

Return of Organization Exempt From Income Tax

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

2010

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 Jul 1, 2010, **and ending** Jun 30, 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Alzheimer's Disease and Related Disorders Association
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
 225 N. Michigan Ave. 1700
 City, town or country State ZIP code + 4
 Chicago IL 60601-7633

D Employer Identification Number 36-3463656
E Telephone number (312) 335-8700
G Gross receipts \$ 79,658,067.

F Name and address of principal officer:
 Harry Johns 225 N Michigan Ave, F117 Chicago IL 60601

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ Alz.org **H(c)** Group exemption number ▶ 9334

K Form of organization: Corporation Trust Association Other ▶ **L Year of Formation:** **M State of legal domicile:**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	745
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	742
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,026
	6	Total number of volunteers (estimate if necessary)	6	19,185
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 73,509,025.	Current Year 69,489,983.
	9	Program service revenue (Part VIII, line 2g)	6,577,759.	4,028,411.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,240,734.	1,518,411.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,614,641.	-600,307.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,942,159.	74,436,498.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,618,273.	2,207,593.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	49,255,865.	43,346,880.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	19,116.	8,787.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,952,071.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	30,846,851.	23,966,985.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	81,740,105.	69,530,245.
	19 Revenue less expenses. Subtract line 18 from line 12	4,202,054.	4,906,253.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 77,351,332.	End of Year 84,664,490.
	21	Total liabilities (Part X, line 26)	11,258,995.	10,477,339.
	22	Net assets or fund balances. Subtract line 21 from line 20	66,092,337.	74,187,151.

Part II Signature Block

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

Sign Here
 Signature of officer: Richard H. Hovland Date: 2/13/12
 Richard H. Hovland Chief Operations Officer
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Daniel V. Romano Preparer's signature: [Signature] Date: 2/10/12
 Check if self employed PTIN: P00504182
 Firm's name: Grant Thornton LLP Firm's EIN: 36-6055558
 Firm's address: 175 W. Jackson Blvd., Ste. 2000 Chicago, IL 60604 Phone no: 312-856-0200

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

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 ▶
 - 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	Name of exempt organization Alzheimer's Association	Employer identification number 36-3463656
	Number, street, and room or suite no. If a P.O. box, see instructions. 225 N. Michigan Ave., Suite 1700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago, IL 60601	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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 ▶ Individual Chapters with reports at the National Office

Telephone No. ▶ 312-335-5802 FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 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 July 1, 20 10, and ending June 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	\$
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	\$
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	\$

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.

Alzheimer's Association
 Year Ended June 30, 2011
 EIN #36-3463656
 GEN #9334

Attachment

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

ST	EIN	CHP #	NAME	ADDRESS	CITY	ZIP
CA	94-2897949	20	Northern California and Nevada	1060 La Avenida St	Mountain View	94043
CO	84-0908354	24	Colorado	455 Sherman Street, Suite 500	Denver	80203-3532
CT	42-1540769	28	Connecticut	2075 Silas Deane Highway, Suite 100	Rocky Hill	08067
FL	59-2006883	33	Southeast Florida	3333 Forest Hill Blvd.	West Palm Beach	33406
FL	36-3487166	37	Central and North Florida	378 Center Pointe Circle, Suite 1280	Altamonte Springs	32701
HI	99-0212360	53	Aloha	1050 Ala Moana Blvd., Suite 2810	Honolulu	96814-4906
IL	37-1224417	58	Central Illinois	606 W. Glen Avenue	Peoria	61614
IL	36-3102348	59	Greater Illinois	3430 West Bryn Mawr, Suite 800	Chicago	60631
IN	35-1747836	67	Greater Indiana	50 East 91st Street, Suite 100	Indianapolis	46240
IA	42-1333384	73	East Central Iowa	317 Seventh Avenue, SE, Suite 402	Cedar Rapids	52401
KS	20-5107941	75	Central and Western Kansas	347 South Laura	Wichita	67211
KY	36-4497854	78	Greater Kentucky and Southern Indiana	8100 Dutchmans Lane, Suite 401	Louisville	40205
ME	01-0428502	82	Maine	383 U.S. Route 1, Suite 2C	Scarborough	04074
MD	62-1219428	83	Greater Maryland	1850 York Road, Suite D	Timonium	21083
KS	48-0934474	100	Heart of America	3846 West 75th Street	Prairie Village	66208
MO	43-1344786	101	Mid Missouri	2400 Bluff Creek Drive	Columbia	65201
MO	43-1485251	103	Southwest Missouri	1630 W. Ellendale	Springfield	65807
NE	47-0648438	109	Midlands	1941 South 42nd Street, Suite 205	Omaha	68105
NY	14-1695487	118	Hudson Valley/Rockland/Westchester, NY	2 Jefferson Plaza, Suite 103	Poughkeepsie	12601-4027
NY	11-2637292	120	Long Island	45 Park Ave.	Bay Shore	11706
NY	16-1159941	123	Rochester	435 East Henrietta Road	Rochester	14620
NY	16-1181599	128	Western New York	2805 Wehrle Drive, Suite 6	Williamsville	14221
OH	34-1454448	135	Greater East Ohio Area	70 W. Streetsboro St., Suite 201	Hudson	44238
OH	34-1311175	139	Cleveland Area	23215 Commerce Park Drive, Suite 300	Beachwood	44122
OH	31-0996238	140	Central Ohio	1379 Dublin Road	Columbus	43215
OH	31-1031867	143	Miami Valley	3797 Summit Glen Drive, Suite G100	Dayton	45449
OH	34-1423768	144	Northwest Ohio	2500 North Reynolds Road	Toledo	43615-2820
OK	73-1183372	147	Oklahoma/Arkansas	6465 South Yale, Suite 312	Tulsa	74136-7810
PA	23-2280056	156	Delaware Valley	399 Market Street, Suite 102	Philadelphia	19106
SC	57-0792592	161	South Carolina	4124 Clemson Blvd., Suite L	Anderson	29621
SD	32-0161779	162	South Dakota	1000 N West Ave., # 250	Sioux Falls	57104
TX	75-2041194	172	Greater Dallas	4144 North Central Expressway, Suite 750	Dallas	75204
TX	04-3631046	173	STAR	4887 North Mesa, Suite 200	El Paso	79912
TX	75-1984152	177	North Central Texas	2630 West Freeway, Suite 100	Fort Worth	76102
VT	03-0286299	179	Vermont	300 Cornerstone Drive, Suite 128	Williston	05495
VA	54-1309570	181	Central and Western Virginia	1160 Pepsi Place, Suite 306	Charlottesville	22901
VA	54-1204329	182	Southeastern Virginia	6350 Center Drive, Suite 102	Norfolk	23502
VA	52-1198162	184	National Capital Area	3701 Pender Drive, Suite 400	Fairfax	22030
VA	54-1263555	185	Greater Richmond	4800 Cox Road, Suite 130	Glen Allen	23060
WV	36-3487172	191	West Virginia	1111 Lee Street East	Charleston	25301
WI	39-1493227	194	Greater Wisconsin	2900 Curry Lane, Suite A	Green Bay	54311
WI	39-1350965	195	Southeastern Wisconsin	620 South 76th Street, Suite 180	Milwaukee	53214
MS	64-0786327	205	Mississippi Chapter	196 Charmant Drive, Suite 4	Ridgeland	39157
TN	62-1860364	208	Mid South	4205 Hillsboro Pike, Suite 216	Nashville	37215
IA	42-1520562	232	Greater Iowa	1730 28th Street	West Des Moines	50286
WA	91-1409620	233	Inland Northwest	910 West 5th Avenue, Suite 256	Spokane	99204

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*** These are the chapters we are estimating to be included in the group return

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:

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support, and research. Our mission is to eliminate Alzheimer's disease through the See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 8,128,964. including grants of \$ 6,419.) (Revenue \$ 1,994,030.) Workshops/Conferences/Seminars -- See Schedule O

4b (Code:) (Expenses \$ 5,668,201. including grants of \$ 0.) (Revenue \$ 22,956.) Information and Referral -- See Schedule O

4c (Code:) (Expenses \$ 3,453,212. including grants of \$ 49,761.) (Revenue \$ 100,955.) Care Consultation -- See Schedule O

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 36,479,646. including grants of \$ 2,151,413.) (Revenue \$ 1,882,162.)

4e Total program service expenses 53,730,023.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (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? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule C, Part II	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? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 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? If 'Yes,' complete Schedule D, Part VI	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? If 'Yes,' complete Schedule D, Part VII	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? If 'Yes,' complete Schedule D, Part VIII		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? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	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)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	X	
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (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 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	

BAA

Form 990 (2010)

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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 a	335		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 b	23		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1 c			
2 a	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		
2 a	1,026		
b	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	
2 b			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 a			
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
3 b			
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 a			
b	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.		
4 b			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 b			
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
5 c			
6 a	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
6 a			
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6 b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7 a			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
7 c			
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 d	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
7 h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9 a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9 b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.	13 a	
b	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	13 b	
c	Enter the amount of reserves on hand	13 c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year		
1 a			745
b	Enter the number of voting members included in line 1a, above, who are independent		
1 b			742
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8 a			
b	Each committee with authority to act on behalf of the governing body?	X	
8 b			
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ EACH CHAPTER FILES IN THEIR RESPECTIVE STATES
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Richard H Hovland, CPA 225 N. Michigan Ave., Fl.17, Chicago IL 60601-7633 (312) 335-8700

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) PETER DALEY PRESIDENT	.75	X		X			0.	0.	0.	
(2) SARAH EPSTEIN VICE PRESIDENT	.75	X		X			0.	0.	0.	
(3) LUCY ROMOLI TREASURER	.75	X		X			0.	0.	0.	
(4) KEVIN PRINGLE SECRETARY	.75	X		X			0.	0.	0.	
(5) RICK SMITH DIRECTOR	.75	X					0.	0.	0.	
(6) CLIFA ATLAS DIRECTOR	.75	X					0.	0.	0.	
(7) JOE COONEY DIRECTOR	.75	X					0.	0.	0.	
(8) KERRY DE BENEDETTI DIRECTOR	.75	X					0.	0.	0.	
(9) ORLANDO DE BRUCE DIRECTOR	.75	X					0.	0.	0.	
(10) ROB FANNO DIRECTOR	.75	X					0.	0.	0.	
(11) CHUCK HAAS DIRECTOR	.75	X					0.	0.	0.	
(12) GEOFF HEREDIA DIRECTOR	.75	X					0.	0.	0.	
(13) LADSON HINTON DIRECTOR	.75	X					0.	0.	0.	
(14) EVA LAI-KIT JONES DIRECTOR	.75	X					0.	0.	0.	
(15) MICHAEL KIRKLAND DIRECTOR	.75	X					0.	0.	0.	
(16) JOAN MARKS DIRECTOR	.75	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) PETER REED DIRECTOR	.75	X						0.	0.	0.
(18) PAT SIPPEL DIRECTOR	.75	X						0.	0.	0.
(19) LISA SULLIVAN DIRECTOR	.75	X						0.	0.	0.
(20) ALEX TSAO DIRECTOR	.75	X						0.	0.	0.
(21) HOWARD WAHL DIRECTOR	.75	X						0.	0.	0.
(22) LESLIE WALKER DIRECTOR	.75	X						0.	0.	0.
(23) KELLY ROGERS CHAIRMAN	3.00	X		X				0.	0.	0.
(24) SARAH LORANCE VICE CHAIRMAN	4.00	X		X				0.	0.	0.
(25) TOM HURLEY SECRETARY	2.00	X		X				0.	0.	0.
(26) JIM PRUGH TREASURER	2.00	X		X				0.	0.	0.
(27) J. J. JORDAN MEMBER AT LARGE	2.00	X						0.	0.	0.
(28) JERILYN BENSARD DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 1								6,132,538.	0.	329,919.
d Total (add lines 1b and 1c)								6,132,538.	0.	329,919.

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 **▶ 14**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	2,256,185.				
	1 b Membership dues	3,990.				
	1 c Fundraising events	8,481,640.				
	1 d Related organizations	150,000.				
	1 e Government grants (contributions)	6,972,244.				
	1 f All other contributions, gifts, grants, and similar amounts not included above	51,625,924.				
	1 g Noncash contributions included in Ins 1a-1f: \$	510,210.				
1 h Total. Add lines 1a-1f		69,489,983.				
PROGRAM SERVICE REVENUE	2 a <u>Workshop/Conf</u> Business Code 624100		1,994,030.	1,994,030.	0.	0.
	b <u>Respite Programs</u> 624100		737,493.	737,493.	0.	0.
	c <u>Care Consultation</u> 624100		100,955.	100,955.	0.	0.
	d <u>Support Groups</u> 624100		56,316.	56,316.	0.	0.
	e <u>Inform. & Referral</u> 624100		22,956.	22,956.	0.	0.
	f All other program service revenue		1,116,661.	1,116,661.	0.	0.
	g Total. Add lines 2a-2f			4,028,411.		
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		969,739.	0.	0.	969,739.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		33,662.	0.	0.	33,662.
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory		3,075,192.			
	b Less: cost or other basis and sales expenses		2,487,343.	39,177.		
	c Gain or (loss)		587,849.	-39,177.		
	d Net gain or (loss)			548,672.	0.	548,672.
	8 a Gross income from fundraising events (not including \$ 8,481,640. of contributions reported on line 1c). See Part IV, line 18		1,707,365.			
	b Less: direct expenses		2,542,548.			
	c Net income or (loss) from fundraising events			-835,183.	0.	-835,183.
	9 a Gross income from gaming activities. See Part IV, line 19		158,429.			
b Less: direct expenses		42,132.				
c Net income or (loss) from gaming activities			116,297.	0.	116,297.	
10 a Gross sales of inventory, less returns and allowances		82,061.				
b Less: cost of goods sold		110,369.				
c Net income or (loss) from sales of inventory			-28,308.	0.	0.	
11 a <u>Reimbursements</u> Business Code 900099		17,555.	0.	0.	17,555.	
b <u>Refunds</u> 900099		11,505.	0.	0.	11,505.	
c <u>Miscellaneous</u> 900099		84,165.	0.	0.	84,165.	
d All other revenue						
e Total. Add lines 11a-11d			113,225.			
12 Total revenue. See instructions			74,436,498.	4,000,103.	0.	946,412.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	207,068.	207,068.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,000,525.	2,000,525.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,904,004.	5,664,046.	1,183,406.	1,056,552.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,549,565.	22,935,307.	1,759,173.	3,855,085.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	682,361.	497,765.	87,432.	97,164.
9 Other employee benefits	3,388,439.	2,671,470.	269,058.	447,911.
10 Payroll taxes	2,822,511.	2,228,587.	242,627.	351,297.
11 Fees for services (non-employees):				
a Management	122,316.	79,533.	30,416.	12,367.
b Legal	214,249.	108,414.	37,170.	68,665.
c Accounting	657,395.	333,573.	317,169.	6,653.
d Lobbying	202,887.	183,501.	12,500.	6,886.
e Professional fundraising services. See Part IV, line 17	8,787.			8,787.
f Investment management fees	93,561.	29,959.	55,584.	8,018.
g Other	2,386,204.	1,857,939.	146,536.	381,729.
12 Advertising and promotion	1,789,904.	1,306,239.	20,050.	463,615.
13 Office expenses	4,705,286.	3,310,584.	459,391.	935,311.
14 Information technology	378,142.	306,352.	30,696.	41,094.
15 Royalties				
16 Occupancy	5,224,188.	4,207,541.	477,593.	539,054.
17 Travel	1,585,706.	1,247,786.	112,828.	225,092.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,457,539.	1,693,297.	66,569.	697,673.
20 Interest	65,040.	36,673.	21,733.	6,634.
21 Payments to affiliates	482,934.	469,657.	2,371.	10,906.
22 Depreciation, depletion, and amortization	797,735.	613,214.	104,226.	80,295.
23 Insurance	245,326.	156,463.	52,291.	36,572.
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>Printing & Publication</u>	353,850.	263,758.	27,158.	62,934.
b <u>Equip Maint</u>	300,194.	248,240.	21,177.	30,777.
c <u>Miscellaneous Supplies</u>	245,527.	158,900.	6,633.	79,994.
d <u>Bad Debt</u>	220,754.	14,319.	177,936.	28,499.
e <u>Volunteer Development</u>	166,657.	91,064.	31,839.	43,754.
f All other expenses	1,271,591.	808,249.	94,589.	368,753.
25 Total functional expenses. Add lines 1 through 24f	69,530,245.	53,730,023.	5,848,151.	9,952,071.
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	1,452,987.	868,250.	13,440.	571,297.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash — non-interest-bearing	14,652,207.	1	14,332,260.	
	2	Savings and temporary cash investments	13,304,860.	2	14,898,101.	
	3	Pledges and grants receivable, net	6,177,952.	3	4,799,447.	
	4	Accounts receivable, net	6,838,403.	4	6,477,515.	
	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	145,322.	8	48,917.	
	9	Prepaid expenses and deferred charges	839,959.	9	954,083.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,540,696.		
	b	Less: accumulated depreciation	10b	6,454,918.	10c	3,085,778.
	11	Investments — publicly traded securities	22,671,996.	11	28,370,983.	
	12	Investments — other securities. See Part IV, line 11	8,347,092.	12	10,846,285.	
	13	Investments — program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	1,284,960.	15	851,121.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	77,351,332.	16	84,664,490.		
LIABILITIES	17	Accounts payable and accrued expenses	8,314,859.	17	8,047,789.	
	18	Grants payable	12,500.	18	20,008.	
	19	Deferred revenue	538,768.	19	536,598.	
	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	325,201.	23	308,680.	
	24	Unsecured notes and loans payable to unrelated third parties	283,718.	24	273,126.	
	25	Other liabilities. Complete Part X of Schedule D	1,783,949.	25	1,291,138.	
	26	Total liabilities. Add lines 17 through 25	11,258,995.	26	10,477,339.	
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	49,928,905.	27	53,463,109.	
	28	Temporarily restricted net assets	11,970,427.	28	15,395,270.	
	29	Permanently restricted net assets	4,193,005.	29	5,328,772.	
	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.	66,092,337.	33	74,187,151.	
34	Total liabilities and net assets/fund balances.	77,351,332.	34	84,664,490.		

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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	74,436,498.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,530,245.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,906,253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,092,337.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,188,561.
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	74,187,151.

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	

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Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization Alzheimer's Disease and Related Disorders Association	Employer identification number 36-3463656
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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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA 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 'unusual grants.')	98,025,980.	75,819,991.	76,355,603.	73,509,025.	69,489,983.	393,200,582.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	98,025,980.	75,819,991.	76,355,603.	73,509,025.	69,489,983.	393,200,582.
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						393,200,582.

