FROM THE ALZHEIMER'S ASSOCIATION.

FOREIGN INSTITUTIONS ARE REQUIRED TO SUBMIT ONE OF THE FOLLOWING AS VERIFICATION OF NON-PROFIT STATUS:

* ORGANIZATION'S CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

* DOCUMENTATION OF NON-PROFIT DESIGNATION FROM ORGANIZATION'S GOVERNMENT

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE ASSOCIATION'S GRANT AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND INTELLECTUAL PROPERTY THAT RESULTS FROM FUNDED STUDIES. THE ASSOCIATION REQUIRES THE GRANT RECIPIENT TO NOTIFY US ON AN ANNUAL BASIS WITH UPDATES TO THESE RECORDS. WE ALSO MONITOR FOLLOW-ON FUNDING FROM FEDERAL AGENCIES.

THE OVER-SIGHT OF THE SCIENTIFIC INTEGRITY OF THE ALZHEIMER'S ASSOCIATION INTERNATIONAL RESEARCH GRANT PROGRAM IS TWO-FOLD. FIRST, THE ALZHEIMER'S ASSOCIATION MEDICAL & SCIENTIFIC ADVISORY COUNCIL ENSURES DIVERSITY OF FUNDED AWARDS DURING THE GRANT REVIEW PROCESS AND DEVELOPS FOCUSED REQUESTS FOR APPLICATIONS (RFAS) BASED ON IDENTIFIED NEEDS IN THE ALZHEIMER RESEARCH COMMUNITY. SECOND, THE ALZHEIMER'S ASSOCIATION IS ENGAGED IN A PORTFOLIO ANALYSIS OF OUR SCIENTIFIC AREAS OF INVESTMENT TO MONITOR THE DIVERSITY OF OUR GRANTS PORTFOLIO, POTENTIAL GAPS IN RESEARCH FUNDING, AND POTENTIAL OVERLAP OF AREAS FUNDED. THIS ANALYSIS WILL INFORM FUTURE FUNDING DECISIONS AND AREAS OF RFA FOCUS.

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

2010

**Open To Public
Inspection**

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

Employer identification number
13-3039601

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | | | | | |
|---|-------------------------------------|----------------------------------|---|-------------------------------------|---------------------------------------|
| a | <input checked="" type="checkbox"/> | Mail solicitations | e | <input checked="" type="checkbox"/> | Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> | Internet and email solicitations | f | <input checked="" type="checkbox"/> | Solicitation of government grants |
| c | <input checked="" type="checkbox"/> | Phone solicitations | g | <input checked="" type="checkbox"/> | Special fundraising events |
| d | <input checked="" type="checkbox"/> | In-person solicitations | | | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	THD	DIRECT MAIL PUSH E-MAIL		X	37,806,763.	810,000.	36,996,763.
2	INFOCISION	FRIENDS AND FAMILY PRG.		X	4,007,266.	2,654,852.	1,352,414.
3							
4							
5							
6							
7							
8							
9							
10							
Total					41,814,029.	3,464,852.	38,349,177.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1		(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))	
	NY GALA		SARDI ' S	2.		
	(event type)		(event type)	(total number)		
Revenue	1	Gross receipts	1,033,000.	1,277,500.	1,317,500.	3,628,000.
	2	Less: Charitable contributions	141,000.	188,000.	205,150.	534,150.
	3	Gross income (line 1 minus line 2)	892,000.	1,089,500.	1,112,350.	3,093,850.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	200,795.	100,250.	67,149.	368,194.
	6	Rent/facility costs	4,500.	10,000.	33,165.	47,665.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	227,545.	237,109.	289,110.	753,764.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Combine line 3, column (d), and line 10 ▶					1,924,227.

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))	
	Yes _____ %	No _____ %	Yes _____ %	No _____ %		
Revenue	1	Gross revenue		20,350.	20,350.	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes		7,500.	7,500.	
	4	Rent/facility costs				
5	Other direct expenses					
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					(7,500.)
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶					12,850.

9 Enter the state(s) in which the organization operates gaming activities: IL,
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	0.0000 %
b An outside facility	13b	.0215 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MICHELLE HELTON

Address ▶ 225 N MICHIGAN AVE, 17TH FLR CHICAGO, IL 60601-7633

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 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 ▶ LYNNE CAREY

Gaming manager compensation ▶ \$ 600.

Description of services provided ▶ OVERALL SUPERVISION AND MANAGEMENT

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FUNDRAISING CONSULTANT- CONTROL ARRANGEMENT

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

THE ALZHEIMER'S ASSOCIATION ENGAGES IMC FOR PROFESSIONAL FUNDRAISING

CONSULTANT SERVICES. A DESCRIPTION OF THE ARRANGMENT OF THE FUNDS IS

LISTED BELOW:

POST OFFICE BOX. IMC WILL FACILITATE THE SET UP OF A POST OFFICE BOX TO

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 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? Yes No
- 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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

BE USED SOLELY FOR THE PURPOSE OF THE VOLUNTEER RECRUITMENT CAMPAIGN. ALL DONATIONS MAILED IN FOR THE VOLUNTEER RECRUITMENT CAMPAIGN WILL BE MAILED TO THE SEPARATE POST OFFICE BOX AND WILL BE COLLECTED DAILY (5 DAYS PER WEEK, MONDAY - FRIDAY) BY THE CAGING VENDOR. POST OFFICE FEES WILL BE INVOICED THROUGH IMC AND PAID THROUGH THE CAGE.