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	98,025,980.	75,819,991.	76,355,603.	73,509,025.	69,489,983.	393,200,582.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,034,727.	2,141,782.	1,253,494.	1,276,921.	1,003,401.	8,710,325.
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.)	803,146.	728,278.	262,446.	4,634,803.	1,979,019.	8,407,692.
11 Total support. Add lines 7 through 10						410,318,599.
12 Gross receipts from related activities, etc (see instructions)					12	4,110,472.
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	95.83%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	95.11%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 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 yr 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 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Other Income, Part II Line 10

2010 Total Other Income \$1,979,019 includes:

Income from Fundraising Events-gross \$1,865,794

Reimbursements \$17,555

Refunds \$11,505

Miscellaneous Revenue \$84,165

2009 Total Other Income \$4,634,803 includes:

Income from Fundraising Events-net \$4,434,793

Gross Sales of Inventory \$110,261

Miscellaneous Revenue \$89,749

2008 Total Other Income includes:

Miscellaneous Revenue \$262,446

2007 Total Other Income includes:

Miscellaneous Revenue \$728,278

2006 Total Other Income includes:

Miscellaneous Revenue \$803,146

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

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

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

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

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) 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 their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Part I Contributors (see instructions.)

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

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
143	Miami Valley Chapter		X				20,000.00		05/25/2011
143	Miami Valley Chapter		X				20,000.00		01/20/2011
143	Miami Valley Chapter		X				5,000.00		09/20/2010
143	Miami Valley Chapter		X				156,300.00		Various
143	Miami Valley Chapter		X				5,000.00		01/31/2011
143	Miami Valley Chapter		X				10,000.00		06/8/2011
143	Miami Valley Chapter		X				5,000.00		08/11/2010
143	Miami Valley Chapter		X				5,000.00		11/11/2010
143	Miami Valley Chapter		X				20,000.00		12/6/2010
143	Miami Valley Chapter		X				5,000.00		12/15/2010
143	Miami Valley Chapter		X				10,000.00		10/1/2010
143	Miami Valley Chapter		X				6,401.00		12/28/2010
143	Miami Valley Chapter		X				23,425.00		09/16/2010
143	Miami Valley Chapter		X				18,920.00		02/4/2011
143	Miami Valley Chapter		X				5,000.00		09/22/2010
143	Miami Valley Chapter		X				15,000.00		04/1/2011
143	Miami Valley Chapter				X		10,927.00	Food, decorations	06/1/2011
123	Rochester Chapter		X				5,000.00		Various
123	Rochester Chapter		X				150,000.00		03/15/2011
123	Rochester Chapter		X				30,000.00		05/16/2011
123	Rochester Chapter		X				5,000.00		Various
123	Rochester Chapter		X				5,020.00		Various
123	Rochester Chapter		X				5,233.00		05/24/2011
123	Rochester Chapter		X				10,000.00		04/25/2011
123	Rochester Chapter		X				5,005.00		Various
123	Rochester Chapter				X		13,581.00	Stock Certificates	Various
123	Rochester Chapter		X				5,020.00		05/24/2011
123	Rochester Chapter		X				29,037.00		Various
123	Rochester Chapter		X				100,689.00		Various
123	Rochester Chapter		X				12,260.00		Various
123	Rochester Chapter		X				754,540.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
123	Rochester Chapter		X				44,657.00		Various
161	South Carolina Chapter		X				10,000.00		10/18/2010
161	South Carolina Chapter		X				10,000.00		03/25/2011
161	South Carolina Chapter		X				15,100.00		Various
161	South Carolina Chapter		X				5,000.00		12/22/2010
161	South Carolina Chapter		X				5,000.00		05/31/2011
161	South Carolina Chapter		X				5,000.00		04/21/2011
161	South Carolina Chapter		X				5,000.00		01/20/2011
161	South Carolina Chapter		X				5,000.00		07/6/2010
161	South Carolina Chapter		X				74,195.13		08/31/2010
161	South Carolina Chapter		X				6,000.00		09/30/2010
161	South Carolina Chapter		X				7,000.00		01/7/2011
161	South Carolina Chapter		X				7,000.00		12/29/2010
100	Heart of America Chapter		X				25,000.00		10/2/2011
100	Heart of America Chapter		X				28,750.00		05/24/2011
100	Heart of America Chapter		X				50,000.00		05/10/2011
100	Heart of America Chapter		X				8,894.00		08/19/2010
100	Heart of America Chapter		X				5,000.00		01/12/2011
100	Heart of America Chapter		X				26,000.00		Various
100	Heart of America Chapter		X				130,428.00		11/18/2010
100	Heart of America Chapter		X				50,000.00		Various
100	Heart of America Chapter		X				25,000.00		12/23/2010
100	Heart of America Chapter		X				5,015.00		Various
100	Heart of America Chapter		X				10,000.00		01/12/2011
100	Heart of America Chapter		X				20,000.00		Various
100	Heart of America Chapter		X				5,000.00		02/9/2011
100	Heart of America Chapter		X				9,500.00		Various
100	Heart of America Chapter		X				5,050.00		Various
100	Heart of America Chapter		X				10,000.00		10/1/2010
100	Heart of America Chapter		X				5,000.00		12/7/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
100	Heart of America Chapter		X				5,000.00		11/13/2010
100	Heart of America Chapter		X				5,000.00		12/8/2010
100	Heart of America Chapter		X				10,000.00		Various
100	Heart of America Chapter		X				15,000.00		Various
100	Heart of America Chapter		X				10,000.00		04/18/2011
100	Heart of America Chapter		X				10,000.00		04/2/2011
100	Heart of America Chapter		X				6,250.00		Various
100	Heart of America Chapter		X				7,500.00		Various
100	Heart of America Chapter		X				10,000.00		Various
100	Heart of America Chapter		X				10,000.00		Various
100	Heart of America Chapter		X				5,000.00		04/18/2011
100	Heart of America Chapter		X				5,000.00		06/7/2011
100	Heart of America Chapter		X				5,300.00		Various
100	Heart of America Chapter		X				6,000.00		Various
179	Vermont Chapter		X				10,000.00		04/4/2011
179	Vermont Chapter		X				6,500.00		Various
179	Vermont Chapter		X				10,000.00		Various
179	Vermont Chapter		X				5,500.00		Various
118	Hudson Valley/Rockland/Westchester		X				5,000.00		07/29/2010
118	Hudson Valley/Rockland/Westchester		X				5,000.00		07/29/2010
118	Hudson Valley/Rockland/Westchester		X				5,000.00		08/9/2010
118	Hudson Valley/Rockland/Westchester		X				5,000.00		11/30/2010
118	Hudson Valley/Rockland/Westchester		X				5,000.00		12/14/2010
118	Hudson Valley/Rockland/Westchester		X				5,000.00		12/31/2010
118	Hudson Valley/Rockland/Westchester		X				5,000.00		12/31/2010
118	Hudson Valley/Rockland/Westchester		X				5,000.00		02/22/2011
118	Hudson Valley/Rockland/Westchester		X				5,000.00		06/21/2011
118	Hudson Valley/Rockland/Westchester		X				10,000.00		12/14/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
118	Hudson Valley/Rockland/Westchester		X				10,000.00		12/20/2010
118	Hudson Valley/Rockland/Westchester		X				10,000.00		12/31/2010
118	Hudson Valley/Rockland/Westchester		X				10,000.00		12/31/2010
118	Hudson Valley/Rockland/Westchester		X				20,000.00		12/14/2010
118	Hudson Valley/Rockland/Westchester		X				20,000.00		12/31/2010
118	Hudson Valley/Rockland/Westchester		X				20,000.00		12/28/2010
118	Hudson Valley/Rockland/Westchester		X				22,093.33		Various
118	Hudson Valley/Rockland/Westchester		X				22,240.00		Various
109	Midlands Chapter		X				92,176.44		Various
109	Midlands Chapter		X				9,000.00		Various
109	Midlands Chapter		X				12,200.00		Various
109	Midlands Chapter		X				6,053.63		09/28/2010
109	Midlands Chapter		X				42,900.00		01/18/2011
109	Midlands Chapter		X				7,500.00		Various
109	Midlands Chapter		X				5,000.00		02/11/2011
109	Midlands Chapter		X				10,000.00		01/3/2011
109	Midlands Chapter		X				5,000.00		01/18/2011
109	Midlands Chapter		X				5,000.00		06/27/2011
109	Midlands Chapter		X				5,000.00		Various
109	Midlands Chapter		X				5,000.00		12/20/2010
140	Central Ohio Chapter		X				8,305.00		08/20/2010
140	Central Ohio Chapter		X				34,550.00		Various
140	Central Ohio Chapter		X				117,803.00		Various
140	Central Ohio Chapter		X				104,924.00		Various
140	Central Ohio Chapter		X				5,072.14		08/2/2010
140	Central Ohio Chapter		X				7,500.00		08/17/2010
140	Central Ohio Chapter		X				100,405.55		Various
140	Central Ohio Chapter		X				5,000.00		09/3/2010
140	Central Ohio Chapter		X				5,000.00		10/13/2010
140	Central Ohio Chapter		X				11,526.00		Various
140	Central Ohio Chapter		X				7,650.00		Various
140	Central Ohio Chapter		X				7,500.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
140	Central Ohio Chapter		X				10,000.00		11/4/2010
140	Central Ohio Chapter		X				5,000.00		12/14/2010
140	Central Ohio Chapter		X				5,000.00		12/30/2010
140	Central Ohio Chapter		X				22,000.00		03/7/2011
140	Central Ohio Chapter		X				5,000.00		04/5/2011
140	Central Ohio Chapter		X				5,000.00		04/18/2011
140	Central Ohio Chapter		X				10,630.00		04/18/2011
140	Central Ohio Chapter		X				99,984.35		04/18/2011
140	Central Ohio Chapter		X				25,000.00		05/9/2011
140	Central Ohio Chapter		X				18,890.00		05/19/2011
140	Central Ohio Chapter		X				25,000.00		05/27/2011
140	Central Ohio Chapter		X				6,000.00		06/17/2011
140	Central Ohio Chapter		X				33,207.41		Various
140	Central Ohio Chapter		X				6,669.80		Various
028	Connecticut Chapter		X				17,125.00		03/16/2011
028	Connecticut Chapter		X				5,000.00		10/19/2010
028	Connecticut Chapter		X				50,000.00		10/13/2010
028	Connecticut Chapter		X				13,957.00		07/12/2010
028	Connecticut Chapter		X				6,291.32		09/1/2010
028	Connecticut Chapter		X				8,614.00		04/6/2011
028	Connecticut Chapter		X				6,179.19		01/6/2011
028	Connecticut Chapter		X				20,000.00		04/18/2011
028	Connecticut Chapter		X				6,000.00		11/8/2010
028	Connecticut Chapter		X				7,200.00		01/20/2011
028	Connecticut Chapter		X				10,000.00		04/6/2011
028	Connecticut Chapter		X				5,000.00		08/30/2010
028	Connecticut Chapter		X				5,000.00		08/25/2010
028	Connecticut Chapter		X				9,907.50		02/3/2011
028	Connecticut Chapter		X				5,000.00		10/19/2010
028	Connecticut Chapter		X				5,685.88		05/20/2011
028	Connecticut Chapter		X				5,000.00		09/24/2010
073	East Central Iowa Chapter		X				80,000.00		06/1/2011
073	East Central Iowa Chapter		X				17,803.00		09/1/2010
073	East Central Iowa Chapter		X				5,000.00		12/1/2010
073	East Central Iowa Chapter		X				5,000.00		01/1/2011
073	East Central Iowa Chapter		X				15,000.00		12/1/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
073	East Central Iowa Chapter		X				7,500.00		12/1/2010
073	East Central Iowa Chapter		X				5,000.00		04/1/2011
073	East Central Iowa Chapter		X				10,000.00		11/1/2010
073	East Central Iowa Chapter		X				5,000.00		05/1/2011
073	East Central Iowa Chapter		X				28,125.00		Various
208	Mid-South Chapter		X				50,000.00		05/1/2011
208	Mid-South Chapter		X				10,000.00		12/15/2010
208	Mid-South Chapter		X				15,000.00		12/30/2010
208	Mid-South Chapter		X				175,000.00		12/20/2010
208	Mid-South Chapter		X				5,000.00		07/27/2010
208	Mid-South Chapter		X				5,000.00		09/16/2010
208	Mid-South Chapter		X				8,300.34		10/8/2010
208	Mid-South Chapter		X				6,000.00		10/22/2010
208	Mid-South Chapter		X				5,000.00		10/28/2010
208	Mid-South Chapter		X				5,000.00		12/23/2010
208	Mid-South Chapter		X				6,500.00		06/8/2011
208	Mid-South Chapter		X				5,000.00		06/8/2011
208	Mid-South Chapter		X				5,000.00		04/8/2011
208	Mid-South Chapter		X				5,000.00		03/29/2011
208	Mid-South Chapter		X				5,000.00		05/12/2011
208	Mid-South Chapter		X				5,110.00		04/29/2011
208	Mid-South Chapter		X				38,096.00		06/9/2011
067	Greater Indiana Chapter		X				5,000.00		05/26/2011
067	Greater Indiana Chapter		X				5,000.00		Various
067	Greater Indiana Chapter		X				40,375.00		03/28/2011
067	Greater Indiana Chapter		X				6,000.00		05/2/2011
067	Greater Indiana Chapter		X				5,000.00		Various
067	Greater Indiana Chapter		X				7,650.00		Various
067	Greater Indiana Chapter		X				10,000.00		Various
067	Greater Indiana Chapter		X				5,000.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
067	Greater Indiana Chapter		X				10,000.00		10/15/2010
067	Greater Indiana Chapter		X				25,418.00		Various
067	Greater Indiana Chapter		X				5,050.00		Various
067	Greater Indiana Chapter		X				10,000.00		08/18/2010
067	Greater Indiana Chapter		X				15,000.00		08/30/2010
067	Greater Indiana Chapter		X				11,319.00		01/31/2011
067	Greater Indiana Chapter		X				28,019.00		Various
067	Greater Indiana Chapter		X				51,065.00		Various
067	Greater Indiana Chapter		X				5,500.00		08/10/2010
067	Greater Indiana Chapter		X				148,801.00		01/6/2011
067	Greater Indiana Chapter		X				5,000.00		11/1/2010
067	Greater Indiana Chapter		X				150,000.00		Various
067	Greater Indiana Chapter		X				31,661.00		Various
067	Greater Indiana Chapter		X				5,000.00		06/30/2011
067	Greater Indiana Chapter		X				10,350.00		06/30/2011
067	Greater Indiana Chapter		X				5,300.00		Various
067	Greater Indiana Chapter		X				5,525.00		Various
067	Greater Indiana Chapter		X				6,413.00		Various
067	Greater Indiana Chapter		X				6,450.00		Various
067	Greater Indiana Chapter		X				7,182.00		Various
067	Greater Indiana Chapter		X				7,350.00		Various
067	Greater Indiana Chapter		X				7,400.00		Various
067	Greater Indiana Chapter		X				7,500.00		Various
067	Greater Indiana Chapter		X				9,000.00		Various
067	Greater Indiana Chapter		X				13,048.00		Various
067	Greater Indiana Chapter			X			25,237.00		Various
024	Colorado Chapter		X				10,160.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
024	Colorado Chapter		X				12,109.00		07/12/2010
024	Colorado Chapter		X				5,000.00		06/13/2011
024	Colorado Chapter		X				25,000.00		03/4/2011
024	Colorado Chapter		X				35,000.00		06/27/2011
024	Colorado Chapter		X				50,000.00		05/5/2011
024	Colorado Chapter		X				10,100.00		08/4/2010
024	Colorado Chapter		X				6,000.00		08/25/2010
024	Colorado Chapter		X				5,000.00		12/29/2010
024	Colorado Chapter		X				9,495.00		11/2/2010
024	Colorado Chapter		X				6,100.00		05/12/2011
024	Colorado Chapter		X				20,008.00		12/29/2010
024	Colorado Chapter		X				9,396.00		Various
024	Colorado Chapter		X				252,057.00		03/21/2011
024	Colorado Chapter		X				5,000.00		03/3/2011
024	Colorado Chapter		X				5,500.00		06/21/2011
024	Colorado Chapter				X		5,476.00	Food	06/2/2011
024	Colorado Chapter		X				5,917.00		12/7/2010
024	Colorado Chapter			X			45,084.00		Various
233	Colorado Chapter		X				26,000.00		12/20/2010
024	Colorado Chapter		X				6,800.00		08/23/2010
024	Colorado Chapter		X				100,000.00		06/14/2011
024	Colorado Chapter		X				12,000.00		09/30/2010
024	Colorado Chapter		X				11,000.00		12/23/2010
024	Colorado Chapter		X				25,000.00		Various
024	Colorado Chapter		X				17,078.00		09/20/2010
024	Colorado Chapter		X				25,000.00		11/23/2010
024	Colorado Chapter		X				12,222.00		Various
234	Colorado Chapter		X				16,860.00		Various
024	Colorado Chapter		X				7,000.00		12/23/2010
024	Colorado Chapter		X				37,500.00		06/20/2011
024	Colorado Chapter		X				50,000.00		12/17/2010
024	Colorado Chapter		X				10,000.00		04/18/2011
024	Colorado Chapter		X				5,000.00		01/27/2011
024	Colorado Chapter		X				25,000.00		12/28/2010
024	Colorado Chapter		X				10,000.00		09/29/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
024	Colorado Chapter		X				25,000.00		12/8/2010
024	Colorado Chapter		X				5,218.00		Various
024	Colorado Chapter		X				5,250.00		09/1/2010
024	Colorado Chapter		X				5,000.00		05/12/2011
024	Colorado Chapter		X				5,000.00		08/9/2010
024	Colorado Chapter		X				5,738.00		Various
024	Colorado Chapter		X				5,000.00		09/1/2010
024	Colorado Chapter		X				15,000.00		01/31/2011
024	Colorado Chapter		X				8,500.00		09/27/2010
024	Colorado Chapter		X				10,000.00		06/1/2011
024	Colorado Chapter		X				5,500.00		03/9/2011
024	Colorado Chapter		X				7,200.00		07/21/2010
024	Colorado Chapter		X				26,250.00		Various
024	Colorado Chapter		X				6,516.00		Various
024	Colorado Chapter		X				5,802.00		06/10/2011
024	Colorado Chapter		X				113,750.00		Various
024	Colorado Chapter		X				7,000.00		08/25/2010
024	Colorado Chapter		X				9,420.00		08/2/2010
024	Colorado Chapter		X				137,031.00		10/18/2010
024	Colorado Chapter		X				6,000.00		09/20/2010
024	Colorado Chapter		X				5,000.00		12/29/2010
024	Colorado Chapter		X				5,000.00		04/18/2011
024	Colorado Chapter		X				6,000.00		07/27/2010
024	Colorado Chapter		X				15,000.00		06/13/2011
024	Colorado Chapter		X				7,500.00		Various
024	Colorado Chapter		X				10,000.00		07/21/2010
024	Colorado Chapter		X				11,134.00		12/27/2010
024	Colorado Chapter		X				5,250.00		Various
024	Colorado Chapter		X				8,250.00		11/12/2010
024	Colorado Chapter		X				5,884.00		Various
024	Colorado Chapter		X				6,000.00		10/21/2010
024	Colorado Chapter		X				11,673.00		09/27/2010
024	Colorado Chapter		X				20,000.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
024	Colorado Chapter		X				20,000.00		10/18/2010
024	Colorado Chapter		X				5,000.00		10/1/2010
024	Colorado Chapter		X				5,000.00		09/19/2010
024	Colorado Chapter		X				10,000.00		09/16/2010
024	Colorado Chapter		X				5,000.00		09/6/2010
024	Colorado Chapter		X				10,000.00		11/5/2010
024	Colorado Chapter		X				2,651,163.00		04/30/2011
024	Colorado Chapter		X				7,983.00		Various
024	Colorado Chapter		X				5,000.00		05/27/2011
024	Colorado Chapter				X		30,000.00	Instructional DVDs for family caregivers	01/29/2011
024	Colorado Chapter		X				44,357.00		Various
024	Colorado Chapter		X				5,000.00		07/28/2010
024	Colorado Chapter			X			16,795.00		Various
024	Colorado Chapter		X				5,000.00		06/13/2011
024	Colorado Chapter		X				13,500.00		06/10/2011
024	Colorado Chapter		X				9,900.00		03/31/2011
024	Colorado Chapter		X				14,996.00		04/9/2011
024	Colorado Chapter		X				7,102.00		12/20/2010
024	Colorado Chapter		X				185,395.00		06/3/2011
024	Colorado Chapter		X				9,000.00		05/13/2011
024	Colorado Chapter		X				15,000.00		01/31/2011
024	Colorado Chapter		X				5,000.00		12/2/2010
024	Colorado Chapter		X				6,825.00		05/24/2011
024	Colorado Chapter		X				6,000.00		Various
024	Colorado Chapter				X		7,600.00	Instructional DVDs for family caregivers	Various
083	Greater Maryland Chapter		X				6,500.00		12/3/2010
083	Greater Maryland Chapter		X				5,000.00		04/29/2011
083	Greater Maryland Chapter		X				17,927.80		04/21/2011
083	Greater Maryland Chapter		X				5,000.00		04/4/2011
083	Greater Maryland Chapter		X				5,000.00		02/25/2011
083	Greater Maryland Chapter		X				7,500.00		12/23/2010
083	Greater Maryland Chapter		X				10,000.00		02/25/2011
083	Greater Maryland Chapter		X				24,000.00		05/16/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
083	Greater Maryland Chapter		X				7,062.14		07/5/2011
083	Greater Maryland Chapter		X				5,000.00		12/26/2010
083	Greater Maryland Chapter		X				5,171.95		04/18/2011
083	Greater Maryland Chapter		X				11,734.00		07/23/2010
083	Greater Maryland Chapter		X				50,000.00		Various
083	Greater Maryland Chapter		X				5,000.00		10/26/2010
083	Greater Maryland Chapter		X				8,628.00		10/21/2010
083	Greater Maryland Chapter		X				27,588.82		07/7/2010
083	Greater Maryland Chapter		X				20,000.00		07/16/2010
083	Greater Maryland Chapter		X				5,500.00		04/4/2011
083	Greater Maryland Chapter		X				11,500.00		Various
083	Greater Maryland Chapter		X				7,500.00		09/26/2010
083	Greater Maryland Chapter		X				10,000.00		01/19/2011
083	Greater Maryland Chapter		X				5,000.00		12/21/2010
083	Greater Maryland Chapter		X				5,000.00		12/13/2010
083	Greater Maryland Chapter		X				10,000.00		04/5/2011
083	Greater Maryland Chapter		X				7,500.00		03/10/2011
083	Greater Maryland Chapter		X				5,000.00		01/11/2011
083	Greater Maryland Chapter		X				5,000.00		03/3/2011
083	Greater Maryland Chapter		X				5,000.00		Various
083	Greater Maryland Chapter		X				50,000.00		04/12/2011
083	Greater Maryland Chapter		X				7,500.00		03/22/2011
083	Greater Maryland Chapter		X				5,000.00		03/24/2011
083	Greater Maryland Chapter		X				5,000.00		03/14/2011
083	Greater Maryland Chapter		X				12,000.00		08/13/2010
083	Greater Maryland Chapter		X				5,000.00		01/24/2011
083	Greater Maryland Chapter			X			22,001.00		Various
083	Greater Maryland Chapter			X			60,355.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
083	Greater Maryland Chapter			X			16,649.00		Various
083	Greater Maryland Chapter			X			23,033.00		Various
083	Greater Maryland Chapter			X			21,029.00		Various
037	Central & North Florida Chapter			X			5,028.00		Various
037	Central & North Florida Chapter			X			51,898.00		Various
037	Central & North Florida Chapter		X				8,500.00		Various
037	Central & North Florida Chapter		X				15,000.00		Various
037	Central & North Florida Chapter		X				5,602.00		Various
037	Central & North Florida Chapter		X				6,000.00		Various
037	Central & North Florida Chapter		X				14,917.00		Various
037	Central & North Florida Chapter		X				10,000.00		Various
037	Central & North Florida Chapter		X				12,700.00		Various
037	Central & North Florida Chapter		X				10,200.00		Various
037	Central & North Florida Chapter		X				61,144.00		Various
037	Central & North Florida Chapter		X				17,180.00		Various
037	Central & North Florida Chapter		X				10,000.00		Various
037	Central & North Florida Chapter		X				10,000.00		Various
162	South Dakota Chapter		X				5,246.00		03/24/2011
162	South Dakota Chapter		X				5,000.00		03/11/2011
182	Southeastern Virginia Chapter		X				10,000.00		08/19/2010
182	Southeastern Virginia Chapter		X				10,000.00		Various
182	Southeastern Virginia Chapter		X				10,000.00		Various
182	Southeastern Virginia Chapter		X				47,551.82		Various
182	Southeastern Virginia Chapter		X				10,000.00		05/26/2011
182	Southeastern Virginia Chapter		X				72,052.72		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
182	Southeastern Virginia Chapter		X				12,000.00		12/17/2010
182	Southeastern Virginia Chapter		X				24,322.52		Various
182	Southeastern Virginia Chapter		X				40,664.00		Various
182	Southeastern Virginia Chapter		X				10,000.00		09/20/2010
182	Southeastern Virginia Chapter		X				27,704.00		Various
182	Southeastern Virginia Chapter		X				6,300.00		12/22/2010
182	Southeastern Virginia Chapter		X				6,250.00		07/27/2010
182	Southeastern Virginia Chapter				X		16,650.00	2011 Honda Fit - Automobile	05/16/2011
053	Aloha Chapter		X				43,500.00		Various
053	Aloha Chapter		X				31,546.14		Various
053	Aloha Chapter		X				33,335.46		Various
053	Aloha Chapter		X				25,000.00		02/23/2011
053	Aloha Chapter		X				25,000.00		01/31/2011
053	Aloha Chapter		X				23,649.00		12/31/2010
053	Aloha Chapter			X			23,132.10		Various
053	Aloha Chapter			X			21,378.33		Various
053	Aloha Chapter		X				19,499.99		Various
053	Aloha Chapter		X				18,750.00		Various
053	Aloha Chapter		X				17,153.32		09/8/2010
053	Aloha Chapter		X				13,835.97		01/5/2011
053	Aloha Chapter		X				10,500.00		Various
053	Aloha Chapter		X				10,000.00		03/21/2011
053	Aloha Chapter		X				10,000.00		06/30/2011
053	Aloha Chapter		X				9,535.00		Various
053	Aloha Chapter		X				7,500.00		05/16/2011
053	Aloha Chapter		X				6,045.55		Various
053	Aloha Chapter		X				5,100.00		Various
053	Aloha Chapter		X				5,096.08		08/1/2010
053	Aloha Chapter		X				5,000.00		07/6/2010
053	Aloha Chapter		X				5,000.00		Various
053	Aloha Chapter		X				5,000.00		12/7/2010
053	Aloha Chapter		X				5,000.00		07/19/2010
053	Aloha Chapter		X				5,000.00		07/14/2010
053	Aloha Chapter		X				5,000.00		09/30/2010
053	Aloha Chapter		X				5,000.00		Various
053	Aloha Chapter		X				5,000.00		07/6/2010
082	Maine Chapter		X				5,000.00		12/10/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
082	Maine Chapter		X				10,000.00		12/21/2010
082	Maine Chapter		X				5,000.00		03/31/2011
082	Maine Chapter		X				5,000.00		03/31/2011
082	Maine Chapter		X				10,000.00		07/22/2010
082	Maine Chapter		X				5,000.00		03/31/2011
082	Maine Chapter		X				5,000.00		03/31/2011
082	Maine Chapter		X				10,000.00		03/31/2011
082	Maine Chapter		X				5,000.00		04/30/2011
082	Maine Chapter		X				5,000.00		06/3/2011
082	Maine Chapter		X				10,000.00		04/30/2011
078	Greater Kentucky & Southern Indiana		X				8,450.00		03/24/2011
078	Greater Kentucky & Southern Indiana		X				7,500.00		06/29/2011
078	Greater Kentucky & Southern Indiana		X				5,000.00		01/21/2011
078	Greater Kentucky & Southern Indiana		X				5,000.00		01/25/2011
078	Greater Kentucky & Southern Indiana			X			28,123.00		Various
078	Greater Kentucky & Southern Indiana		X				5,847.00		Various
078	Greater Kentucky & Southern Indiana		X				5,375.00		Various
078	Greater Kentucky & Southern Indiana		X				20,000.00		05/27/2011
078	Greater Kentucky & Southern Indiana			X			5,569.00		Various
078	Greater Kentucky & Southern Indiana		X				5,000.00		06/6/2011
078	Greater Kentucky & Southern Indiana		X				11,109.00		12/28/2010
078	Greater Kentucky & Southern Indiana		X				5,000.00		05/12/2011
078	Greater Kentucky & Southern Indiana		X				17,337.00		Various
078	Greater Kentucky & Southern Indiana		X				5,612.00		Various
078	Greater Kentucky & Southern Indiana		X				13,850.00		06/21/2011
078	Greater Kentucky & Southern Indiana		X				5,581.00		Various
078	Greater Kentucky & Southern Indiana		X				5,525.00		05/13/2011
078	Greater Kentucky & Southern Indiana		X				5,000.00		03/21/2011
078	Greater Kentucky & Southern Indiana		X				5,000.00		01/19/2011
059	Greater Illinois Chapter		X				8,591.19		05/16/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
059	Greater Illinois Chapter		X				15,192.79		08/23/2010
059	Greater Illinois Chapter		X				5,000.00		09/7/2010
059	Greater Illinois Chapter		X				67,857.14		10/25/2010
059	Greater Illinois Chapter		X				5,000.00		03/2/2011