BANK ACCOUNT. IMC WILL FACILITATE THE SET UP OF A BANK ACCOUNT, AT THE

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- 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? Yes No
- 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 ▶ \$ -----

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

BANK OF CLIENT'S CHOICE, TO BE USED SOLELY FOR DEPOSITS OF DONATIONS FROM

THE VOLUNTEER RECRUITMENT CAMPAIGN. ALL DONATIONS MAILED IN FOR THE

VOLUNTEER RECRUITMENT CAMPAIGN WILL BE COLLECTED AND PROCESSED BY THE

CAGING VENDOR. ALL FUNDS FROM THE VOLUNTEER RECRUITMENT DONATIONS WILL BE

DEPOSITED INTO THE BANK ACCOUNT SET UP FOR VOLUNTEER RECRUITMENT WITHIN 2

DAYS. BANK FEES WILL BE INVOICED THROUGH IMC AND PAID THROUGH THE CAGE.

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

		%
13a		
13b		
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- 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? Yes No
- 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 ▶ \$ -----

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FUNDRAISING CONSULTANT- FEE ARRANGEMENT

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

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

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 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? Yes No
- 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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

RELATED DISORDERS ASSOCIATION EXERCISES CONTROL AND APPROVAL OVER THE
CONTENT AND FREQUENCY OF ALL SOLICITATIONS.

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 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? Yes No
- 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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

ORGANIZATION OPERATES GAMING ACTIVITIES WITH NONMEMBERS

SCHEDULE G, PART III, LINE 11

THE ALZHEIMER'S ASSOCIATION IS NOT A MEMBERSHIP ORGANIZATION AS DESCRIBED BY THE IRS. THE ORGANIZATION THEREFORE DOESN'T CONSIDER ITS DONORS MEMBERS. THEREFORE, THE ORGANIZATION HAS CHECKED BOX 11 IN PART III OF SCHEDULE G, "YES."

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 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? Yes No
- 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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

ADDITIONAL GAMING MANAGER INFORMATION

SCHEDULE G, PART III, LINE 16

NAME: KATE LEVY

GAMING MANAGER COMPENSATION: \$300

DESCRIPTION OF SERVICES PROVIDED: RECORDKEEPING

EMPLOYEE

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ 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? Yes No
- 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 ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

NAME: KATHERINE LEE

GAMING MANAGER COMPENSATION: \$300

DESCRIPTION OF SERVICES PROVIDED: CASH MANAGEMENT AND BANK DEPOSITS

EMPLOYEE

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2010
Open to Public
Inspection

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

Employer identification number
13-3039601

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

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. Part II can be duplicated if additional space is needed.

1	(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
(1)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	450,000.		FMV		PROGRAM SUPPORT
(2)	MEDICAL COLLEGE OF CORNELL 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	450,000.		FMV		PROGRAM SUPPORT
(3)	ALBERT EINSTEIN COLLEGE OF MEDICINE YESHIVA 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501(C)(3)	450,000.		FMV		PROGRAM SUPPORT
(4)	WASHINGTON UNIVERSITY IN ST. LOUIS 660 SOUTH EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	450,000.		FMV		PROGRAM SUPPORT
(5)	UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	501(C)(3)	399,990.		FMV		PROGRAM SUPPORT
(6)	MIDWEST BIOMEDICAL RESEARCH FOUNDATION 4801 LINWOOD BLVD. KANSAS CITY, MO 64128	43-1496422	501(C)(3)	399,900.		FMV		PROGRAM SUPPORT
(7)	COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(8)	COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(9)	COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(10)	COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(11)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(12)	MEDICAL COLLEGE OF CORNELL 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2010
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-3039601

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? 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. Part II can be duplicated if additional space is needed.

1	(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
(1)	MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(2)	MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(3)	NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(4)	UNIVERSITY OF ILLINOIS - CHICAGO 1737 W. POLK ST CHICAGO, IL 60612	37-6000511	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(5)	UNIVERSITY OF NEBRASKA 987835 NEBRASKA MEDICAL CTR OMAHA, NE 68198	47-0049123	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(6)	UNIVERSITY OF CALIFORNIA (IRVINE) 5171 CALIFORNIA AVENUE IRVINE, CA 92697	95-2226406	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(7)	UNIVERSITY OF CALIFORNIA, SAN FRAN 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-6036493	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(8)	INDIANA UNIVERSITY 980 INDIANA AVE INDIANAPOLIS, IN 46202	35-6001673	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(9)	MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L. LEVY PL NEW YORK, NY 10029	13-6171197	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(10)	NATHAN KLINE INSTITUTE PSYCHIATRIC RESEARCH 140 OLD ORANGETOWN RD ORANGETOWN, NY 10962	14-1410842	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(11)	NYS INSTITUTE FOR BASIC RESEARCH 1050 FOREST HILL RD STATEN ISLAND, NY 10314	14-1410842	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT
(12)	UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	501 (C) (3)	200,000.		FMV		PROGRAM SUPPORT

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

3 Enter total number of other organizations

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047
2010
**Open to Public
Inspection**

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

Employer identification number
13-3039601

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? 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. Part II can be duplicated if additional space is needed.

1	(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
(1)	UNIVERSITY OF PENNSYLVANIA 422 CURIE BLVD PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(2)	UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(3)	UNIVERSITY OF SOUTHERN CALIFORNIA 1985 ZONAL AVENUE LOS ANGELES, CA 90033	95-1642394	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(4)	UNIVERSITY OF TENNESSEE HEALTH SCIENCE CTR 62 S. DONLAP, SUITE 300 MEMPHIS, TN 38163	62-6001636	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(5)	UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(6)	MGH INSTITUTE OF HEALTH PROFESSIONS 36 FIRST STREET CHARLESTOWN, MA 02129	04-2868893	501(C)(3)	180,000.		FMV		PROGRAM SUPPORT
(7)	BRIGHAM YOUNG UNIVERSITY A-285 ASB CAMPUS DRIVE PROVO, UT 84602	87-0217280	501(C)(3)	159,831.		FMV		PROGRAM SUPPORT
(8)	COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(9)	COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(10)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(11)	ALBERT EINSTEIN COLLEGE OF MEDICINE YESHIVA 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(12)	UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations **▶**
- 3 Enter total number of other organizations **▶**
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
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Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-3039601

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? 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. Part II can be duplicated if additional space is needed.