059	Greater Illinois Chapter		X				10,000.00		06/28/2011
059	Greater Illinois Chapter		X				5,000.00		04/26/2011
059	Greater Illinois Chapter		X				5,000.00		05/24/2011
059	Greater Illinois Chapter		X				38,117.00		Various
059	Greater Illinois Chapter		X				5,000.00		08/31/2010
059	Greater Illinois Chapter		X				5,422.17		05/4/2011
059	Greater Illinois Chapter		X				50,000.00		06/13/2011
059	Greater Illinois Chapter		X				37,940.04		11/10/2010
059	Greater Illinois Chapter		X				180,000.00		07/6/2010
059	Greater Illinois Chapter		X				149,338.00		Various
059	Greater Illinois Chapter		X				94,093.08		11/16/2010
059	Greater Illinois Chapter		X				11,310.00		08/13/2010
059	Greater Illinois Chapter		X				291,644.00		10/18/2010
059	Greater Illinois Chapter		X				5,402.35		01/3/2011
059	Greater Illinois Chapter		X				5,982.95		09/30/2010
059	Greater Illinois Chapter		X				5,632.66		10/1/2010
059	Greater Illinois Chapter		X				140,705.79		10/1/2010
059	Greater Illinois Chapter		X				7,500.00		02/28/2011
059	Greater Illinois Chapter		X				5,830.00		10/4/2010
059	Greater Illinois Chapter		X				12,600.00		06/3/2011
059	Greater Illinois Chapter		X				5,000.00		11/23/2010
059	Greater Illinois Chapter		X				10,000.00		11/8/2010
059	Greater Illinois Chapter		X				5,000.00		09/20/2010
059	Greater Illinois Chapter		X				8,000.00		12/20/2010
059	Greater Illinois Chapter		X				6,040.00		01/20/2011
059	Greater Illinois Chapter		X				8,550.00		03/28/2011
059	Greater Illinois Chapter		X				5,000.00		03/24/2011
059	Greater Illinois Chapter		X				5,250.00		06/28/2011
059	Greater Illinois Chapter		X				5,000.00		09/8/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
059	Greater Illinois Chapter		X				10,000.00		02/23/2011
059	Greater Illinois Chapter		X				5,000.00		08/30/2010
059	Greater Illinois Chapter		X				10,000.00		10/1/2010
059	Greater Illinois Chapter		X				5,000.00		08/4/2010
059	Greater Illinois Chapter		X				10,596.32		12/20/2010
059	Greater Illinois Chapter		X				18,300.00		01/12/2011
059	Greater Illinois Chapter		X				5,000.00		11/29/2010
233	Inland Northwest Chapter		X				8,000.00		08/1/2010
233	Inland Northwest Chapter		X				5,650.00		Various
233	Inland Northwest Chapter		X				5,570.00		Various
233	Inland Northwest Chapter		X				9,486.00		06/1/2011
194	Greater Wisconsin Chapter		X				6,434.00		Various
194	Greater Wisconsin Chapter		X				5,000.00		Various
194	Greater Wisconsin Chapter		X				5,000.00		09/29/2010
194	Greater Wisconsin Chapter		X				5,000.00		Various
194	Greater Wisconsin Chapter		X				5,953.00		Various
194	Greater Wisconsin Chapter		X				12,000.00		Various
194	Greater Wisconsin Chapter		X				10,000.00		Various
194	Greater Wisconsin Chapter		X				7,500.00		06/3/2011
194	Greater Wisconsin Chapter		X				10,000.00		09/20/2010
194	Greater Wisconsin Chapter		X				15,000.00		12/6/2010
058	Central Illinois Chapter		X				5,000.00		Various
058	Central Illinois Chapter		X				5,000.00		Various
058	Central Illinois Chapter		X				6,600.00		Various
058	Central Illinois Chapter		X				6,750.00		Various
058	Central Illinois Chapter		X				14,500.00		Various
139	Cleveland Area Chapter		X				5,000.00		12/28/2010
139	Cleveland Area Chapter		X				5,400.00		Various
139	Cleveland Area Chapter		X				5,000.00		02/16/2011
139	Cleveland Area Chapter		X				7,500.00		05/25/2011
139	Cleveland Area Chapter		X				17,535.00		Various
139	Cleveland Area Chapter		X				5,500.00		Various
139	Cleveland Area Chapter		X				5,037.71		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
139	Cleveland Area Chapter		X				6,000.00		Various
139	Cleveland Area Chapter		X				5,000.00		04/11/2011
139	Cleveland Area Chapter		X				7,500.00		03/7/2011
139	Cleveland Area Chapter		X				12,300.00		02/15/2011
139	Cleveland Area Chapter		X				58,002.06		09/29/2010
139	Cleveland Area Chapter		X				10,827.57		06/9/2011
139	Cleveland Area Chapter		X				647,158.78		06/14/2011
139	Cleveland Area Chapter		X				5,050.00		Various
139	Cleveland Area Chapter		X				5,000.00		05/12/2011
139	Cleveland Area Chapter		X				10,000.00		03/24/2011
139	Cleveland Area Chapter		X				10,000.00		Various
139	Cleveland Area Chapter		X				5,000.00		04/4/2011
139	Cleveland Area Chapter		X				5,220.00		Various
139	Cleveland Area Chapter		X				7,725.00		Various
139	Cleveland Area Chapter		X				5,250.00		Various
139	Cleveland Area Chapter		X				5,000.00		05/9/2011
139	Cleveland Area Chapter		X				10,000.00		02/24/2011
139	Cleveland Area Chapter		X				10,000.00		11/10/2010
139	Cleveland Area Chapter		X				5,000.00		03/16/2011
139	Cleveland Area Chapter		X				5,060.00		Various
139	Cleveland Area Chapter		X				16,205.71		Various
139	Cleveland Area Chapter		X				5,000.00		06/3/2011
139	Cleveland Area Chapter		X				12,050.00		Various
139	Cleveland Area Chapter		X				5,000.00		05/12/2011
139	Cleveland Area Chapter		X				5,000.00		04/12/2011
139	Cleveland Area Chapter		X				37,500.00		10/25/2010
139	Cleveland Area Chapter		X				9,303.90		Various
139	Cleveland Area Chapter		X				5,275.00		Various
139	Cleveland Area Chapter		X				8,500.00		Various
139	Cleveland Area Chapter		X				7,000.00		07/22/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
139	Cleveland Area Chapter		X				5,500.00		Various
139	Cleveland Area Chapter		X				5,275.00		Various
139	Cleveland Area Chapter		X				5,500.00		Various
139	Cleveland Area Chapter		X				8,740.71		Various
139	Cleveland Area Chapter		X				16,750.00		Various
139	Cleveland Area Chapter		X				12,000.00		01/27/2011
139	Cleveland Area Chapter		X				5,000.00		03/30/2011
139	Cleveland Area Chapter		X				10,200.00		Various
139	Cleveland Area Chapter		X				5,000.00		11/18/2010
139	Cleveland Area Chapter		X				13,500.00		Various
139	Cleveland Area Chapter		X				8,500.00		Various
139	Cleveland Area Chapter			X			36,054.00		Various
139	Cleveland Area Chapter		X				5,450.00		Various
139	Cleveland Area Chapter		X				6,095.88		Various
033	Southeast Florida Chapter		X				9,864.36		04/26/2011
033	Southeast Florida Chapter		X				10,000.00		12/17/2010
033	Southeast Florida Chapter		X				10,000.00		03/4/2011
033	Southeast Florida Chapter		X				6,000.00		05/27/2011
033	Southeast Florida Chapter		X				6,638.98		10/5/2010
033	Southeast Florida Chapter		X				8,698.71		12/30/2010
033	Southeast Florida Chapter		X				9,735.02		04/1/2011
033	Southeast Florida Chapter		X				5,000.00		05/13/2011
033	Southeast Florida Chapter		X				25,000.00		03/18/2011
033	Southeast Florida Chapter		X				5,000.00		04/26/2011
033	Southeast Florida Chapter		X				7,500.00		Various
033	Southeast Florida Chapter		X				20,245.00		11/2/2010
033	Southeast Florida Chapter		X				37,000.00		03/23/2011
033	Southeast Florida Chapter		X				10,000.00		05/13/2011
033	Southeast Florida Chapter		X				5,000.00		12/2/2010
033	Southeast Florida Chapter		X				5,000.00		12/7/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
033	Southeast Florida Chapter		X				10,000.00		1/28/2011
033	Southeast Florida Chapter		X				25,000.00		12/3/2010
033	Southeast Florida Chapter		X				8,000.00		11/12/2010
033	Southeast Florida Chapter		X				12,500.00		01/27/2011
033	Southeast Florida Chapter		X				50,000.00		02/15/2011
033	Southeast Florida Chapter		X				69,260.43		06/10/2011
033	Southeast Florida Chapter		X				15,000.00		03/16/2011
033	Southeast Florida Chapter		X				30,000.00		11/23/2010
033	Southeast Florida Chapter		X				10,000.00		12/31/2010
033	Southeast Florida Chapter		X				10,000.00		03/16/2011
033	Southeast Florida Chapter		X				5,000.00		12/30/2010
033	Southeast Florida Chapter		X				18,686.05		04/13/2010
033	Southeast Florida Chapter		X				18,686.05		10/5/2010
033	Southeast Florida Chapter		X				18,686.05		12/31/2010
033	Southeast Florida Chapter		X				19,427.03		04/1/2011
033	Southeast Florida Chapter		X				20,000.00		12/31/2010
033	Southeast Florida Chapter		X				7,500.00		09/10/2010
033	Southeast Florida Chapter		X				25,000.00		01/7/2011
033	Southeast Florida Chapter		X				5,000.00		11/18/2010
033	Southeast Florida Chapter		X				5,000.00		11/30/2010
033	Southeast Florida Chapter		X				5,000.00		10/5/2010
033	Southeast Florida Chapter		X				10,000.00		03/29/2011
033	Southeast Florida Chapter		X				34,000.00		12/15/2010
033	Southeast Florida Chapter		X				51,000.00		12/15/2010
033	Southeast Florida Chapter		X				5,000.00		11/2/2010
033	Southeast Florida Chapter		X				8,422.97		04/22/2011
033	Southeast Florida Chapter		X				10,000.00		11/8/2010
033	Southeast Florida Chapter		X				5,000.00		08/17/2010
033	Southeast Florida Chapter		X				5,000.00		09/21/2010
033	Southeast Florida Chapter		X				5,000.00		02/11/2011
033	Southeast Florida Chapter		X				5,000.00		02/15/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
033	Southeast Florida Chapter		X				49,006.07		02/15/2011
033	Southeast Florida Chapter		X				51,947.74		02/15/2011
033	Southeast Florida Chapter		X				100,000.00		02/15/2011
033	Southeast Florida Chapter		X				34,207.62		05/25/2011
033	Southeast Florida Chapter		X				10,000.00		12/10/2010
033	Southeast Florida Chapter		X				100,000.00		02/15/2011
033	Southeast Florida Chapter		X				5,000.00		03/4/2011
033	Southeast Florida Chapter		X				10,000.00		03/10/2011
033	Southeast Florida Chapter		X				5,000.00		02/4/2011
033	Southeast Florida Chapter		X				15,000.00		03/16/2011
033	Southeast Florida Chapter		X				36,241.58		06/1/2011
033	Southeast Florida Chapter		X				5,000.00		12/3/2010
033	Southeast Florida Chapter		X				100,000.00		07/20/2010
033	Southeast Florida Chapter		X				18,393.36		11/8/2010
033	Southeast Florida Chapter		X				6,341.57		03/23/2011
033	Southeast Florida Chapter		X				5,000.00		03/31/2011
033	Southeast Florida Chapter		X				170,000.00		02/15/2011
075	Central and Western Kansas Office		X				15,000.00		12/30/2010
075	Central and Western Kansas Office		X				8,349.70		01/5/2011
075	Central and Western Kansas Office		X				5,000.00		03/8/2011
075	Central and Western Kansas Office		X				25,000.00		08/20/2010
075	Central and Western Kansas Office		X				7,000.00		09/8/2010
101	Mid Missouri Chapter		X				15,807.00		Various
101	Mid Missouri Chapter		X				10,000.00		Various
101	Mid Missouri Chapter		X				13,678.00		Various
101	Mid Missouri Chapter		X				30,000.00		Various
101	Mid Missouri Chapter		X				12,000.00		Various
103	Southwest Missouri Chapter		X				59,375.00		Various
103	Southwest Missouri Chapter		X				6,500.00		08/16/2010
103	Southwest Missouri Chapter		X				10,000.00		05/10/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
103	Southwest Missouri Chapter		X				6,000.00		11/29/2010
103	Southwest Missouri Chapter		X				6,000.00		08/6/2010
103	Southwest Missouri Chapter		X				6,000.00		05/20/2011
103	Southwest Missouri Chapter		X				6,000.00		01/28/2011
103	Southwest Missouri Chapter		X				6,000.00		01/15/2011
103	Southwest Missouri Chapter		X				5,000.00		03/30/2011
103	Southwest Missouri Chapter		X				10,000.00		02/3/2011
103	Southwest Missouri Chapter		X				5,000.00		01/21/2011
103	Southwest Missouri Chapter		X				6,000.00		02/11/2011
103	Southwest Missouri Chapter		X				3,000.00		03/14/2011
103	Southwest Missouri Chapter				X		2,000.00	Springfield Cardinal Suite	03/14/2011
120	Long Island Chapter		X				146,000.00		12/31/2010
120	Long Island Chapter		X				22,651.36		12/15/2010
120	Long Island Chapter		X				15,000.00		06/13/2011
120	Long Island Chapter		X				15,000.00		06/8/2011
120	Long Island Chapter		X				11,223.00		03/16/2011
120	Long Island Chapter		X				10,000.00		03/22/2011
120	Long Island Chapter		X				10,000.00		06/8/2011
120	Long Island Chapter		X				10,000.00		12/22/2010
120	Long Island Chapter		X				7,500.00		06/22/2011
120	Long Island Chapter		X				5,000.00		04/28/2011
120	Long Island Chapter		X				5,000.00		05/13/2011
120	Long Island Chapter		X				5,000.00		04/11/2011
120	Long Island Chapter				X		75,000.00	Office Furniture and Fixtures	09/10/2010
120	Long Island Chapter				X		7,000.00	Food	06/15/2011
128	Western New York Chapter		X				10,000.00		03/24/2011
128	Western New York Chapter		X				13,000.00		Various
128	Western New York Chapter		X				5,000.00		03/28/2011
128	Western New York Chapter		X				5,000.00		05/13/2011
128	Western New York Chapter		X				5,000.00		05/20/2011
128	Western New York Chapter		X				5,000.00		03/1/2011
128	Western New York Chapter		X				7,500.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
128	Western New York Chapter		X				10,590.00		04/11/2011
135	Greater East Ohio Chapter		X				7,227.00		Various
135	Greater East Ohio Chapter		X				80,000.00		Various
135	Greater East Ohio Chapter		X				8,000.00		Various
135	Greater East Ohio Chapter		X				20,000.00		Various
135	Greater East Ohio Chapter		X				42,500.00		Various
144	Northwest Ohio Chapter		X				7,500.00		10/1/2010
144	Northwest Ohio Chapter		X				5,000.00		11/8/2010
144	Northwest Ohio Chapter		X				5,000.00		05/1/2011
147	Oklahoma and Arkansas Chapter		X				75,000.00		03/9/2011
147	Oklahoma and Arkansas Chapter		X				55,000.00		01/7/2011
147	Oklahoma and Arkansas Chapter		X				50,000.00		03/17/2011
147	Oklahoma and Arkansas Chapter		X				50,000.00		06/17/2011
147	Oklahoma and Arkansas Chapter		X				50,000.00		06/13/2011
147	Oklahoma and Arkansas Chapter		X				40,000.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				32,660.00		05/19/2011
147	Oklahoma and Arkansas Chapter		X				30,000.00		12/31/2010
147	Oklahoma and Arkansas Chapter		X				28,845.00		12/9/2010
147	Oklahoma and Arkansas Chapter		X				28,000.00		03/30/2011
147	Oklahoma and Arkansas Chapter		X				25,000.00		03/9/2011
147	Oklahoma and Arkansas Chapter		X				25,000.00		01/26/2011
147	Oklahoma and Arkansas Chapter		X				25,000.00		02/15/2011
147	Oklahoma and Arkansas Chapter		X				24,833.00		09/20/2010
147	Oklahoma and Arkansas Chapter		X				23,000.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				23,000.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				20,300.00		08/16/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
147	Oklahoma and Arkansas Chapter		X				20,000.00		12/31/2010
147	Oklahoma and Arkansas Chapter		X				20,000.00		09/9/2010
147	Oklahoma and Arkansas Chapter		X				20,000.00		04/16/2011
147	Oklahoma and Arkansas Chapter		X				20,000.00		12/31/2010
147	Oklahoma and Arkansas Chapter		X				20,000.00		08/30/2010
147	Oklahoma and Arkansas Chapter		X				20,000.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				20,000.00		05/24/2011
147	Oklahoma and Arkansas Chapter		X				17,560.00		04/19/2011
147	Oklahoma and Arkansas Chapter		X				15,000.00		01/7/2011
147	Oklahoma and Arkansas Chapter		X				15,000.00		02/21/2011
147	Oklahoma and Arkansas Chapter		X				15,000.00		04/5/2011
147	Oklahoma and Arkansas Chapter		X				13,401.00		08/20/2010
147	Oklahoma and Arkansas Chapter		X				13,000.00		06/17/2011
147	Oklahoma and Arkansas Chapter		X				12,000.00		02/15/2011
147	Oklahoma and Arkansas Chapter		X				12,000.00		05/5/2011
147	Oklahoma and Arkansas Chapter		X				11,500.00		12/20/2010
147	Oklahoma and Arkansas Chapter		X				10,700.00		04/11/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		05/17/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		12/31/2010
147	Oklahoma and Arkansas Chapter		X				10,000.00		05/16/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		05/19/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		02/25/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		12/20/2010
147	Oklahoma and Arkansas Chapter		X				10,000.00		11/30/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
147	Oklahoma and Arkansas Chapter		X				10,000.00		03/8/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		11/19/2010
147	Oklahoma and Arkansas Chapter		X				10,000.00		07/26/2010
147	Oklahoma and Arkansas Chapter		X				10,000.00		01/26/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		02/24/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		02/21/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		11/17/2010
147	Oklahoma and Arkansas Chapter		X				10,000.00		04/5/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		05/30/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		05/30/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		02/25/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		09/1/2010
147	Oklahoma and Arkansas Chapter		X				10,000.00		03/4/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		04/28/2011
147	Oklahoma and Arkansas Chapter		X				10,000.00		04/28/2011
147	Oklahoma and Arkansas Chapter		X				9,722.00		05/20/2011
147	Oklahoma and Arkansas Chapter		X				9,600.00		08/31/2010
147	Oklahoma and Arkansas Chapter		X				9,000.00		06/17/2011
147	Oklahoma and Arkansas Chapter		X				8,000.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				7,500.00		01/7/2011
147	Oklahoma and Arkansas Chapter		X				7,000.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				6,800.00		10/18/2010
147	Oklahoma and Arkansas Chapter		X				6,750.00		05/3/2011
147	Oklahoma and Arkansas Chapter		X				6,500.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				6,500.00		03/10/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
147	Oklahoma and Arkansas Chapter		X				6,500.00		12/20/2010
147	Oklahoma and Arkansas Chapter		X				6,500.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				6,213.00		02/25/2011
147	Oklahoma and Arkansas Chapter		X				5,500.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				5,154.00		02/7/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		02/7/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		05/16/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		05/3/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		12/20/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		04/8/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		02/15/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		01/19/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		06/21/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		02/23/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		03/8/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		11/5/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		03/8/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		02/15/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		06/13/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		07/23/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		02/23/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		03/8/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		03/1/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		03/1/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		06/17/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
147	Oklahoma and Arkansas Chapter		X				5,000.00		02/15/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		10/27/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		Various
147	Oklahoma and Arkansas Chapter		X				5,000.00		03/17/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		12/20/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		02/25/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		03/11/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		12/20/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		02/15/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		05/5/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		02/7/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		07/13/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		12/20/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		08/12/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		04/25/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		01/27/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		02/25/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		03/11/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		08/26/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		05/26/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		08/16/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		12/20/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		04/19/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		05/26/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		08/5/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
147	Oklahoma and Arkansas Chapter		X				5,000.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		12/20/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		05/3/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		12/21/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		11/17/2010
147	Oklahoma and Arkansas Chapter		X				5,000.00		01/26/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		04/28/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		03/10/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		04/25/2011
147	Oklahoma and Arkansas Chapter		X				5,000.00		04/26/2011
177	North Central Texas Chapter		X				25,000.00		06/1/2011
177	North Central Texas Chapter		X				10,000.00		01/14/2011
177	North Central Texas Chapter		X				7,500.00		04/1/2011
177	North Central Texas Chapter		X				50,000.00		03/16/2011
177	North Central Texas Chapter		X				25,000.00		06/13/2011
177	North Central Texas Chapter		X				6,075.00		Various
177	North Central Texas Chapter		X				9,244.00		03/4/2011
177	North Central Texas Chapter		X				5,000.00		04/1/2011
177	North Central Texas Chapter		X				5,000.00		03/4/2011
177	North Central Texas Chapter		X				7,500.00		02/11/2011
177	North Central Texas Chapter		X				5,600.00		Various
177	North Central Texas Chapter		X				60,000.00		Various
177	North Central Texas Chapter		X				20,000.00		01/10/2011
177	North Central Texas Chapter		X				9,939.00		Various
177	North Central Texas Chapter		X				172,754.00		Various
177	North Central Texas Chapter		X				18,151.00		Various
177	North Central Texas Chapter		X				8,710.00		05/16/2011
177	North Central Texas Chapter		X				5,500.00		Various
177	North Central Texas Chapter		X				5,000.00		11/16/2010
177	North Central Texas Chapter		X				62,419.00		Various
177	North Central Texas Chapter		X				10,000.00		Various
177	North Central Texas Chapter		X				11,299.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
177	North Central Texas Chapter		X				95,000.00		Various
177	North Central Texas Chapter		X				31,174.00		04/11/2011
177	North Central Texas Chapter		X				60,000.00		05/9/2011
177	North Central Texas Chapter		X				8,319.00		Various
177	North Central Texas Chapter		X				5,000.00		12/14/2010
177	North Central Texas Chapter		X				5,000.00		01/14/2011
177	North Central Texas Chapter		X				12,500.00		12/16/2010
177	North Central Texas Chapter		X				5,005.00		Various
177	North Central Texas Chapter		X				5,000.00		03/25/2011
177	North Central Texas Chapter		X				15,000.00		12/27/2010
177	North Central Texas Chapter		X				5,500.00		05/5/2011
177	North Central Texas Chapter		X				17,332.00		Various
177	North Central Texas Chapter		X				5,491.00		Various
177	North Central Texas Chapter		X				5,000.00		04/9/2011
177	North Central Texas Chapter		X				6,000.00		09/22/2010
177	North Central Texas Chapter		X				5,000.00		09/17/2010
177	North Central Texas Chapter		X				15,000.00		Various
177	North Central Texas Chapter		X				5,398.00		Various
177	North Central Texas Chapter		X				5,000.00		06/16/2011
177	North Central Texas Chapter		X				5,734.00		05/3/2011
177	North Central Texas Chapter		X				6,000.00		12/22/2010
177	North Central Texas Chapter		X				10,000.00		03/11/2011
177	North Central Texas Chapter		X				5,000.00		06/1/2011
177	North Central Texas Chapter		X				5,000.00		02/7/2011
177	North Central Texas Chapter		X				5,000.00		04/30/2011
177	North Central Texas Chapter		X				6,330.94		Various
177	North Central Texas Chapter		X				25,875.00		Various
177	North Central Texas Chapter		X				13,966.89		Various
177	North Central Texas Chapter		X				336,435.69		Various
177	North Central Texas Chapter		X				10,000.00		07/12/2010
177	North Central Texas Chapter		X				7,330.00		Various
177	North Central Texas Chapter		X				5,000.00		07/16/2010
177	North Central Texas Chapter		X				7,500.00		12/30/2010
177	North Central Texas Chapter		X				50,000.00		01/10/2011
177	North Central Texas Chapter		X				5,000.00		02/16/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
177	North Central Texas Chapter		X				5,000.00		03/31/2011
181	Central and Western Virginia Chapter		X				15,000.00		06/15/2011
181	Central and Western Virginia Chapter		X				99,861.00		05/16/2011
181	Central and Western Virginia Chapter		X				46,987.00		Various
181	Central and Western Virginia Chapter			X			6,533.57		03/3/2011
181	Central and Western Virginia Chapter		X				5,000.00		12/31/2010
181	Central and Western Virginia Chapter		X				15,000.00		Various
181	Central and Western Virginia Chapter		X				5,000.00		12/8/2010
181	Central and Western Virginia Chapter		X				5,000.00		10/6/2010
181	Central and Western Virginia Chapter		X				5,000.00		10/6/2010
181	Central and Western Virginia Chapter		X				10,000.00		11/23/2010
181	Central and Western Virginia Chapter		X				67,928.00		09/29/2010
181	Central and Western Virginia Chapter		X				23,247.00		09/15/2010
181	Central and Western Virginia Chapter		X				6,950.00		09/15/2010
181	Central and Western Virginia Chapter		X				7,500.00		08/12/2010
181	Central and Western Virginia Chapter		X				20,000.00		08/4/2010
184	National Capital Chapter		X				6,974.68		07/23/2010
184	National Capital Chapter		X				5,000.00		08/25/2010
184	National Capital Chapter		X				35,000.00		09/21/2010
184	National Capital Chapter		X				5,000.00		10/22/2010
184	National Capital Chapter		X				5,000.00		11/4/2010
184	National Capital Chapter		X				9,094.10		11/12/2010
184	National Capital Chapter		X				12,000.00		11/30/2010
184	National Capital Chapter		X				7,500.00		12/8/2010
184	National Capital Chapter		X				5,000.00		01/10/2011