1	(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
(1)	NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(2)	UNIVERSITY OF ILLINOIS - CHICAGO 1737 W. POLK ST CHICAGO, IL 60612	37-6000511	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(3)	UNIVERSITY OF NEBRASKA 967835 NEBRASKA MEDICAL CTR OMAHA, NE 68198	47-0049123	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(4)	UNIVERSITY OF CALIFORNIA (IRVINE) 5171 CALIFORNIA AVENUE IRVINE, CA 92697	95-2226406	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(5)	MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(6)	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(7)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(8)	COLORADO SEMINARY 2199 S. UNIVERSITY BLVD. DENVER, CO 80208	84-0404231	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(9)	CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(10)	MAYO CLINIC 200 FIRST ST. SW ROCHESTER, MN 55905-0001	41-6011702	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(11)	UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROSS AVE LOS ANGELES, CA 90095	95-6006143	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(12)	UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047
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Department of the Treasury
Internal Revenue Service
Name of the organization
**ALZHEIMER'S DISEASE&RELATED DISORDERS
ASSOCIATION, INC.**

Employer identification number
13-3039601

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? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

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. Part II can be duplicated if additional space is needed.

1	(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
(1)	RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(2)	STANFORD UNIVERSITY 301 RAVENSWOOD AVENUE MENLO PARK, CA 94025	94-1156365	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(3)	THOMAS JEFFERSON UNIVERSITY 125 S. 9TH STREET PHILADELPHIA, PA 19107	23-1352651	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(4)	UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(5)	UNIVERSITY OF TEXAS AT DALLAS 800 WEST CAMPBELL ROAD RICHARDSON, TX 75080	75-1305566	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(6)	UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501 (C) (3)	100,000.		FMV		PROGRAM SUPPORT
(7)	COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501 (C) (3)	99,999.		FMV		PROGRAM SUPPORT
(8)	MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501 (C) (3)	99,994.		FMV		PROGRAM SUPPORT
(9)	MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501 (C) (3)	99,994.		FMV		PROGRAM SUPPORT
(10)	COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501 (C) (3)	99,990.		FMV		PROGRAM SUPPORT
(11)	UNIVERSITY OF TEXAS-GALVESTON 301 UNIVERSITY BLVD GALVESTON, TX 77555	74-6000949	501 (C) (3)	99,990.		FMV		PROGRAM SUPPORT
(12)	NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501 (C) (3)	99,778.		FMV		PROGRAM SUPPORT

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

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

**SCHEDULE I
(Form 990)**

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

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



Department of the Treasury
Internal Revenue Service
Name of the organization
**ALZHEIMER'S DISEASE-RELATED DISORDERS
ASSOCIATION, INC.**

Employer identification number
13-3039601

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? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

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. Part II can be duplicated if additional space is needed.

1	(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
(1)	WASHINGTON UNIVERSITY IN ST. LOUIS 660 SOUTH EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	99,677.		FMV		PROGRAM SUPPORT
(2)	WEST VIRGINIA UNIVERSITY FOUNDATION ONE WATERFRONT PL MORGANTOWN, WV 26507	55-6017181	501(C)(3)	99,592.		FMV		PROGRAM SUPPORT
(3)	UNIVERSITY OF ILLINOIS - CHICAGO 1337 W. POLK ST CHICAGO, IL 60612	37-6000511	501(C)(3)	99,223.		FMV		PROGRAM SUPPORT
(4)	YALE UNIVERSITY 47 COLLEGE ST NEW HAVEN, CT 06520	06-0646973	501(C)(3)	99,105.		FMV		PROGRAM SUPPORT
(5)	BOSTON UNIVERSITY 85 EAST NEWTON ST BOSTON, MA 02118	04-2103547	501(C)(3)	99,072.		FMV		PROGRAM SUPPORT
(6)	SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE 10901 N TORREY PINES RD LA JOLIA, CA 92037	51-0197108	501(C)(3)	97,443.		FMV		PROGRAM SUPPORT
(7)	BIG SIOUX CHAPTER 201 PIERCE STREET SIOUX CITY, IA 51101	42-1298350	501(C)(3)	14,714.		FMV		PROGRAM SUPPORT
(8)	CENTRAL AND WESTERN VIRGINIA CHAPTER 1160 PERSI PLACE CHARLOTTESVILLE, VA 22901	54-1309570	501(C)(3)	27,000.		FMV		PROGRAM SUPPORT
(9)	DELAWARE VALLEY CHAPTER 399 MARKET STREET PHILADELPHIA, PA 19106	23-2280056	501(C)(3)	39,630.		FMV		PROGRAM SUPPORT
(10)	DESERT SOUTHWEST CHAPTER 1028 EAST MCDOWELL ROAD PHOENIX, AZ 85006	86-0402582	501(C)(3)	31,200.		FMV		PROGRAM SUPPORT
(11)	GREATER INDIANA CHAPTER 50 EAST 91ST STREET INDIANAPOLIS, IN 46240	35-1747836	501(C)(3)	6,048.		FMV		PROGRAM SUPPORT
(12)	GREATER MICHIGAN CHAPTER 20300 CIVIC CENTER DR SOUTHFIELD, MI 48076	38-2378032	501(C)(3)	43,158.		FMV		PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations
 3 Enter total number of other organizations
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047
2010
**Open to Public
Inspection**

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

Employer identification number:
13-3039601

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? 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. Part II can be duplicated if additional space is needed.