184	National Capital Chapter		X				5,000.00		02/1/2011
184	National Capital Chapter		X				115,529.88		03/22/2011
184	National Capital Chapter		X				10,000.00		04/15/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
184	National Capital Chapter		X				5,000.00		04/6/2011
184	National Capital Chapter		X				10,000.00		Various
184	National Capital Chapter		X				5,000.00		Various
184	National Capital Chapter		X				10,000.00		07/15/2010
184	National Capital Chapter		X				10,000.00		Various
184	National Capital Chapter		X				5,000.00		04/21/2011
184	National Capital Chapter		X				10,000.00		10/26/2010
184	National Capital Chapter		X				5,000.00		05/3/2011
184	National Capital Chapter		X				5,000.00		09/1/2010
184	National Capital Chapter		X				10,000.00		12/16/2010
184	National Capital Chapter		X				13,000.00		Various
184	National Capital Chapter		X				27,500.00		03/18/2011
184	National Capital Chapter		X				10,000.00		04/11/2011
184	National Capital Chapter		X				10,000.00		05/27/2011
184	National Capital Chapter		X				6,000.00		06/24/2011
184	National Capital Chapter		X				5,000.00		05/16/2011
184	National Capital Chapter		X				10,000.00		05/18/2011
184	National Capital Chapter		X				35,000.00		09/16/2010
184	National Capital Chapter		X				12,000.00		10/29/2010
184	National Capital Chapter		X				5,000.00		11/29/2010
184	National Capital Chapter		X				5,000.00		01/20/2011
184	National Capital Chapter		X				6,000.00		06/14/2011
184	National Capital Chapter		X				12,400.00		02/22/2011
184	National Capital Chapter		X				7,500.00		11/30/2010
184	National Capital Chapter		X				43,919.00		Various
184	National Capital Chapter		X				46,007.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
184	National Capital Chapter		X				17,260.00		05/11/2011
184	National Capital Chapter		X				25,000.00		04/13/2011
184	National Capital Chapter		X				31,652.00		04/20/2011
184	National Capital Chapter		X				115,530.00		03/18/2011
184	National Capital Chapter		X				5,000.00		06/25/2010
184	National Capital Chapter		X				6,975.00		07/14/2010
184	National Capital Chapter		X				5,000.00		08/17/2010
184	National Capital Chapter		X				5,000.00		10/4/2010
184	National Capital Chapter		X				5,000.00		06/17/2011
185	Greater Richmond Chapter		X				10,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				60,000.00		Various
185	Greater Richmond Chapter		X				10,000.00		Various
185	Greater Richmond Chapter		X				45,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				7,500.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				25,000.00		Various
185	Greater Richmond Chapter		X				32,193.00		Various
185	Greater Richmond Chapter		X				10,000.00		Various
185	Greater Richmond Chapter		X				5,000.00		Various
185	Greater Richmond Chapter		X				10,000.00		Various
185	Greater Richmond Chapter		X				12,000.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
185	Greater Richmond Chapter		X				276,286.00		Various
191	West Virginia Chapter		X				9,360.00		Various
191	West Virginia Chapter		X				21,079.00		Various
191	West Virginia Chapter		X				10,731.00		Various
191	West Virginia Chapter		X				6,075.00		Various
191	West Virginia Chapter		X				5,000.00		Various
191	West Virginia Chapter		X				5,000.00		Various
191	West Virginia Chapter		X				6,061.00		Various
195	Southeastern Wisconsin Chapter		X				5,000.00		12/10/2010
195	Southeastern Wisconsin Chapter		X				45,101.00		Various
195	Southeastern Wisconsin Chapter		X				5,250.00		Various
195	Southeastern Wisconsin Chapter		X				6,750.00		Various
195	Southeastern Wisconsin Chapter		X				54,512.00		Various
195	Southeastern Wisconsin Chapter		X				10,000.00		02/28/2011
195	Southeastern Wisconsin Chapter		X				5,000.00		10/27/2010
195	Southeastern Wisconsin Chapter		X				15,000.00		12/14/2010
195	Southeastern Wisconsin Chapter		X				11,000.00		Various
195	Southeastern Wisconsin Chapter		X				5,000.00		09/3/2010
195	Southeastern Wisconsin Chapter		X				35,505.00		Various
195	Southeastern Wisconsin Chapter		X				13,750.00		Various
195	Southeastern Wisconsin Chapter		X				7,305.00		12/27/2010
195	Southeastern Wisconsin Chapter		X				10,000.00		12/13/2010
195	Southeastern Wisconsin Chapter		X				35,000.00		Various
195	Southeastern Wisconsin Chapter		X				10,000.00		07/6/2010
195	Southeastern Wisconsin Chapter		X				5,000.00		08/31/2010
195	Southeastern Wisconsin Chapter		X				6,436.00		Various
195	Southeastern Wisconsin Chapter		X				10,000.00		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
195	Southeastern Wisconsin Chapter		X				5,000.00		09/13/2010
195	Southeastern Wisconsin Chapter		X				5,000.00		06/6/2011
195	Southeastern Wisconsin Chapter		X				35,000.00		Various
195	Southeastern Wisconsin Chapter		X				15,000.00		11/12/2010
195	Southeastern Wisconsin Chapter			X			7,163.00		Various
195	Southeastern Wisconsin Chapter		X				5,500.00		Various
205	Mississippi Chapter		X				5,000.00		10/1/2010
205	Mississippi Chapter		X				15,000.00		11/1/2010
205	Mississippi Chapter		X				7,500.00		03/1/2010
205	Mississippi Chapter		X				5,000.00		10/1/2010
232	Greater Iowa Chapter		X				5,520.00		09/15/2010
232	Greater Iowa Chapter		X				200,000.00		01/31/2011
232	Greater Iowa Chapter		X				104,981.08		Various
232	Greater Iowa Chapter		X				12,339.88		06/22/2011
232	Greater Iowa Chapter		X				204,665.52		Various
232	Greater Iowa Chapter			X			66,375.00		Various
232	Greater Iowa Chapter		X				7,500.00		03/11/2011
232	Greater Iowa Chapter		X				10,000.00		02/28/2011
232	Greater Iowa Chapter		X				5,000.00		12/1/2010
232	Greater Iowa Chapter		X				35,400.00		12/2/2011
232	Greater Iowa Chapter		X				39,869.00		Various
232	Greater Iowa Chapter		X				5,000.00		05/22/2011
232	Greater Iowa Chapter		X				5,000.00		04/18/2011
232	Greater Iowa Chapter		X				5,870.00		11/26/2010
232	Greater Iowa Chapter		X				7,000.00		03/1/2011
232	Greater Iowa Chapter				X		8,059.50	Books, Alzheimer's Caregiver Journal	Various
020	No. California and No. Nevada		X				10,000.00		02/8/2011
020	No. California and No. Nevada		X				20,380.00		02/8/2011
020	No. California and No. Nevada		X				6,750.00		02/14/2011
020	No. California and No. Nevada		X				5,000.00		02/15/2011
020	No. California and No. Nevada		X				5,000.00		02/15/2011
020	No. California and No. Nevada		X				39,581.91		02/18/2011
020	No. California and No. Nevada		X				20,000.00		02/21/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
020	No. California and No. Nevada		X				483,283.93		02/22/2011
020	No. California and No. Nevada		X				100,000.00		02/22/2011
020	No. California and No. Nevada		X				7,500.00		03/2/2011
020	No. California and No. Nevada		X				7,730.00		03/3/2011
020	No. California and No. Nevada		X				5,000.00		03/3/2011
020	No. California and No. Nevada		X				198,476.88		03/7/2011
020	No. California and No. Nevada		X				20,000.00		03/8/2011
020	No. California and No. Nevada		X				10,000.00		03/11/2011
020	No. California and No. Nevada		X				422,500.00		02/4/2011
020	No. California and No. Nevada		X				5,000.00		03/11/2011
020	No. California and No. Nevada		X				20,382.00		03/15/2011
020	No. California and No. Nevada		X				10,000.00		03/15/2011
020	No. California and No. Nevada		X				15,830.20		03/16/2011
020	No. California and No. Nevada		X				400,566.01		03/18/2011
020	No. California and No. Nevada		X				700,321.92		03/18/2011
020	No. California and No. Nevada		X				104,605.06		03/18/2011
020	No. California and No. Nevada		X				457,202.61		03/18/2011
020	No. California and No. Nevada		X				449,297.02		03/18/2011
020	No. California and No. Nevada		X				63,712.48		03/18/2011
020	No. California and No. Nevada		X				93,808.75		03/18/2011
020	No. California and No. Nevada		X				10,000.00		03/22/2011
020	No. California and No. Nevada		X				5,000.00		03/25/2011
020	No. California and No. Nevada		X				17,665.00		03/25/2011
020	No. California and No. Nevada		X				50,000.00		03/25/2011
020	No. California and No. Nevada		X				10,000.00		03/28/2011
020	No. California and No. Nevada		X				5,000.00		04/5/2011
020	No. California and No. Nevada		X				22,550.00		04/5/2011
020	No. California and No. Nevada		X				19,861.00		04/12/2011
020	No. California and No. Nevada		X				22,085.56		04/12/2011
020	No. California and No. Nevada		X				22,085.56		04/12/2011
020	No. California and No. Nevada		X				6,120.11		04/12/2011
020	No. California and No. Nevada		X				6,791.70		04/12/2011
020	No. California and No. Nevada		X				110,000.00		04/15/2011
020	No. California and No. Nevada		X				7,500.00		04/15/2011
020	No. California and No. Nevada		X				5,634.60		04/15/2011
020	No. California and No. Nevada		X				17,500.00		04/26/2011
020	No. California and No. Nevada		X				5,000.00		04/26/2011
020	No. California and No. Nevada		X				15,000.00		04/26/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
020	No. California and No. Nevada		X				5,000.00		07/13/2010
020	No. California and No. Nevada		X				132,367.04		07/27/2010
020	No. California and No. Nevada		X				11,012.64		08/3/2010
020	No. California and No. Nevada		X				10,000.00		08/16/2010
020	No. California and No. Nevada		X				11,605.80		08/24/2010
020	No. California and No. Nevada		X				12,649.00		08/31/2010
020	No. California and No. Nevada		X				10,000.00		09/8/2010
020	No. California and No. Nevada		X				22,500.00		09/28/2010
020	No. California and No. Nevada		X				80,000.00		10/4/2010
020	No. California and No. Nevada		X				5,000.00		10/20/2010
020	No. California and No. Nevada		X				50,000.00		10/29/2010
020	No. California and No. Nevada		X				100,000.00		11/8/2010
020	No. California and No. Nevada		X				5,000.00		11/19/2010
020	No. California and No. Nevada		X				9,888.51		11/30/2010
020	No. California and No. Nevada		X				153,325.90		12/13/2010
020	No. California and No. Nevada		X				15,000.00		12/22/2010
020	No. California and No. Nevada		X				5,000.00		04/26/2011
020	No. California and No. Nevada		X				7,549.00		04/26/2011
020	No. California and No. Nevada		X				57,100.00		04/28/2011
020	No. California and No. Nevada		X				5,000.00		05/3/2011
020	No. California and No. Nevada		X				5,634.60		05/6/2011
020	No. California and No. Nevada		X				20,000.00		05/9/2011
020	No. California and No. Nevada		X				30,000.00		05/9/2011
020	No. California and No. Nevada		X				5,000.00		05/9/2011
020	No. California and No. Nevada		X				20,381.00		05/12/2011
020	No. California and No. Nevada		X				200,000.00		05/12/2011
020	No. California and No. Nevada		X				19,500.00		05/12/2011
020	No. California and No. Nevada		X				50,000.00		05/13/2011
020	No. California and No. Nevada		X				48,465.11		05/18/2011
020	No. California and No. Nevada		X				73,112.27		05/24/2011
020	No. California and No. Nevada		X				376,887.73		05/24/2011
020	No. California and No. Nevada		X				10,000.00		05/25/2011
020	No. California and No. Nevada		X				5,000.00		12/30/2010
020	No. California and No. Nevada		X				10,000.00		01/4/2011
020	No. California and No. Nevada		X				10,000.00		01/6/2011
020	No. California and No. Nevada		X				6,000.00		01/13/2011
020	No. California and No. Nevada		X				40,000.00		01/27/2011
020	No. California and No. Nevada		X				28,682.15		02/4/2011
020	No. California and No. Nevada		X				200,000.00		02/22/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
020	No. California and No. Nevada		X				20,000.00		03/8/2011
020	No. California and No. Nevada		X				69,857.01		03/18/2011
020	No. California and No. Nevada		X				25,000.00		03/18/2011
020	No. California and No. Nevada		X				5,000.00		04/8/2011
020	No. California and No. Nevada		X				19,500.00		04/19/2011
020	No. California and No. Nevada		X				5,000.00		05/9/2011
020	No. California and No. Nevada		X				5,000.00		05/19/2011
020	No. California and No. Nevada		X				5,000.00		06/3/2011
020	No. California and No. Nevada		X				16,061.76		06/13/2011
020	No. California and No. Nevada		X				5,000.00		05/27/2011
020	No. California and No. Nevada		X				6,000.00		05/31/2011
020	No. California and No. Nevada		X				25,985.32		05/31/2011
020	No. California and No. Nevada		X				25,985.32		05/31/2011
020	No. California and No. Nevada		X				5,000.00		06/3/2011
020	No. California and No. Nevada		X				39,794.34		06/7/2011
020	No. California and No. Nevada		X				5,000.00		06/8/2011
020	No. California and No. Nevada		X				5,000.00		06/8/2011
020	No. California and No. Nevada		X				9,959.75		06/8/2011
020	No. California and No. Nevada		X				9,959.76		06/8/2011
020	No. California and No. Nevada		X				10,000.00		06/14/2011
020	No. California and No. Nevada		X				9,869.85		06/16/2011
020	No. California and No. Nevada		X				7,873.49		06/21/2011
020	No. California and No. Nevada		X				5,747.17		06/21/2011
020	No. California and No. Nevada		X				5,000.00		06/21/2011
020	No. California and No. Nevada		X				70,000.00		06/21/2011
020	No. California and No. Nevada		X				6,900.00		06/21/2011
020	No. California and No. Nevada		X				20,384.00		06/30/2011
020	No. California and No. Nevada		X				8,000.00		09/9/2010
020	No. California and No. Nevada		X				5,634.60		09/28/2010
020	No. California and No. Nevada		X				5,000.00		10/5/2010
020	No. California and No. Nevada		X				5,000.00		11/4/2010
020	No. California and No. Nevada		X				100,000.00		12/3/2010
020	No. California and No. Nevada		X				5,485.00		03/25/2011
020	No. California and No. Nevada		X				5,000.00		05/9/2011
020	No. California and No. Nevada		X				118,660.04		07/2/2010
020	No. California and No. Nevada		X				5,000.00		07/6/2010
020	No. California and No. Nevada		X				10,000.00		07/9/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
020	No. California and No. Nevada		X				31,057.71		07/12/2010
020	No. California and No. Nevada		X				5,000.00		07/13/2010
020	No. California and No. Nevada		X				5,000.00		07/13/2010
020	No. California and No. Nevada		X				22,500.00		07/16/2010
020	No. California and No. Nevada		X				5,000.00		06/22/2011
020	No. California and No. Nevada		X				11,331.00		06/24/2011
020	No. California and No. Nevada		X				8,907.00		06/24/2011
020	No. California and No. Nevada		X				17,741.00		06/29/2011
020	No. California and No. Nevada		X				17,500.00		06/30/2011
020	No. California and No. Nevada		X				5,657.00		06/30/2011
020	No. California and No. Nevada		X				8,537.50		06/30/2011
020	No. California and No. Nevada		X				9,994.00		06/30/2011
020	No. California and No. Nevada		X				5,634.60		07/16/2010
020	No. California and No. Nevada		X				12,590.08		07/23/2010
020	No. California and No. Nevada		X				8,169.19		07/26/2010
020	No. California and No. Nevada		X				16,174.00		07/27/2010
020	No. California and No. Nevada		X				15,000.00		07/30/2010
020	No. California and No. Nevada		X				5,000.00		07/30/2010
020	No. California and No. Nevada		X				50,000.00		08/3/2010
020	No. California and No. Nevada		X				20,000.00		08/3/2010
020	No. California and No. Nevada		X				20,000.00		08/3/2010
020	No. California and No. Nevada		X				20,000.00		08/6/2010
020	No. California and No. Nevada		X				20,000.00		08/6/2010
020	No. California and No. Nevada		X				8,000.00		08/6/2010
020	No. California and No. Nevada		X				16,174.00		08/10/2010
020	No. California and No. Nevada		X				5,000.00		08/10/2010
020	No. California and No. Nevada		X				60,000.00		08/10/2010
020	No. California and No. Nevada		X				41,129.28		08/18/2010
020	No. California and No. Nevada		X				8,236.25		08/20/2010
020	No. California and No. Nevada		X				8,000.00		08/20/2010
020	No. California and No. Nevada		X				5,000.00		08/21/2010
020	No. California and No. Nevada		X				10,000.00		08/24/2010
020	No. California and No. Nevada		X				10,000.00		08/24/2010
020	No. California and No. Nevada		X				20,000.00		08/24/2010
020	No. California and No. Nevada		X				21,984.00		08/27/2010
020	No. California and No. Nevada		X				16,961.00		08/27/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
020	No. California and No. Nevada		X				10,000.00		08/27/2010
020	No. California and No. Nevada		X				13,281.59		09/1/2010
020	No. California and No. Nevada		X				8,050.00		09/2/2010
020	No. California and No. Nevada		X				25,525.70		09/3/2010
020	No. California and No. Nevada		X				16,179.00		09/8/2010
020	No. California and No. Nevada		X				7,500.00		09/8/2010
020	No. California and No. Nevada		X				5,000.00		08/16/2010
020	No. California and No. Nevada		X				5,000.00		09/9/2010
020	No. California and No. Nevada		X				5,274.29		09/11/2010
020	No. California and No. Nevada		X				10,000.00		09/21/2010
020	No. California and No. Nevada		X				10,000.00		09/23/2010
020	No. California and No. Nevada		X				8,000.00		09/26/2010
020	No. California and No. Nevada		X				16,361.00		09/28/2010
020	No. California and No. Nevada		X				5,000.00		09/28/2010
020	No. California and No. Nevada		X				16,361.00		09/28/2010
020	No. California and No. Nevada		X				25,000.00		09/28/2010
020	No. California and No. Nevada		X				10,000.00		09/28/2010
020	No. California and No. Nevada		X				60,000.00		09/30/2010
020	No. California and No. Nevada		X				12,990.00		09/30/2010
020	No. California and No. Nevada		X				20,000.00		10/4/2010
020	No. California and No. Nevada		X				5,000.00		10/5/2010
020	No. California and No. Nevada		X				34,064.80		10/8/2010
020	No. California and No. Nevada		X				12,777.00		10/8/2010
020	No. California and No. Nevada		X				5,000.00		10/8/2010
020	No. California and No. Nevada		X				8,030.20		10/8/2010
020	No. California and No. Nevada		X				5,400.00		10/9/2010
020	No. California and No. Nevada		X				6,000.00		10/9/2010
020	No. California and No. Nevada		X				10,000.00		10/10/2010
020	No. California and No. Nevada		X				5,000.00		10/25/2010
020	No. California and No. Nevada		X				10,000.00		10/25/2010
020	No. California and No. Nevada		X				10,000.00		10/25/2010
020	No. California and No. Nevada		X				7,622.82		10/27/2010
020	No. California and No. Nevada		X				10,000.00		10/29/2010
020	No. California and No. Nevada		X				10,000.00		10/29/2010
020	No. California and No. Nevada		X				5,000.00		10/29/2010
020	No. California and No. Nevada		X				20,000.00		10/30/2010
020	No. California and No. Nevada		X				9,000.00		11/1/2010
020	No. California and No. Nevada		X				80,000.00		11/1/2010
020	No. California and No. Nevada		X				30,000.00		11/1/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
020	No. California and No. Nevada		X				40,000.00		11/1/2010
020	No. California and No. Nevada		X				9,143.57		11/1/2010
020	No. California and No. Nevada		X				14,576.00		11/2/2010
020	No. California and No. Nevada		X				5,000.00		11/5/2010
020	No. California and No. Nevada		X				41,993.37		11/8/2010
020	No. California and No. Nevada		X				12,777.00		11/10/2010
020	No. California and No. Nevada		X				9,893.76		11/10/2010
020	No. California and No. Nevada		X				247,000.00		11/12/2010
020	No. California and No. Nevada		X				5,000.00		11/15/2010
020	No. California and No. Nevada		X				30,052.27		11/17/2010
020	No. California and No. Nevada		X				7,500.00		11/19/2010
020	No. California and No. Nevada		X				5,000.00		11/19/2010
020	No. California and No. Nevada		X				50,000.00		11/19/2010
020	No. California and No. Nevada		X				5,928.00		11/23/2010
020	No. California and No. Nevada		X				50,000.00		11/23/2010
020	No. California and No. Nevada		X				50,000.00		11/23/2010
020	No. California and No. Nevada		X				259,502.96		11/24/2010
020	No. California and No. Nevada		X				5,000.00		11/30/2010
020	No. California and No. Nevada		X				9,500.00		11/30/2010
020	No. California and No. Nevada		X				60,000.00		11/30/2010
020	No. California and No. Nevada		X				100,000.00		12/3/2010
020	No. California and No. Nevada		X				15,000.00		12/7/2010
020	No. California and No. Nevada		X				7,280.00		12/7/2010
020	No. California and No. Nevada		X				20,000.00		12/7/2010
020	No. California and No. Nevada		X				9,000.00		12/8/2010
020	No. California and No. Nevada		X				5,000.00		12/14/2010
020	No. California and No. Nevada		X				14,166.00		12/14/2010
020	No. California and No. Nevada		X				20,387.00		12/14/2010
020	No. California and No. Nevada		X				253,739.02		11/22/2010
020	No. California and No. Nevada		X				10,000.00		12/14/2010
020	No. California and No. Nevada		X				10,000.00		12/14/2010
020	No. California and No. Nevada		X				20,000.00		12/14/2010
020	No. California and No. Nevada		X				5,000.00		12/17/2010
020	No. California and No. Nevada		X				5,000.00		12/20/2010
020	No. California and No. Nevada		X				5,000.00		12/20/2010
020	No. California and No. Nevada		X				40,000.00		12/21/2010
020	No. California and No. Nevada		X				5,000.00		12/22/2010
020	No. California and No. Nevada		X				8,000.00		12/23/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
020	No. California and No. Nevada		X				5,000.00		12/23/2010
020	No. California and No. Nevada		X				25,000.00		12/23/2010
020	No. California and No. Nevada		X				17,376.86		12/29/2010
020	No. California and No. Nevada		X				5,000.00		12/30/2010
020	No. California and No. Nevada		X				5,000.00		12/30/2010
020	No. California and No. Nevada		X				5,000.00		12/30/2010
020	No. California and No. Nevada		X				10,000.00		12/30/2010
020	No. California and No. Nevada		X				40,000.00		12/30/2010
020	No. California and No. Nevada		X				75,000.00		12/30/2010
020	No. California and No. Nevada		X				5,000.00		12/30/2010
020	No. California and No. Nevada		X				40,000.00		12/30/2010
020	No. California and No. Nevada		X				75,000.00		12/30/2010
020	No. California and No. Nevada		X				5,000.00		01/4/2011
020	No. California and No. Nevada		X				118,516.55		01/4/2011
020	No. California and No. Nevada		X				24,873.18		01/4/2011
020	No. California and No. Nevada		X				5,200.00		01/4/2011
020	No. California and No. Nevada		X				8,000.00		01/4/2011
020	No. California and No. Nevada		X				50,000.00		01/5/2011
020	No. California and No. Nevada		X				20,380.00		01/7/2011
020	No. California and No. Nevada		X				10,000.00		01/7/2011
020	No. California and No. Nevada		X				5,000.00		01/7/2011
020	No. California and No. Nevada		X				5,162.65		01/10/2011
020	No. California and No. Nevada		X				5,000.00		01/10/2011
020	No. California and No. Nevada		X				13,000.00		01/11/2011
020	No. California and No. Nevada		X				6,000.00		01/13/2011
020	No. California and No. Nevada		X				5,000.00		01/13/2011
020	No. California and No. Nevada		X				250,000.00		01/13/2011
020	No. California and No. Nevada		X				7,112.50		01/21/2011
020	No. California and No. Nevada		X				10,000.00		01/25/2011
020	No. California and No. Nevada		X				20,000.00		01/25/2011
020	No. California and No. Nevada		X				9,728.68		01/31/2011
020	No. California and No. Nevada		X				25,798.00		02/4/2011
020	No. California and No. Nevada		X				25,000.00		02/4/2011
020	No. California and No. Nevada		X				5,000.00		02/4/2011
020	No. California and No. Nevada		X				9,196.69		02/4/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
156	Delaware Valley		X				10,000.00		12/7/2010
156	Delaware Valley		X				10,145.00		Various
156	Delaware Valley		X				50,000.00		03/8/2011
156	Delaware Valley		X				13,025.00		06/28/2011
156	Delaware Valley		X				5,000.00		01/4/2011
156	Delaware Valley		X				6,000.00		12/28/2010
156	Delaware Valley		X				5,000.00		12/13/2010
156	Delaware Valley		X				11,000.00		Various
156	Delaware Valley		X				5,545.00		Various
156	Delaware Valley		X				6,145.00		Various
156	Delaware Valley		X				28,000.00		Various
156	Delaware Valley		X				15,000.00		12/17/2010
156	Delaware Valley		X				9,128.00		Various
156	Delaware Valley		X				5,000.00		08/13/2010
156	Delaware Valley		X				5,610.00		01/24/2011
156	Delaware Valley		X				10,200.00		Various
156	Delaware Valley		X				31,627.72		Various
156	Delaware Valley		X				7,710.60		Various
156	Delaware Valley		X				5,599.92		04/18/2011
156	Delaware Valley		X				23,690.44		Various
156	Delaware Valley			X			11,606.09		Various
156	Delaware Valley			X			5,020.84		Various
156	Delaware Valley		X				5,000.00		08/27/2010
156	Delaware Valley		X				10,000.00		Various
156	Delaware Valley		X				69,567.00		Various
156	Delaware Valley		X				6,636.00		Various
156	Delaware Valley		X				20,603.00		08/4/2010
156	Delaware Valley		X				5,000.00		Various
156	Delaware Valley		X				200,949.72		07/9/2010
156	Delaware Valley		X				2,500.00		07/20/2010
156	Delaware Valley		X				71,600.45		07/20/2010
156	Delaware Valley		X				12,000.00		Various
156	Delaware Valley		X				6,000.00		01/4/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
156	Delaware Valley		X				10,500.00		09/20/2010
156	Delaware Valley		X				5,000.00		02/17/2011
156	Delaware Valley		X				25,250.00		Various
156	Delaware Valley		X				5,000.00		02/14/2011
156	Delaware Valley		X				10,000.00		09/21/2010
156	Delaware Valley		X				5,000.00		03/25/2011
156	Delaware Valley		X				5,000.00		06/9/2011
156	Delaware Valley		X				105,415.00		Various
156	Delaware Valley		X				5,000.00		02/23/2011
156	Delaware Valley		X				10,000.00		10/15/2010
156	Delaware Valley		X				7,158.95		10/7/2010
156	Delaware Valley		X				10,000.00		08/6/2010
156	Delaware Valley		X				8,600.00		Various
156	Delaware Valley		X				10,000.00		Various
156	Delaware Valley		X				6,000.00		01/31/2011
156	Delaware Valley		X				10,000.00		03/4/2011
156	Delaware Valley			X			7,075.10		Various
156	Delaware Valley		X				16,858.50		Various
156	Delaware Valley		X				10,000.00		Various
156	Delaware Valley		X				5,000.00		04/4/2011
156	Delaware Valley		X				10,500.00		05/16/2011
156	Delaware Valley		X				10,000.00		06/13/2011
156	Delaware Valley		X				13,200.00		Various
156	Delaware Valley		X				50,000.00		09/30/2010
156	Delaware Valley		X				10,000.00		Various
156	Delaware Valley		X				50,154.11		05/5/2011
156	Delaware Valley		X				10,000.00		Various
156	Delaware Valley		X				25,000.00		10/8/2010
156	Delaware Valley		X				33,103.65		12/7/2010
156	Delaware Valley			X			36,613.21		Various