1	(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
(1)	GREAT PLAINES CHAPTER 1500 SOUTH 70TH STREET LINCOLN, NE 68506	48-0931989	501(C)(3)	49,450.		FMV		PROGRAM SUPPORT
(2)	HOUSTON AND SOUTHEAST TEXAS CHAPTER 2242 WEST HOLCOMBE BLVD. HOUSTON, TX 77030	74-2198685	501(C)(3)	14,000.		FMV		PROGRAM SUPPORT
(3)	MASSACHUSETTS/NEW HAMPSHIRE CHAPTER 311 ARSENAL STREET WATEROWN, MA 02472	04-2731194	501(C)(3)	28,000.		FMV		PROGRAM SUPPORT
(4)	MINNESOTA NORTH DAKOTA CHAPTER 4550 WEST 77TH STREET MINNEAPOLIS, MN 55435	41-1361624	501(C)(3)	8,000.		FMV		PROGRAM SUPPORT
(5)	NORTHERN CALIFORNIA AND NEVADA CHAPTER 1060 LA AVENIDA MOUNTAIN VIEW, CA 94043	94-2897949	501(C)(3)	74,000.		FMV		PROGRAM SUPPORT
(6)	OKLAHOMA AND ARKANSAS CHAPTER 6465 SOUTH YALE, SUITE 312 TULSA, OK 74136	73-1183372	501(C)(3)	19,485.		FMV		PROGRAM SUPPORT
(7)	ORANGE COUNTY CHAPTER 17771 COWAN, SUITE 200 IRVINE, CA 92614	95-3702013	501(C)(3)	55,500.		FMV		PROGRAM SUPPORT
(8)	ST. LOUIS CHAPTER 9370 OLYVE BLVD. ST. LOUIS, MO 63132	43-1237069	501(C)(3)	8,060.		FMV		PROGRAM SUPPORT
(9)	UTAH CHAPTER 855 EAST 4800 S SALT LAKE CITY, UT 84107	87-0397943	501(C)(3)	11,000.		FMV		PROGRAM SUPPORT
(10)	WESTERN AND CENTRAL WASHINGTON STATE 100 WEST HARRISON STREET SEATTLE, WA 98119	91-1075926	501(C)(3)	58,500.		FMV		PROGRAM SUPPORT
(11)	SOUTHEAST WISCONSIN CHAPTER 620 SOUTH 76TH STREET MILWAUKEE, WI 53214	39-1350965	501(C)(3)	20,500.		FMV		PROGRAM SUPPORT
(12)								

2 Enter total number of section 501(c)(3) and government organizations **83.**

3 Enter total number of other organizations **0.**

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated 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
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING USE OF GRANT FUNDS
 SCHEDULE I, PART 1, LINE 2

THE ALZHEIMER'S ASSOCIATION MONITORS THE USE OF GRANT FUNDS BOTH INSIDE
 AND OUTSIDE OF THE UNITED STATES AS FOLLOWS:

ALL AWARDEES ARE REQUIRED TO PROVIDE ANNUAL REPORTING BOTH ON STATUS OF
 THE RESEARCH PROJECT AND THEIR FINANCIAL EXPENDITURES TO THE ALZHEIMER'S
 ASSOCIATION. THE POST-AWARD SPECIALIST WILL NOTIFY THE RESEARCHER AND
 THE INSTITUTIONAL FINANCIAL OFFICIAL 60 DAYS PRIOR TO THE ANNIVERSARY OF
 THE AWARD OF THE REQUIRED REPORTS (SCIENTIFIC, FINANCIAL AND PUBLICATIONS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

AS A RESULT OF ASSOCIATION FUNDING). SUBSEQUENT PAYMENTS ARE GENERATED BY THE RECEIPT AND APPROVAL OF THE INTERIM PROGRESS REPORTS. THE ALZHEIMER'S ASSOCIATION PROVIDES A TEMPLATE FOR THE INTERIM SCIENTIFIC REPORT AND A TEMPLATE FOR THE INTERIM FINANCIAL REPORT WHICH ARE AVAILABLE AT: [HTTPS://PROPOSALCENTRAL.ALZUM.COM/LOGIN.ASP](https://PROPOSALCENTRAL.ALZUM.COM/LOGIN.ASP) TO BE DOWNLOADED BY THE RESEARCHER TO THEIR COMPUTER. THIS TEMPLATE PROVIDES THE REQUIRED FORMAT FOR SUBMISSION OF THE ANNUAL REPORTS. THE POST-AWARD SPECIALIST WILL NOTIFY THE RESEARCHER AND THE INSTITUTIONAL FINANCIAL OFFICIAL 60 DAYS PRIOR TO THE ANNIVERSARY OF THE AWARD OF THE REQUIRED FINANCIAL REPORT. THE FINANCIAL REPORT MUST BE SIGNED BY THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

INSTITUTIONAL OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD AND
 UPLOADED TO PROPOSALCENTRAL; THE INSTITUTIONAL OFFICIAL CANNOT BE THE
 PRIMARY INVESTIGATOR OF THE PROJECT. THE FINANCIAL REPORT IS REVIEWED BY
 THE ASSIGNED POST-AWARD SPECIALIST FOR ACCURACY AND ACCOUNTABILITY WITHIN
 THE AGREED UPON BUDGET. THE ALZHEIMER'S ASSOCIATION PROVIDES AN EXCEL
 TEMPLATE FOR THE INTERIM FINANCIAL REPORT WHICH IS AVAILABLE ONLINE TO BE
 DOWNLOADED BY THE GRANTS AND CONTRACTS ACCOUNTANT TO THEIR COMPUTER FOR
 COMPLETION. THIS TEMPLATE PROVIDES THE REQUIRED FORMAT FOR SUBMISSION OF
 THE ANNUAL FINANCIAL REPORT.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated 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
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

AT THE CONCLUSION OF THE AWARD, ALL REPORTS/PUBLICATION(S) ARE DUE 90 DAYS AFTER THE AWARD EXPIRES AND MUST BE UPLOADED TO PROPOSALCENTRAL ONLINE SYSTEM. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD.

IN ADDITION, WE REQUEST, MONITOR, AND FOLLOW-UP TO ENSURE SUBMISSION COMPLIANCE ON ALL AWARDED CONTRACTS, AND TO SECURE FINANCIAL REPORTING REQUIREMENTS ARE MET. WE AUDIT ANNUAL AWARDEES FINANCIAL REPORTS TO ENSURE ELIGIBILITY FOR CONTINUED FUNDING. DELINQUENT REPORT(S) MAY RESULT IN THE WITHDRAWAL OF FUNDING. RESEARCHERS ARE INFORMED THAT DELINQUENT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

REPORTING COULD LEAD TO WITHDRAWAL OF FUNDING WHEN THE REQUEST FOR ANNUAL REPORT(S) IS SENT. IF FUNDING IS WITHDRAWN DUE TO DELINQUENT REPORTS, ANY UNSPENT FUNDS MUST BE RETURNED TO THE ALZHEIMER'S ASSOCIATION. THIS RESEARCHER BECOMES INELIGIBLE TO APPLY FOR FUNDING FROM THE ALZHEIMER'S ASSOCIATION.

FOREIGN INSTITUTIONS ARE REQUIRED TO SUBMIT ONE OF THE FOLLOWING AS VERIFICATION OF NON-PROFIT STATUS:

- * ORGANIZATIONS CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS
- * DOCUMENTATION OF NON-PROFIT DESIGNATION FROM ORGANIZATIONS GOVERNMENT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE ASSOCIATION'S GRANT AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND INTELLECTUAL PROPERTY THAT RESULTS FROM FUNDED STUDIES. THE ASSOCIATION REQUIRES THE GRANT RECIPIENT TO NOTIFY US ON AN ANNUAL BASIS WITH UPDATES TO THESE RECORDS. WE ALSO MONITOR FOLLOW-ON

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FUNDING FROM FEDERAL AGENCIES.

THE OVER-SIGHT OF THE SCIENTIFIC INTEGRITY OF THE ALZHEIMER'S ASSOCIATION INTERNATIONAL RESEARCH GRANT PROGRAM IS TWO-FOLD. FIRST, THE ALZHEIMER'S ASSOCIATION MEDICAL & SCIENTIFIC ADVISORY COUNCIL ENSURES DIVERSITY OF FUNDED AWARDS DURING THE GRANT REVIEW PROCESS AND DEVELOPS FOCUSED REQUESTS FOR APPLICATIONS (RFAS) BASED ON IDENTIFIED NEEDS IN THE ALZHEIMER RESEARCH COMMUNITY. SECOND, THE ALZHEIMER'S ASSOCIATION IS ENGAGED IN A PORTFOLIO ANALYSIS OF OUR SCIENTIFIC AREAS OF INVESTMENT TO MONITOR THE DIVERSITY OF OUR GRANTS PORTFOLIO, POTENTIAL GAPS IN RESEARCH

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FUNDING, AND POTENTIAL OVERLAP OF AREAS FUNDED. THIS ANALYSIS WILL INFORM FUTURE FUNDING DECISIONS AND AREAS OF RFA FOCUS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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

Employer identification number
13-3039601

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 checked="" 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 checked="" 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 from the organization or a related organization?
- 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 persons 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 Regulations 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
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported 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 & incentive compensation	(iii) Other reportable compensation				
1 HARRY JOHNS	(i) 466,379. (ii) 0. (iii) 0.	85,500. 0. 0.	690. 0. 0.	392,718. 0. 0.	21,055. 0. 0.	966,342. 0. 0.	0. 0. 0.
2 RICHARD HOVLAND	(i) 245,769. (ii) 0. (iii) 0.	67,813. 0. 0.	1,389. 0. 0.	60,284. 0. 0.	27,360. 0. 0.	402,615. 0. 0.	0. 0. 0.
3 ANGELA GEIGER	(i) 297,176. (ii) 0. (iii) 0.	40,000. 0. 0.	273. 0. 0.	82,783. 0. 0.	14,931. 0. 0.	435,163. 0. 0.	0. 0. 0.
4 WILLIAM THIES	(i) 245,718. (ii) 0. (iii) 0.	49,140. 0. 0.	2,330. 0. 0.	26,950. 0. 0.	21,913. 0. 0.	346,051. 0. 0.	0. 0. 0.
5 HEATHER HUTCHISON	(i) 167,659. (ii) 0. (iii) 0.	0. 0. 0.	46,850. 0. 0.	17,406. 0. 0.	13,425. 0. 0.	245,340. 0. 0.	0. 0. 0.
6 SCOTT GARDNER	(i) 202,161. (ii) 0. (iii) 0.	38,760. 0. 0.	433. 0. 0.	29,839. 0. 0.	2,019. 0. 0.	273,212. 0. 0.	0. 0. 0.
7 ROBERT EGGE	(i) 225,174. (ii) 0. (iii) 0.	48,110. 0. 0.	230. 0. 0.	13,085. 0. 0.	26,413. 0. 0.	313,012. 0. 0.	0. 0. 0.
8	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
9	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
10	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
11	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
12	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
13	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
14	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
15	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
16	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----

Part III Supplemental Information

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

TRAVEL FOR COMPANIONS

SCHEDULE J, PART I, LINE 1A

TWO BOARD MEMBERS HAVE EARLY ON-SET ALZHEIMER'S DISEASE AND TRAVELED TO BOARD MEETINGS WITH A COMPANION FOR SAFETY PURPOSES. COMPANION'S TRAVEL EXPENSE WAS REIMBURSED.

SEVERANCE PAYMENT

SCHEDULE J, PART I, LINE 4A

HEATHER HUTCHISON RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$46,850.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

HARRY JOHNS PARTICIPATES IN A 457(F) PLAN. THE AMOUNTS ACCRUED ARE INCLUDED ON SCHEDULE J AS DEFERRED COMPENSATION. THE AMOUNT FOR 2010 IS \$224,768.