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
156	Delaware Valley		X				8,782.00		Various
156	Delaware Valley		X				10,000.00		11/1/2010
156	Delaware Valley		X				5,000.00		11/10/2010
156	Delaware Valley		X				5,000.00		11/29/2010
173	STAR		X				15,000.00		09/27/2010
173	STAR		X				5,000.00		05/27/2011
173	STAR		X				35,000.00		07/13/2010
173	STAR		X				5,000.00		06/20/2011
173	STAR		X				20,630.00		Various
173	STAR		X				36,132.00		Various
173	STAR		X				9,000.00		12/15/2010
173	STAR		X				15,000.00		07/7/2010
173	STAR		X				18,025.00		01/24/2011
173	STAR		X				5,000.00		03/31/2011
173	STAR		X				20,000.00		05/24/2011
173	STAR		X				15,000.00		06/15/2011
173	STAR		X				10,000.00		03/25/2011
173	STAR		X				12,245.00		06/20/2011
173	STAR		X				25,000.00		01/25/2011
173	STAR		X				5,000.00		03/25/2011
173	STAR		X				5,000.00		05/4/2011
173	STAR		X				50,000.00		12/17/2010
173	STAR		X				7,500.00		07/30/2010
173	STAR		X				5,000.00		12/31/2010
173	STAR		X				25,000.00		05/16/2011
173	STAR		X				5,000.00		06/9/2011
173	STAR		X				5,000.00		11/11/2010
173	STAR		X				10,000.00		05/18/2011
173	STAR		X				24,000.00		Various
173	STAR		X				15,000.00		Various
173	STAR		X				10,000.00		03/08/2011
173	STAR		X				15,000.00		03/23/2011
173	STAR		X				10,000.00		07/08/2010
173	STAR		X				10,000.00		07/19/2010
173	STAR				X		7,900.00	Food & event supplies	Various
172	Greater Dallas		X				15,000.00		06/6/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
172	Greater Dallas		X				155,025.00		12/21/2010
172	Greater Dallas		X				6,000.00		05/17/2011
172	Greater Dallas		X				5,000.00		06/7/2011
172	Greater Dallas		X				5,000.00		02/11/2011
172	Greater Dallas		X				10,000.00		01/26/2011
172	Greater Dallas		X				6,000.00		08/6/2010
172	Greater Dallas		X				5,250.00		06/6/2011
172	Greater Dallas		X				31,000.00		06/6/2011
172	Greater Dallas		X				6,000.00		05/24/2011
172	Greater Dallas		X				10,000.00		12/14/2010
172	Greater Dallas		X				5,000.00		03/7/2011
172	Greater Dallas		X				5,000.00		05/2/2011
172	Greater Dallas		X				20,000.00		01/13/2011
172	Greater Dallas		X				15,000.00		05/2/2011
172	Greater Dallas		X				6,000.00		05/17/2011
172	Greater Dallas		X				17,000.00		04/13/2011
172	Greater Dallas		X				12,400.00		02/15/2011
172	Greater Dallas		X				6,000.00		04/21/2011
172	Greater Dallas		X				30,000.00		12/3/2010
172	Greater Dallas		X				7,000.00		02/7/2011
172	Greater Dallas		X				6,450.00		12/20/2010
172	Greater Dallas		X				30,000.00		06/2/2011
172	Greater Dallas		X				15,000.00		03/3/2011
172	Greater Dallas		X				6,000.00		05/2/2011
172	Greater Dallas		X				10,000.00		11/19/2010