RICHARD HOVLAND, ANGELA GEIGER, HEATHER HUTCHISON, AND HARRY JOHNS PARTICIPATE IN A 457(B) PLAN. THE AMOUNTS ACCRUED ARE INCLUDED ON

SCHEDULE J AS DEFERRED COMPENSATION. HARRY JOHNS WAS THE ONLY INDIVIDUAL

Part III Supplemental Information

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

IN 2010 WITH AN AMOUNT ACCRUED. HIS AMOUNT IN 2010 WAS \$16,000.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART II, COLUMN (C)

HARRY JOHNS - INCENTIVE COMPENSATION OF \$85,500 (PART II B (II)) IS BASED ON PERFORMANCE MEASURES DEVELOPED, REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE ALZHEIMER'S ASSOCIATION BOARD OF DIRECTORS IN CONSULTATION WITH THE ASSOCIATION'S INDEPENDENT COMPENSATION CONSULTANTS AND REPRESENTS THE ACHIEVEMENT OF STATED GOALS FOR FISCAL YEAR 2009. THIS INCENTIVE COMPENSATION WAS EARNED IN FISCAL YEAR 2010; HOWEVER, NOT PAID UNTILL CALENDAR YEAR 2010. FOR THE YEAR REPORTED IN THIS 990, A PORTION OF THAT PERFORMANCE INCENTIVE HAS BEEN VOLUNTARILY WAIVED BY THE EXECUTIVE. RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$392,718 (PART II (C)) IS COMPRISED OF BOTH EMPLOYEE AND EMPLOYER FUNDING TO THE 401K RETIREMENT PLAN AND EMPLOYER ACCRUAL TO A SUPPLEMENTAL RETIREMENT ACCOUNT. THE LATTER HAS NOT BEEN PAID TO THE EXECUTIVE AND WILL NOT BE PAID UNTILL A LATER DATE. NONTAXABLE BENEFITS OF \$21,055 (PART II (D)) INCLUDE EMPLOYER CONTRIBUTIONS TO MEDICAL, DENTAL, SHORT- AND LONG-TERM DISABILITY AND BASIC LIFE PROVISION.

Part III Supplemental Information

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

DEFERRED COMPENSATION FOR ANGELA GEIGER INCLUDES EMPLOYER FUNDING TO RETIREMENT PLAN AND A RETENTION INCENTIVE ACCRUED BUT NOT PAID AT DECEMBER 31, 2010.

DEFERRED COMPENSATION FOR RICHARD HOVLAND INCLUDES EMPLOYER FUNDING TO RETIREMENT PLAN AND A RETENTION INCENTIVE ACCRUED BUT NOT PAID AT DECEMBER 31, 2010.

DEFERRED COMPENSATION FOR HEATHER HUTCHISON, SCOTT GARDNER, ROBERT EGGE AND WILLIAM THIES INCLUDE EMPLOYER FUNDING TO RETIREMENT PLAN.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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

Employer identification number
13-3039601

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	444.	182,115.	COST / SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17.	2,794,290.	COST / SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATTACHMENT)	X	169.	375,694.	FMV
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.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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?		X
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?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

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

THIRD PARTY INVOLVEMENT IN NON-CASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 25 AND LINE 32B

LINE 25: THE ALZHEIMER'S ASSOCIATION RECEIVES VARIOUS NONCASH CONTRIBUTIONS FOR THEIR FUNDRAISING EVENTS. THESE ITEMS INCLUDE SPORTING TICKETS, JEWELRY, CONCERT TICKETS, DINNERS, AND VARIOUS OTHER PACKAGES.

LINE 32B: A THIRD PARTY BROKER RECEIVES DIRECTLY, SELLS AND REMITS PROCEEDS FROM STOCK GIFTS.

A THIRD PARTY BROKER RECEIVES DIRECTLY, SELLS AND REMITS PROCEEDS FROM STOCK GIFTS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
13-3039601

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

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

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

WE ARE THE LARGEST NONPROFIT FUNDER OF ALZHEIMER'S DISEASE RESEARCH.
SINCE AWARDING OUR FIRST GRANTS IN 1982, THE ASSOCIATION HAS COMMITTED
OVER \$290 MILLION TO NEARLY 2,000 BEST-OF-FIELD GRANT PROPOSALS. AS A
LEADER IN THE FIELD, WE FOSTER A NETWORK FOR THE SCIENTIFIC COMMUNITY BY
HOSTING THE LARGEST INTERNATIONAL CONFERENCE FOCUSING ON RESEARCH IN THE
WORLD.

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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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 AND HOST AN ANNUAL ADVOCACY FORUM IN WASHINGTON, D.C.

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

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

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

ADVOCACY - AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES, BUSINESSES AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE COMING CLOSER TO FINDING BETTER TREATMENTS THAT COULD DRASTICALLY ALTER THE COURSE OF THE DISEASE. WE ALSO ADVOCATE FOR BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. TENS OF THOUSANDS OF GRASS ROOTS ADVOCATES SPEAK UP FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES,

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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AND HELP ENCOURAGE CONGRESS TO INCREASE FUNDING FOR RESEARCH. POLICY
ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE
QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

REVENUES: NONE

EXPENSES: \$ 4,735,464

GRANTS: \$ 4,235,791

PATIENT AND FAMILY SERVICES - THE ALZHEIMER'S ASSOCIATION* PROVIDES AN
ARRAY OF INFORMATION AND SUPPORT SERVICES DESIGNED SPECIFICALLY FOR
INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILIES, FRIENDS AND
CAREGIVERS. IN ORDER TO MEET THE DIVERSE NEEDS OF INDIVIDUALS AFFECTED
BY ALZHEIMER'S DISEASE, THE ASSOCIATION'S PROGRAMS AND SERVICES ARE
OFFERED IN PERSON, BY PHONE AND ONLINE. THE ASSOCIATION SERVES OVER
700,000 PERSONS PER YEAR THROUGH ITS PROGRAMS AND SERVICES.
ONLINE NATIONWIDE AND IN OVER 70 CHAPTERS THROUGHOUT THE COUNTRY,
CONSTITUENTS CAN ATTEND EDUCATION PROGRAMS AND SUPPORT GROUPS, ENROLL IN
LOCATION MANAGEMENT PROGRAMS, RECEIVE PERSONALIZED CARE CONSULTATION AND
ENGAGE IN EARLY STAGE PROGRAMS.

THE ASSOCIATION HAS BEEN A LEADER IN PROVIDING LOCATION MANAGEMENT
PROGRAMS FOR THE APPROXIMATELY 6 OF 10 PERSONS WITH DEMENTIA AT RISK FOR
WANDERING. THE MEDICALERT* + ALZHEIMER'S ASSOCIATION SAFE RETURN
PROGRAM*, A BRACELET IDENTIFICATION PROGRAM, HAS SERVED OVER 180,000
INDIVIDUALS SINCE ITS BEGINNING IN 1993. IN 2009, THE ASSOCIATION

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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DEVELOPED COMFORT ZONE*, A FIRST OF ITS KIND LOCATION MANAGEMENT SYSTEM DESIGNED SPECIFICALLY FOR INDIVIDUALS LIVING WITH DEMENTIA USING GPS AND CELLULAR TECHNOLOGY TO ASSIST FAMILIES IN MANAGING THE LOCATION OF PERSONS WITH DEMENTIA.

THROUGH THE ASSOCIATION'S 24/7/365 HELPLINE, INDIVIDUALS WITH ALZHEIMER'S AND THEIR FAMILIES CAN TALK TO A SPECIALIST TO RECEIVE INFORMATION AND BASIC EDUCATION ABOUT THE DISEASE AND FOR MORE COMPLICATED OR URGENT SITUATIONS, CONSTITUENTS CAN SPEAK TO A MASTERS TRAINED COUNSELOR, ANY TIME, DAY OR NIGHT. THE HELPLINE HANDLES OVER 218,000 CALLS PER YEAR.

THE ASSOCIATION'S WEBSITE (ALZ.ORG) RECEIVES AN AVERAGE OF 1 MILLION VISITS EACH MONTH. ONLINE PROGRAMS INCLUDE: SELF-SERVICE EDUCATION PROGRAMS, AN ONLINE COMMUNITY, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN 14 LANGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFORMATION, PORTALS IN SPANISH, CHINESE, AND VIETNAMESE, A VIRTUAL LIBRARY, AND A SAFETY CENTER.

THROUGH THE ASSOCIATION'S EARLY STAGE INITIATIVE, INDIVIDUALS IN THE EARLY STAGES OF THE DISEASE CAN PARTICIPATE IN EDUCATION PROGRAMS, SUPPORT GROUPS AND ENGAGEMENT PROGRAMS. ADDITIONALLY, THE ASSOCIATION CONVENES AN EARLY STAGE ADVISORY GROUP WHOSE MEMBERS WORK TO RAISE AWARENESS, ADVOCATE FOR THE CAUSE AND PROVIDE GUIDANCE AND REVIEW TO OUR PROGRAMS AND SERVICES.

THE PROGRAMS AND SERVICES OF THE ALZHEIMER'S ASSOCIATION ARE DESIGNED TO

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
--	--------------------------------

PROVIDE EDUCATION, INFORMATION AND SUPPORT AND TO HELP INDIVIDUALS WITH ALZHEIMER'S AND THEIR FAMILIES NAVIGATE THE LONG AND COMPLICATED JOURNEY THROUGH ALZHEIMER'S DISEASE.

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

REVENUES: \$ 219,942

EXPENSES: \$ 7,734,411

GRANTS: \$ 323,201

REVIEW OF 990

FORM 990, PART VI, SECTION B, LINE 11

THE ORGANIZATION UNDERGOES A THOROUGH REVIEW PROCESS BEFORE FILING THE RETURN. THE AUDIT COMMITTEE DISCUSSES AND REVIEWS THE FORM BEFORE IT GOES TO THE OFFICERS AND FULL BOARD OF DIRECTORS. ALL OFFICERS AND THE FULL BOARD OF DIRECTORS ARE PROVIDED A COPY FOR THEIR REVIEW AND HAVE THE OPPORTUNITY TO COMMENT BEFORE THE FORM IS FILED.

CONFLICT OF INTEREST POLICY

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

ALL INTERESTED PARTIES ARE REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE ASSOCIATION AND THEREAFTER SHALL FILE WITH THE ASSOCIATION AN UPDATED DISCLOSURE STATEMENT (AT LEAST ONCE ANNUALLY) AND AS APPROPRIATE OR AS DIRECTED FROM TIME TO TIME BY THE BOARD OF DIRECTORS OR ITS COMMITTEE DESIGNEE.

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

Employer identification number

THE ASSOCIATION'S BYLAWS REQUIRE INDIVIDUALS, INTERESTED PERSONS OR CHAPTERS TO DISCLOSE ANY REASONABLY FORESEEABLE ACTUAL OR POTENTIAL CONFLICT OF INTEREST.

WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR A COMMITTEE, THE DISCLOSURE IS MADE AND SUCH INTERESTED PERSON MAY NOT VOTE ON THE MATTER.

WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS OR THE COMMITTEE, AS THE CASE MAY BE, EXCLUDING THE INTERESTED PERSON CONCERNING WHOM THE DOUBT HAS ARISEN.