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
172	Greater Dallas		X				10,000.00		12/10/2010
172	Greater Dallas		X				6,000.00		1/14/2011
172	Greater Dallas		X				6,000.00		06/9/2011
172	Greater Dallas		X				6,000.00		05/12/2011
172	Greater Dallas		X				7,500.00		12/6/2010
172	Greater Dallas		X				10,000.00		03/22/2011
172	Greater Dallas		X				5,000.00		04/22/2011
172	Greater Dallas		X				25,000.00		06/13/2011
172	Greater Dallas		X				16,200.00		06/28/2011
172	Greater Dallas		X				6,000.00		04/21/2011
172	Greater Dallas		X				6,000.00		05/16/2011
172	Greater Dallas		X				11,000.00		06/6/2011
172	Greater Dallas		X				6,500.00		06/6/2011
172	Greater Dallas		X				16,000.00		05/23/2011
172	Greater Dallas		X				5,000.00		06/9/2011
172	Greater Dallas		X				5,000.00		06/15/2011
172	Greater Dallas		X				5,000.00		03/25/2011
172	Greater Dallas		X				20,000.00		03/9/2011
172	Greater Dallas		X				5,000.00		12/14/2010
172	Greater Dallas		X				6,500.00		04/6/2011
172	Greater Dallas		X				6,000.00		06/9/2011
172	Greater Dallas		X				10,000.00		03/9/2011
172	Greater Dallas		X				5,000.00		03/14/2011
172	Greater Dallas		X				5,000.00		02/11/2011
172	Greater Dallas		X				20,000.00		03/31/2011

Chp	Chapter Name	Donor Name	Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount for Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
172	Greater Dallas		X				18,000.00		04/21/2011
172	Greater Dallas		X				12,000.00		05/2/2011
172	Greater Dallas		X				20,000.00		11/1/2010
172	Greater Dallas		X				8,000.00		11/1/2010
172	Greater Dallas		X				6,500.00		04/5/2011
172	Greater Dallas		X				5,000.00		03/14/2011
172	Greater Dallas		X				10,000.00		01/10/2011
172	Greater Dallas		X				5,000.00		02/11/2011
172	Greater Dallas		X				10,000.00		01/14/2011
172	Greater Dallas		X				6,000.00		05/12/2011
172	Greater Dallas		X				10,000.00		07/19/2010
172	Greater Dallas		X				10,000.00		07/19/2010
172	Greater Dallas		X				6,500.00		06/6/2011
172	Greater Dallas		X				5,000.00		06/6/2011
172	Greater Dallas		X				5,869.29		02/25/2011
172	Greater Dallas		X				82,669.00		Various
172	Greater Dallas		X				6,000.00		04/29/2011
172	Greater Dallas		X				5,000.00		05/31/2011
172	Greater Dallas		X				10,000.00		12/16/2010
172	Greater Dallas		X				5,000.00		03/7/2011
172	Greater Dallas		X				12,000.00		05/26/2011
172	Greater Dallas		X				14,000.00		06/24/2011
172	Greater Dallas		X				12,000.00		05/11/2011
172	Greater Dallas				X		5,000.00	AA Center Platinum Luxury Suite for 18; 11-12 Season Stars or Maverick's game \$250 food/drink credit; 5 parking passes	05/1/2011

Chp	Chapter Name	Donor Name		Person	Payroll	Noncash	Donor Address	Aggregate Contribution Cash Amount /or Fair Market Value of Noncash Item	Description of Noncash property given	Date Received
172	Greater Dallas					X		20,000.00	Ski & Golf Jackson Hole, WY & Air Travel on Hawker 900 Jet for 6, 4 nights 5 days Rendezvous Mtn Lodge	05/1/2011
172	Greater Dallas					X		10,000.00	American Le Mans Series Races in Monterey, CA	05/1/2011
172	Greater Dallas					X		45,000.00	Tahoe - Ski Trip	05/1/2011
172	Greater Dallas					X		15,000.00	Private Home in Beaver Creek Colo & w/ 100,000 AA miles	05/1/2011
172	Greater Dallas					X		30,000.00	Palm Springs - Trip	05/1/2011
172	Greater Dallas					X		15,000.00	Private Home in Arowhead, CO & 150,000 AA miles	05/1/2011
172	Greater Dallas					X		11,500.00	Middlekauff Boat Trip to Cataline Island	05/1/2011
172	Greater Dallas					X		30,000.00	South African Photo Safari for 2 & \$4,000 toward airfare	05/1/2011
172	Greater Dallas					X		80,000.00	Private Gulfstream V for 12 - anywhere in the US or Mexico	05/1/2011
172	Greater Dallas					X		33,335.00	BMW automobile	05/1/2011
								34,718,704.02		

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

▶ Complete if the organization is described below.

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

Open to Public Inspection

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

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

If the organization answered 'Yes,' 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 and Related Disorders Association	Employer identification number 36-3463656
--	---

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total 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 the 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 III-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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		4,926.
d Mailings to members, legislators, or the public?	X		24,910.
e Publications, or published or broadcast statements?	X		961.
f Grants to other organizations for lobbying purposes?	X		11,115.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		412,160.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		125,943.
i Other activities? If 'Yes,' describe in Part IV		X	
j Total. Add lines 1c through 1i			580,015.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Pt II-B Line 1i Nearly all of the Chapter network lobbying is through staff or its volunteers. The reportable expenses are used for grassroots activities and advocacy.