COMPENSATION OF OFFICERS

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

COMPENSATION IS ESTABLISHED FOR THE CEO BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE AFTER A THOROUGH SALARY/MARKET REVIEW CONDUCTED BY OUTSIDE COMPENSATION CONSULTANTS. FOR THE CEO AND FOR THE SENIOR MANAGEMENT TEAM THIS REVIEW WAS LAST DONE IN 2010. EACH YEAR THE COMPENSATION COMMITTEE EVALUATES THE CEO'S PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS WHICH INCLUDES 360 FEEDBACK COLLECTION, INTERVIEWS AND PERFORMANCE EVALUATION. THE COMMITTEE AND CHAIRMAN OF THE BOARD USE THIS DATA TO DETERMINE INCENTIVE COMPENSATION ELIGIBILITY. THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW DONE AT THE END OF EACH FISCAL YEAR. THIS INCLUDES A SELF ASSESSMENT, 360

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
--	--------------------------------

REVIEW AND EVALUATION BY THE CEO. SALARY IS BENCHMARKED EVERY TWO YEARS.
THIS YEAR THE SALARIES AND TOTAL COMPENSATION PACKAGES OF THE SENIOR
STAFF WERE BENCHMARKED BY AONHEWITT.

GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

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

OTHER CHANGE IN NET ASSETS OR FUND BALANCES

PART XI, LINE 5

UNREALIZED GAIN	\$8,887,877
CHANGE IN PERPETUAL TRUSTS	1,799,612
CHANGE IN SPLIT-INTEREST AGREEMENTS	(395,030)
ACQUISITION OF DISSOLVED CHAPTERS	8,233
PLEDGE WRITE OFF	(179,090)
NONCASH CONTRIBUTIONS FROM FUNDRAISING EVENTS	(375,694)
MISCELLANEOUS	1,070
TOTAL INCREASE IN NET ASSETS OF FUND BALANCES	\$9,746,978

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

RESEARCH - THE ALZHEIMER'S ASSOCIATION IMPLEMENTS AN AGGRESSIVE

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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ATTACHMENT 1 (CONT'D)

RESEARCH AND SCIENCE PROGRAM STRATEGICALLY DESIGNED TO ACCELERATE
PROGRESS BY FOSTERING INNOVATION, IDENTIFYING AND FILLING CRITICAL
KNOWLEDGE GAPS, DEVELOPING AND DISSEMINATING TOOLS, AND NURTURING
TALENT.

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

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

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

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

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
--	--------------------------------

ATTACHMENT 2 (CONT'D)

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

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,
DC, FL, GA, IL, IA, KS, KY, ME, MD, MA, MI,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, SD, TN, UT, VA, WA, WV, WI,

ATTACHMENT 4

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 KAREN KAUFFMAN, PH.D., C.R.N.P., B.C. DIRECTOR	5.00	X						0.	0.	0.
30 JACQUELINE KOURI DIRECTOR	5.00	X						0.	0.	0.
31 JOHN E. MAGGIO, PH.D. DIRECTOR	5.00	X						0.	0.	0.
32 BONNIE H. MARCUS DIRECTOR	5.00	X						0.	0.	0.
33 LINDA MENDELSON DIRECTOR	5.00	X						0.	0.	0.
34 DAVID MOSCOW DIRECTOR	5.00	X						0.	0.	0.
35 RON PROFILI										

Name of the organization	ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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			ATTACHMENT 4 (CONT'D)			
	DIRECTOR	5.00	X	0.	0.	0.
36	JIM PRUGH					
	DIRECTOR	5.00	X	0.	0.	0.
37	DEBORAH A. RANDALL, ESQ.					
	DIRECTOR	5.00	X	0.	0.	0.
38	KIMBERLY REED					
	DIRECTOR	5.00	X	0.	0.	0.
39	DARLENE SHILEY					
	DIRECTOR	5.00	X	0.	0.	0.
40	ALAN SILVERGLAT					
	DIRECTOR	5.00	X	0.	0.	0.
41	SUZANNE B. SWIFT					
	DIRECTOR	5.00	X	0.	0.	0.
42	CARL E. TUERK, JR.					
	DIRECTOR	5.00	X	0.	0.	0.
43	DEBRA WESLEY-FREEMAN, MSW					
	DIRECTOR	5.00	X	0.	0.	0.
44	HERB WILLIAMS					
	DIRECTOR	5.00	X	0.	0.	0.
45	SHELLIE N. WILLIAMS, M.D.					
	DIRECTOR	5.00	X	0.	0.	0.
46	THOMAS J. WINKEL					
	DIRECTOR	5.00	X	0.	0.	0.
47	JEROME H STONE					
	EX-OFFICIO	5.00	X	0.	0.	0.
48	HARRY JOHNS					
	PRESIDENT & CEO	60.00	X	552,569.	0.	413,773.
49	RICHARD HOVLAND					
	CHIEF OPERATIONS OFFICER	60.00	X	314,971.	0.	87,644.
50	ANGELA GEIGER					
	CHIEF STRATEGY OFFICER	60.00	X	337,449.	0.	97,714.
51	WILLIAM THIES					
	CHIEF MEDICAL SCIENCE OFFICER	60.00	X	297,188.	0.	48,863.
52	HEATHER HUTCHISON					
	VP - RELATIONSHIP DEVELOPMENT	60.00	X	214,509.	0.	30,831.
53	SCOTT GARDNER					
	VP - CHAPTER RELATIONS	60.00	X	241,354.	0.	31,858.
54	ROBERT EGGE					
	VP - PUBLIC POLICY	60.00	X	273,514.	0.	39,498.

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TG MADISON INC 3340 PEACHTREE RD. ATLANTA, GA 30326	CONSULTANT	8,311,313.

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
--	--------------------------------

ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ALANIZ 425 N. IRIS STREET MT. PLEASANT, IA 52641	PRINTING/LETTER SHOP	3,895,633.
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING	2,654,852.
QUAD/GRAPHICS, INC P.O. BOX 930505 ATLANTA, GA 31193	PRINTING/LETTER SHOP	1,633,597.
MCDERMOTT, WILL & EMERY LLP P.O. BOX 2995 CAROL STREAM, IL 60132	LEGAL	1,593,734.
	TOTAL COMPENSATION	<u>18,089,129.</u>