As Alzheimer's disease threatens to bankrupt families, businesses and our healthcare system, scientists are

Part IV Supplemental Information (continued)

----- 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)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

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

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 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?
- Yes No
- 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 section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (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.
- b 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 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	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

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 the 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	8,196,282.	5,978,520.	4,930,110.		
b Contributions	952,381.	2,447,521.	1,384,905.		
c Net investment earnings, gains, and losses	461,741.	502,490.	-281,565.		
d Grants or scholarships	554.	2,905.	0.		
e Other expenditures for facilities and programs	311,729.	711,216.	49,459.		
f Administrative expenses	14,005.	18,128.	5,471.		
g End of year balance	9,284,116.	8,196,282.	5,978,520.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI 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	6,000.	142,201.		148,201.
b Buildings		1,072,469.	324,205.	748,264.
c Leasehold improvements		1,489,006.	720,556.	768,450.
d Equipment		5,796,752.	4,627,733.	1,169,019.
e Other		1,034,268.	782,424.	251,844.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,085,778.

BAA

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	64,831.	FMV
(2) Closely-held equity interests		
(3) Other		
(A) Beneficial Interests	6,544,961.	FMV
(B) Fixed Income	1,502,581.	FMV
(C) Certificates of Deposit	1,163,896.	FMV
(D) Private Equity Investments	1,067,000.	Cost
(E) Trusts	374,425.	FMV
(F) Community Foundations	128,591.	FMV
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	10,846,285.	

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, column (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, column (B), line 15)	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Current Portion of Liability under Unitrust Agreement	1,134,383.
(3) Capital Lease Obligations	109,529.
(4) Gift Annuities	44,011.
(5) Agency Funds Held for Others	2,850.
(6) Unclaimed Payments	365.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	1,291,138.

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

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

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

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

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

Part XIV Supplemental Information

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

Pt V Endowment Funds

The data entered in columns (b) Prior Year and

(c) Two years back differ from the previously filed

tax return. The schedule reflects prior year(s)

activity for the Chapters included in this year's tax

return.

Part XIV Supplemental Information (continued)Percentages Listed Below:Northern California and Nevada Chapter100% Permanent EndowmentFunding to support programs.Southeast Florida Chapter100% Permanent EndowmentFunding for programs, services and operations.Central and North Florida Chapter100% Permanent EndowmentFunding to support operations.Aloha Chapter96% Permanent Endowment / 4% Board designated or quasi-endowmentFunding to support capital expenditures for respitefacilities; purchase of books on Alzheimer's diseasefor libraries; books, newsletters and outreach.East Central Iowa Chapter100% Board designated or quasi-endowmentFunding to support implementing the mission of theAssociation.Greater Kentucky and Southern Indiana Chapter100% Permanent EndowmentFunding to support the Adult Day Services Center.

Part XIV Supplemental Information (continued)Rochester Chapter67% Board designated or quasi-endowment33% Permanent EndowmentFunding to support programs and services deemednecessary by the Board or as specified by donors.Western New York Chapter100% Permanent EndowmentEarnings are to support operations.Cleveland Area Chapter99.96% Board designated or quasi-endowment.04% Permanent EndowmentFunding to support operational reserve, infrastructure,and other projects deemed necessary.Central Ohio Chapter100% Permanent EndowmentNo specific purpose at this time.Miami Valley Chapter42% Board designated or quasi-endowment58% Permanent EndowmentNo specific purpose at this time.Oklahoma/ Arkansas Chapter100% Permanent Endowment

Part XIV Supplemental Information (continued)

Funding to support Chapter services.

Delaware Valley Chapter

100% Permanent Endowment

Funding to support general operations and advocacy efforts.

South Carolina Chapter

100% Board designated or quasi-endowment

Funding to support operating expenses.

South Dakota Office

100% Permanent Endowment

Funding to continue and expand educational resources of the office in Sioux Falls.

Southeastern Wisconsin Chapter

100% Board designated or quasi-endowment

Funding to support long-term financial stability; programs and operations.

Greater Iowa Chapter

100% Board designated or quasi-endowment

Funding to support education in Jasper county and research on Alzheimer's disease.

Part XIV Supplemental Information (continued)

Pt X FIN 48, Line 2

In July 2006, the FASB issued FASB Interpretation No. 48 ("FIN 48") (Now referred to as ASC740-10-25-6, "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 outlined in ASC 740. The Chapters 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 Chapters are exempt from income tax under internal control 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 federal and state purposes. The adoption of this guidance did not have any

Part XIV Supplemental Information *(continued)*

----- impact on the Chapters' financial statements. The -----
----- Chapters receive individual audits and no one chapter -----
----- had any uncertain positions. -----

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 and Related Disorders Association

Employer identification number

36-3463656

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

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 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	Galas (event type)	Golfing Events (event type)	117 (total number)	(add column (a) through column (c))		
1	Gross receipts	3,034,563.	923,589.	5,683,441.	9,641,593.	
2	Less: Charitable contributions	2,503,031.	823,728.	4,670,725.	7,997,484.	
3	Gross income (line 1 minus line 2)	531,532.	99,861.	1,012,716.	1,644,109.	
DIRECT EXPENSES	4	Cash prizes	3,500.	4,059.	7,559.	
	5	Noncash prizes	47,893.	8,325.	726.	56,944.
	6	Rent/facility costs	73,852.	74,028.	269,628.	417,508.
	7	Food and beverages	387,634.	27,493.	473,456.	888,583.
	8	Entertainment	49,377.	0.	15,596.	64,973.
	9	Other direct expenses	241,531.	210,524.	632,111.	1,084,166.
10	Direct expense summary. Add lines 4- through 9 in column (d)				2,519,733.	
11	Net income summary. Combine line 3, column (d), and line 10				-875,624.	

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.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
				(add column (a) through column (c))	
1	Gross revenue		158,429.	158,429.	
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes		37,385.	37,385.
	4	Rent/facility costs			
	5	Other direct expenses		4,747.	4,747.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				42,132.
8	Net gaming income summary. Combine lines 1, column (d) and line 7				116,297.

9 Enter the state(s) in which the organization operates gaming activities: See Part III, Line 9 (continued)

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain:
New York Chapter - the raffles conducted are below state
See Part III, Line 9b (continued)

10a 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	%
b An outside facility	13b	100.00 %

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

Name ▶ See Part IV Supplementary Schedule

Address ▶ ,

- 15a Does the organization have a contact 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 ▶ N/A

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 explanations 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).

Part III, Line 6 Greater Dallas Chapter - 100% Volunteer Labor
 Southeastern Virginia Chapter - 100% Volunteer Labor
 Greater Wisconsin Chapter - 90% Volunteer Labor
 Southeastern Wisconsin Chapter - 100% Volunteer Labor
 Rochester Chapter - 100% Volunteer Labor

Part III, Line 11 Organization operates gaming activities with nonmembers.
 The Alzheimer's and Disease Related Disorders Association
 is not a membership organization as described by the IRS. The
 Association therefore doesn't consider its donors members.

See Part IV Supplemental Information (Continued)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments and Individuals in 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, lines 21 or 22.
▶ Attach to Form 990.

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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) <u>Florida Dept. of Health</u> <u>2585 Merchants Row Blvd</u> <u>Tallahassee FL 32399</u>	<u>59-3502843</u>	<u>Govt.</u>	<u>40,000.</u>				<u>Respite</u>
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations ▶ 1

3 Enter total number of other organizations ▶ 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
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
1 Respite-various	6,035	1,972,233.			
2 Safe Return-various	177	28,102.			
3 Conference Registrations-various	19	190.			
4					
5					
6					
7					

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

Pt I Line 2 Northern California and Nevada Chapter -

The Chapter records all grant awards and respite payments into separate ledgers to ensure accurate tracking.

Colorado Chapter -

Funds are distributed to Colorado residents to help pay for respite care.

Eligibility requires physician certification of an Alzheimer's diagnosis.

Receipts for all expenditures are required before the next grant is awarded.

See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

BAA

Schedule I (Form 990) 2010

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 William Fisher	(i)	187,326.	0.	0.	13,205.	0.	200,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Erna Colburn	(i)	179,832.	0.	0.	0.	29,258.	209,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Heather Hershberger	(i)	130,351.	0.	0.	0.	20,706.	151,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

**Open To Public
Inspection**

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions 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	X		45,659.	cost
5 Clothing and household goods				
6 Cars and other vehicles	X	2	49,985.	cost
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	13,581.	cost
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	X	4	51,558.	cost
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Special Event Items)	X	11	263,500.	cost
26 Other ▶ (Furn/Fixtures)	X	1	75,000.	cost
27 Other ▶ (Event Item)	X	1	10,927.	cost
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 2.

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

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

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

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

b If 'Yes,' describe in Part II.

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

	Yes	No
30a		X
31		X
32a	X	
33		

BAA 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.

Pt I Line 32b Oklahoma/Arkansas Chapter -

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

Rochester Chapter -

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

The Chapter uses a third-party unrelated broker to sell stock.

Colorado Chapter -

The contractor/company picks up an auto, delivers it for auction, provides tax info and thank you letters to the donor, forwards net receipts to the Chapter and issues a 1098-C to donors. The title is never transferred to the Chapter.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Alzheimer's Disease and Related Disorders Association

Employer identification number

36-3463656

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	Cash	06/30/11	448,655.	book value	13-3039601	Alzheimer's Assoc. 225 N.Mich.Ave Chicago IL 60601	501 (c) 3
	Accounts Receivable	06/30/11	44,507.	book value	13-3039601	Alzheimer's Assoc. 225 N.Mich.Ave Chicago IL 60601	501 (c) 3
	Inventory	06/30/11	6,540.	book value	13-3039601	Alzheimer's Assoc. 225 N.Mich.Ave Chicago IL 60601	501 (c) 3
	Prepays	06/30/11	15,645.	book value	13-3039601	Alzheimer's Assoc. 225 N.Mich.Ave Chicago IL 60601	501 (c) 3
	Fixed Assets	06/30/11	2,806.	book value	13-3039601	Alzheimer's Assoc. 225 N.Mich.Ave Chicago IL 60601	501 (c) 3
	Accrued Liabilities	06/30/11	-27,380.	book value	13-3039601	Alzheimer's Assoc. 225 N.Mich.Ave Chicago IL 60601	501 (c) 3

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III.▶ See Part III

	Yes	No
2a		X
2b	X	
2c		X
2d		X

Part I Liquidation, Termination, or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

	Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III	X	
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	X	
b If 'Yes', did the organization provide such notice?	X	
5 Did the organization discharge or pay all liabilities in accordance with state laws?	X	
6a Did the organization have any tax-exempt bonds outstanding during the year?		X
b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?		
c If 'Yes,' describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No,' explain in Part III.		

Part II Sale, Exchange, Disposition, or Other Transfer of More than 25% of the Organization's Assets. Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

	Yes	No
2 Did or will any officer, director, trustee, or key employee of the organization:		
a Become a director or trustee of a successor or transferee organization?		
b Become an employee of, or independent contractor for, a successor or transferee organization?		
c Become a direct or indirect owner of a successor or transferee organization?		
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		
e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶		

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Part I, Line 2e Star Chapter -

Officers, Denese Watkins-Executive Director and Caroline

Leibsle-Finance Director became employees of the National

Alzheimer's Association as of 7/1/11.

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
ASSOCIATION

ALZHEIMER'S DISEASE & RELATED DISORDERS

Employer identification number
36-3463656

FORM 990, PART H ON THE FIRST PAGE

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

NAME & EIN & ADDRESS	CHAPTER #
NORTHERN CALIFORNIA AND NEVADA, 94-2897949 1060 LA AVENIDA, MOUNTAIN VIEW, CA 94043	20
COLORADO, 84-0908354 455 SHERMAN STREET, SUITE 500, DENVER, CO 80203	24
CONNECTICUT, 42-1540769 2075 SILAS DEANE HIGHWAY, SUITE 100, ROCKY HILL, CT 06067	28
SOUTHEAST FLORIDA, 59-2008883 3333 FOREST HILL BLVD., WEST PALM BEACH, FL 33406	33
CENTRAL AND NORTH FLORIDA, 36-3487166 378 CENTER POINTE CIRCLE, SUITE 1280, ALTAMONTE SPRINGS, FL 32701	37
ALOHA, 99-0212360 1050 ALA MOANA BLVD., SUITE 2610, HONOLULU, HI 96814	53
CENTRAL ILLINOIS, 37-1224417 606 W. GLEN AVENUE, PEORIA, IL 61614	58

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

GREATER ILLINOIS, 36-3102348 8430 WEST BRYN MAWR, SUITE 800, CHICAGO, IL 60631	59
GREATER INDIANA, 35-1747836 50 EAST 91ST STREET, SUITE 100, INDIANAPOLIS, IN 46240	67
EAST CENTRAL IOWA, 42-1333384 317 SEVENTH AVENUE, SE, SUITE 402, CEDAR RAPIDS, IA 52401	73
CENTRAL AND WESTERN KANSAS, 20-5107941 347 SOUTH LAURA, WITCHITA, KS 67211	75
GREATER KENTUCKY AND SOUTHERN INDIANA, 36-4497854 6100 DUTCHMANS LANE, SUITE 401, LOUISVILLE, KY 40205	78
MAINE, 01-0428502 383 U.S. ROUTE 1, SUITE 2C, SCARBOROUGH, ME 04074	82
GREATER MARYLAND, 52-1219428 1850 YORK ROAD, SUITE D, TIMONIUM, MD 21093	83
HEART OF AMERICA, 48-0934474 3846 WEST 75TH STREET, PRAIRIE VILLAGE, KS 66208	100
MID MISSOURI, 43-1344786	101

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number
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2400 BLUFF CREEK DRIVE, COLUMBIA, MO 65201

SOUTHWEST MISSOURI, 43-1485251 103

1630 W. ELFINDALE, SPRINGFIELD, MO 65807

MIDLANDS, 47-0648438 109

1941 SOUTH 42ND STREET, SUITE 205, OMAHA, NE 68105

HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY, 14-1695487 118

2 JEFFERSON PLAZA, SUITE 103, POUGHKEEPSIE, NY 12601

ROCHESTER, 16-1159941 123

435 EAST HENRIETTA ROAD, ROCHESTER, NY 14620

WESTERN NEW YORK, 16-1181599 128

2805 WEHRLE DRIVE, SUITE 6, WILLIAMSVILLE, NY 14221

GREATER EAST OHIO AREA, 34-1454446 135

70 W. STREETSBORO ST., SUITE 201, HUDSON, OH 44236

CLEVELAND AREA, 34-1311175 139

23215 COMMERCE PARK DRIVE, SUITE 300, BEACHWOOD, OH 44122

CENTRAL OHIO, 31-0996236 140

1379 DUBLIN ROAD, COLUMBUS, OH 43215

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number
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MIAMI VALLEY, 31-1031867 3797 SUMMIT GLEN DRIVE, SUITE G100, DAYTON, OH 45449	143
NORTHWEST OHIO, 34-1423768 2500 NORTH REYNOLDS ROAD, TOLEDO, OH 43615	144
OKLAHOMA/ARKANSAS, 73-1183372 2448 E. 81ST ST., SUITE 3000, TULSA, OK 74137	147
DELAWARE VALLEY, 23-2280056 399 MARKET STREET, SUITE 102, PHILADELPHIA, PA 19106	156
SOUTH CAROLINA, 57-0792592 4124 CLEMSON BLVD., SUITE L, ANDERSON, SC 29621	161
SOUTH DAKOTA, 32-0151779 1000 N WEST AVE SUITE 250, SIOUX FALLS, SD 57104	162
GREATER DALLAS, 75-2041194 4144 NORTH CENTRAL EXPRESSWAY, SUITE 750, DALLAS, TX 75204	172
STAR, 04-3631046 4687 NORTH MESA, SUITE 200, EL PASO, TX 79912	173

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number
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NORTH CENTRAL TEXAS, 75-1984152	177
2630 WEST FREEWAY, SUITE 100, FORT WORTH, TX 76102	
VERMONT, 03-0286299	179
300 CORNERSTONE DRIVE, SUITE 128, WILLILSTON, VT 05495	
CENTRAL AND WESTERN VIRGINIA, 54-1309570	181
1160 PEPSI PLACE, SUITE 306, CHARLOTTESVILLE, VA 22901	
SOUTHEASTERN VIRGINIA, 54-1204329	182
6350 CENTER DRIVE, SUITE 102, NORFOLK, VA 23502	
NATIONAL CAPITAL AREA, 52-1196162	184
3701 PENDER DRIVE, SUITE 400, FAIRFAX, VA 22030	
GREATER RICHMOND, 54-1263555	185
4600 COX ROAD, SUITE 130, GLEN ALLEN, VA 23060	
WEST VIRGINIA, 36-3487172	191
1111 LEE STREET, EAST, CHARLESTON, WV 25301	
GREATER WISCONSIN, 39-1493227	194
2900 CURRY LANE SUITE A, GREEN BAY, WI 54311	
SOUTHEASTERN WISCONSIN, 39-1350965	195

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number
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620 SOUTH 76TH STREET, SUITE 160, MILWAUKEE, WI 53214

MISSISSIPPI CHAPTER, 64-0786327 205

196 CHARMANT DRIVE, SUITE 4, RIDGELAND, MS 39157

MID SOUTH, 62-1860364 208

4205 HILLSBORO PIKE, SUITE 216, NASHVILLE, TN 37215

GREATER IOWA, 42-1520582 232

1730 28TH STREET, WEST DES MOINES, IA 50266

INLAND NORTHWEST, 91-1409620 233

910 WEST 5TH AVENUE, SUITE 256, SPOKANE, WA 99204

ATTACHMENT 1

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 BILL BRIDGWATER DIRECTOR	1.00	X						0.	0.	0.
30 MARGY CHRISTIAN DIRECTOR	1.00	X						0.	0.	0.
31 PHILLIP HEATH DIRECTOR	1.00	X						0.	0.	0.
32 MARK IORIO DIRECTOR	1.00	X						0.	0.	0.
33 DONALD MURPHY MD DIRECTOR	1.00	X						0.	0.	0.
34 DONALD OBERNDORF DIRECTOR	1.00	X						0.	0.	0.
35 GREG PFAHL DIRECTOR	1.00	X						0.	0.	0.
36 BERNARD POSKUS ESQ. DIRECTOR	2.00	X						0.	0.	0.
37 DAVID POWELL JR. ESQ. DIRECTOR	1.00	X						0.	0.	0.
38 MICHAEL SARACUSA DIRECTOR	2.00	X						0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)						
39	HARRY STEVENSON DIRECTOR	1.00	X			0.	0.	0.
40	DANIEL THOMAS DIRECTOR	1.00	X			0.	0.	0.
41	HARRY WHITE MD DIRECTOR	1.00	X			0.	0.	0.
42	FRED WOLFE DIRECTOR	1.00	X			0.	0.	0.
43	PATRICIA GIBBS CHAIR	2.00	X	X		0.	0.	0.
44	MARISSA CREAM VICE CHAIR	1.50	X	X		0.	0.	0.
45	WILLIAM KOWALEWSKI SECRETARY	1.50	X	X		0.	0.	0.
46	DANIEL WOLLMAN TREASURER	2.00	X	X		0.	0.	0.
47	GREGORY SMITH DIRECTOR	.75	X			0.	0.	0.
48	CATHY BUTLER DIRECTOR	.75	X			0.	0.	0.
49	LINDA WORDEN DIRECTOR	.75	X			0.	0.	0.
50	RICHARD MEISENHEIMER DIRECTOR	.75	X			0.	0.	0.
51	MOLLY REES-GAVIN DIRECTOR	.75	X			0.	0.	0.
52	CRAIG JOHNSON DIRECTOR	.75	X			0.	0.	0.
53	JAY KEARNS DIRECTOR	.75	X			0.	0.	0.
54	JENNIFER KEYES-SMITH DIRECTOR	.75	X			0.	0.	0.
55	MIKE MARINACCIO DIRECTOR	.75	X			0.	0.	0.
56	ERIC RENNIE DIRECTOR	.75	X			0.	0.	0.
57	KATHY KALCK BOARD CHAIR	3.00	X	X		0.	0.	0.
58	ENRIQUE PINEIRO VICE CHAIR/TREASURER	2.00	X	X		0.	0.	0.
59	MONIKA KROMBOCK SECRETARY	1.00	X	X		0.	0.	0.

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

60 KARP JOSEPH DIRECTOR	1.00	X			0.	0.	0.
61 JOYCE MCLENDON DIRECTOR	1.00	X			0.	0.	0.
62 WILLIAM SUSSMAN ESQ. DIRECTOR	1.00	X			0.	0.	0.
63 ELLIOTT STARMAN, CPA DIRECTOR	1.00	X			0.	0.	0.
64 JOEL LEVY DIRECTOR	1.00	X			0.	0.	0.
65 CHARLES RUTHERFORD ESQ. DIRECTOR	1.00	X			0.	0.	0.
66 MARYLOU WATCHMAN DIRECTOR	1.00	X			0.	0.	0.
67 DR. CARL SADOWSKY ADVISORY BOARD	1.00	X			0.	0.	0.
68 MROZINSKI PHILLIP ADVISORY BOARD	1.00	X			0.	0.	0.
69 SAMUEL FERRERI EMERITUS DIRECTOR	1.00	X			0.	0.	0.
70 STU GAINES CHAIR	2.00	X	X		0.	0.	0.
71 JAMIE GLAVICH VICE CHAIR SECRETARY	1.00	X	X		0.	0.	0.
72 PAM GHEZZI TREASURER	1.00	X	X		0.	0.	0.
73 RANDY C. BRYAN BOARD MEMBER	1.00	X			0.	0.	0.
74 SALLIE DREYER BOARD MEMBER	1.00	X			0.	0.	0.
75 BRANDY GREGG BOARD MEMBER	1.00	X			0.	0.	0.
76 CARLOS HERNANDEZ BOARD MEMBER	1.00	X			0.	0.	0.
77 KENT JUSTICE BOARD MEMBER	1.00	X			0.	0.	0.
78 WENDA LEWIS BOARD MEMBER	1.00	X			0.	0.	0.
79 ROBERT MORGAN BOARD MEMBER	1.00	X			0.	0.	0.
80 TONY PESARE BOARD MEMBER	1.00	X			0.	0.	0.

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

81 KENYATTA RIVERS BOARD MEMBER	1.00	X			0.	0.	0.
82 TRICIA MEDEIROS CHAIR	.75	X	X		0.	0.	0.
83 WENDY TAKESHITA WONG VICE CHAIR	.50	X	X		0.	0.	0.
84 MICHAEL F.K. (MIKE) BUCK TREASURER	.50	X	X		0.	0.	0.
85 SUZIE NEUFELDT SECRETARY	.50	X	X		0.	0.	0.
86 HELEN ARKAKI BOARD MEMBER	.50	X			0.	0.	0.
87 RITABELLE FERNANDES BOARD MEMBER	.50	X			0.	0.	0.
88 CRAIG K. NAKOMOTO BOARD MEMBER	.50	X			0.	0.	0.
89 ALENKA REMEC BOARD MEMBER	.50	X			0.	0.	0.
90 ADELE RUGG BOARD MEMBER	.50	X			0.	0.	0.
91 CHAD YOUNG BOARD MEMBER	.50	X			0.	0.	0.
92 PATRICIA L. BLANCHETTE MD MPH HONORARY DIRECTOR	.50	X			0.	0.	0.
93 PAUL BROWN HONORARY DIRECTOR	0.00	X			0.	0.	0.
94 SUSAN DAWSON-TIBBITS PRESIDENT	.50	X	X		0.	0.	0.
95 NICK ESSER VICE PRESIDENT	.50	X	X		0.	0.	0.
96 KIM SANDERS SECRETARY	.50	X	X		0.	0.	0.
97 ERIK PETTIT TREASURER	.50	X	X		0.	0.	0.
98 MAY MEISTER BOARD MEMBER	.50	X			0.	0.	0.
99 LISA BALRAJ BOARD MEMBER	.50	X			0.	0.	0.
100 CHRIS BLAKEMAN BOARD MEMBER	.50	X			0.	0.	0.
101 LINDA BUCK BOARD MEMBER	.50	X			0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)						
102	AMANDA CICCARELLI BOARD MEMBER	.50	X			0.	0.	0.
103	CARLA PASCHAL BOARD MEMBER	.50	X			0.	0.	0.
104	THERESA TAYLOR BOARD MEMBER	.50	X			0.	0.	0.
105	TERESA TUCKER BOARD MEMBER	.50	X			0.	0.	0.
106	KONDELO WILLERTON BOARD MEMBER	.50	X			0.	0.	0.
107	MELODY YUTAKIS BOARD MEMBER	.50	X			0.	0.	0.
108	CHARLENE AARON BOARD MEMBER	.50	X			0.	0.	0.
109	KARA CAMPBELL BOARD MEMBER	.50	X			0.	0.	0.
110	PAUL CAPONIGRI TREASURER, FY12 CHAIR ELECT, B	1.00	X	X		0.	0.	0.
111	CATHY EDGE BOARD MEMBER	.50	X			0.	0.	0.
112	LAURA FIELD BOARD MEMBER	.50	X			0.	0.	0.
113	JOSEPH HARRINGTON FUNDRAISING COMMITTEE, BOARD M	.50	X			0.	0.	0.
114	DANI JACHINO CHAIR	.50	X	X		0.	0.	0.
115	JOHN LAWRENCE BOARD MEMBER	.50	X			0.	0.	0.
116	STEVE MACK BOARD MEMBER	1.00	X			0.	0.	0.
117	MIKE O'BRIEN TREASURER ELECT, CHAIR, FINANC	.50	X			0.	0.	0.
118	KERRY PECK BOARD MEMBER	.50	X			0.	0.	0.
119	SCOTT PERRY CHAIR, COMPENSATION COMMITTEE,	.50	X			0.	0.	0.
120	BRYAN SELANDER SECRETARY, BOARD MEMBER	.50	X	X		0.	0.	0.
121	NICK TZITZON CHAIR, GOVERNANCE COMMITTEE, B	.50	X			0.	0.	0.
122	STEPHEN ADAIR DIRECTOR	2.00	X			0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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							ATTACHMENT 1 (CONT'D)		
123	HALLIE BAILEY DIRECTOR	1.00	X				0.	0.	0.
124	MICHAEL BARTH DIRECTOR	1.00	X				0.	0.	0.
125	MAUREEN BECHER-SAGE TREASURER	2.00	X	X			0.	0.	0.
126	CAROLYN CUNNINGHAM PRESIDENT & MISSION & OUTREACH	2.00	X	X			0.	0.	0.
127	TOM CYRUS DIRECTOR	1.00	X				0.	0.	0.
128	JOHN ELBIN DIRECTOR	1.00	X				0.	0.	0.
129	CURT FANKHAUSER PAST PRESIDENT	1.00	X				0.	0.	0.
130	SUZANNE FORTE DIRECTOR	2.00	X				0.	0.	0.
131	ANNE FISHER CAMPBELL DIRECTOR	1.00	X				0.	0.	0.
132	ROB GRANT SECRETARY	1.00	X	X			0.	0.	0.
133	ANN MARIE HAKE DIRECTOR	1.00	X				0.	0.	0.
134	BRIAN HEALEY DIRECTOR	1.00	X				0.	0.	0.
135	DEE DEE KATZMAN DIRECTOR	1.00	X				0.	0.	0.
136	JOANN KLOOZ DIRECTOR	1.00	X				0.	0.	0.
137	PHIL NICELY DIRECTOR	2.00	X				0.	0.	0.
138	JEAN RAMSER DIRECTOR	1.00	X				0.	0.	0.
139	RICK RHODES DIRECTOR	1.00	X				0.	0.	0.
140	ANDREA SMILEY DIRECTOR	1.00	X				0.	0.	0.
141	FRED UNVERZAGT DIRECTOR	1.00	X				0.	0.	0.
142	ARTHUR WACHHOLZ DIRECTOR	2.00	X				0.	0.	0.
143	JOEL SCHMIDT CHAPTER BOARD PRESIDENT	1.00	X	X			0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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					ATTACHMENT 1 (CONT'D)		
144	GARY WICKLUND CHAPTER BOARD VICE-PRESIDENT	1.00	X	X	0.	0.	0.
145	PATRICK ALLEN CHAPTER BOARD PRESIDENT ELECT	1.00	X	X	0.	0.	0.
146	MARK OGDEN TREASURER	1.00	X	X	0.	0.	0.
147	KATHY GOOD SECRETARY	1.00	X	X	0.	0.	0.
148	ANNE SALAMON DIRECTOR	1.00	X		0.	0.	0.
149	LAURIE SWANSON DIRECTOR	1.00	X		0.	0.	0.
150	HAROLD GETTY DIRECTOR	1.00	X		0.	0.	0.
151	JANICE CHARLES DIRECTOR	1.00	X		0.	0.	0.
152	RYAN GARDNER DIRECTOR	1.00	X		0.	0.	0.
153	BOB VANCURA DIRECTOR	1.00	X		0.	0.	0.
154	MICHAEL T. (TIM) SEYMOUR DIRECTOR	1.00	X		0.	0.	0.
155	MONA KNOLL DIRECTOR	1.00	X		0.	0.	0.
156	RICK SKOGMAN DIRECTOR	1.00	X		0.	0.	0.
157	ERIC JOHNSON DIRECTOR	1.00	X		0.	0.	0.
158	DEBBIE CRAIG DIRECTOR	1.00	X		0.	0.	0.
159	MICHAEL J. SMITH DIRECTOR	1.00	X		0.	0.	0.
160	NADER T. AMR DIRECTOR	1.00	X		0.	0.	0.
161	JOE HARTMAN DIRECTOR	1.00	X		0.	0.	0.
162	GLORIA J. GIBSON DIRECTOR	1.00	X		0.	0.	0.
163	JEREMY MEAD DIRECTOR	1.00	X		0.	0.	0.
164	ANN HAUGLAND DIRECTOR	1.00	X		0.	0.	0.

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

165 DOUG STARK PRESIDENT	.25	X	X	0.	0.	0.
166 DEBBI ELMORE VICE CHAIR	.25	X	X	0.	0.	0.
167 CINDY JOHNSON SECRETARY	.25	X	X	0.	0.	0.
168 LARRY REGIER TREASURER	.25	X	X	0.	0.	0.
169 SUZANNE MEEKER BOARD MEMBER	.25	X		0.	0.	0.
170 DWAYNE BRODDLE BOARD MEMBER	.25	X		0.	0.	0.
171 DAVID HAASE BOARD MEMBER	.25	X		0.	0.	0.
172 DOUG WATSON BOARD MEMBER	.25	X		0.	0.	0.
173 RICHARD ZABLE BOARD MEMBER	.25	X		0.	0.	0.
174 CHRIS SWYERS BOARD MEMBER	.25	X		0.	0.	0.
175 STEPHEN BENSON BOARD MEMBER	.25	X		0.	0.	0.
176 FRED HERMES BOARD MEMBER	.25	X		0.	0.	0.
177 MARY CORRIGAN BOARD MEMBER	.25	X		0.	0.	0.
178 SHARON REED CHAIR	.50	X	X	0.	0.	0.
179 BEN SCHOENBACHLER MD VICE CHAIR	.50	X	X	0.	0.	0.
180 CATHY NAGY SECRETARY	.50	X	X	0.	0.	0.
181 TERRY L. SMALLWOOD TREASURER	.25	X	X	0.	0.	0.
182 BECKY BEANBLOSSOM BOARD MEMBER	.50	X		0.	0.	0.
183 DAVID A. CASEY MD BOARD MEMBER	.50	X		0.	0.	0.
184 BARBARA BAILEY COWDEN BOARD MEMBER	.50	X		0.	0.	0.
185 RICHARD EDELSON PHD. ABPN BOARD MEMBER	.50	X		0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
186	COLMON ELDRIDGE III BOARD MEMBER	.50	X			0. 0. 0.
187	RHODA FALLER ESQ. BOARD MEMBER	.50	X			0. 0. 0.
188	ALLEN L. HARRIS JR. BOARD MEMBER	.50	X			0. 0. 0.
189	HELEN KIENZT BOARD MEMBER	.50	X			0. 0. 0.
190	JACK KOETTER BOARD MEMBER	.50	X			0. 0. 0.
191	NICKI MCMAHON BOARD MEMBER	.50	X			0. 0. 0.
192	JOE ROSENBERG BOARD MEMBER	.50	X			0. 0. 0.
193	ERIC SCHAEFER BOARD MEMBER	.50	X			0. 0. 0.
194	DEBORAH TUGGLE RN, MN, CCNS, FCCM BOARD MEMBER	.50	X			0. 0. 0.
195	ANNE H. VENO RN, BSN, MBA, LNHA BOARD MEMBER	.50	X			0. 0. 0.
196	CHRISTINE WHITE LCSW BOARD MEMBER	.50	X			0. 0. 0.
197	KIRBY WHITNEY BOARD PRESIDENT	.50	X	X		0. 0. 0.
198	MARK NALE BOARD VICE PRESIDENT	.50	X	X		0. 0. 0.
199	FELICIA A. GARANT CLA, CTFA TREASURER	.50	X	X		0. 0. 0.
200	CAROL CALCAGNI BOARD SECRETARY	.50	X	X		0. 0. 0.
201	ROBERT ARMSTRONG BOARD MEMBER	.50	X			0. 0. 0.
202	GAIL RICHARDSON GEE BOARD MEMBER	.50	X			0. 0. 0.
203	CYNTHIA CAVE BOARD MEMBER	.50	X			0. 0. 0.
204	SHERRIE BERGMAN BOARD MEMBER	.50	X			0. 0. 0.
205	WILLIAM JENKS BOARD MEMBER	.50	X			0. 0. 0.
206	DEANE LANPHEAR BOARD MEMBER	.50	X			0. 0. 0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)						
207	JAMES WARD BOARD MEMBER	.50	X			0.	0.	0.
208	M. CHAD MALKUS ESQ BOARD PRESIDENT	10.00	X	X		0.	0.	0.
209	JOHN F. SCHULZE JR BOARD VICE PRESIDENT	10.00	X	X		0.	0.	0.
210	BRIAN J SCHEINBERG BOARD TREASURER	10.00	X	X		0.	0.	0.
211	CATHY NEUMAN BOARD SECRETARY	10.00	X	X		0.	0.	0.
212	REGINALD S AVERY PH.D BOARD MEMBER	2.00	X			0.	0.	0.
213	SUSAN BAKER BOARD MEMBER	2.00	X			0.	0.	0.
214	CRAIG CASH BOARD ETHICS DIRECTOR	2.00	X			0.	0.	0.
215	ROGER S CLARK BOARD MEMBER	2.00	X			0.	0.	0.
216	MARIANNE D FISHLER BOARD MEMBER	2.00	X			0.	0.	0.
217	MELINDA FITTING PHD BOARD MEMBER, PUBLIC POLICY LI	2.00	X			0.	0.	0.
218	ROBERT HARMON BOARD MEMBER	2.00	X			0.	0.	0.
219	ERNESTINE JONES JOLIVET BOARD MEMBER	2.00	X			0.	0.	0.
220	KAREN KAUFMAN PHD, CRNP BOARD MEMBER	2.00	X			0.	0.	0.
221	JOYCE A KUHNS ESQ BOARD MEMBER	2.00	X			0.	0.	0.
222	SYLVIA MACKEY BOARD MEMBER	2.00	X			0.	0.	0.
223	ROBERT P. MCNUTT BOARD MEMBER, COMPENSATION COM	2.00	X			0.	0.	0.
224	JACKALIN NOLLER BOARD MEMBER	2.00	X			0.	0.	0.
225	CHIADI ONYIKA MD MHS BOARD MEMBER	2.00	X			0.	0.	0.
226	JEFFREY H. SCHERR ESQ. BOARD MEMBER	2.00	X			0.	0.	0.
227	MARIANNE SHAUGHNESSY MSN PH.D BOARD MEMBER	2.00	X			0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
228	DAVID B WOODING BOARD MEMBER, AUDIT COMMITTEE	2.00	X			0. 0. 0.
229	DAVID MARKS PRESIDENT	1.50	X	X		0. 0. 0.
230	JOSEPH P. PLATT VICE PRESIDENT	1.00	X	X		0. 0. 0.
231	CHRIS JONES TREASURER	1.50	X	X		0. 0. 0.
232	DEBBIE BIEHL SECRETARY	1.50	X	X		0. 0. 0.
233	CATHY TIVOL MASLAN PAST PRESIDENT	1.00	X			0. 0. 0.
234	JOHN C. AISENBREY BOARD MEMBER	1.00	X			0. 0. 0.
235	BENJAMIN J. BILLER BOARD MEMBER	1.00	X			0. 0. 0.
236	KAY GAFFNEY BOARD MEMBER	1.00	X			0. 0. 0.
237	JANE DICKINSON KRESS BOARD MEMBER	1.00	X			0. 0. 0.
238	ERIN L. MARGOLIN BOARD MEMBER	1.00	X			0. 0. 0.
239	DAVID SCHLEE BOARD MEMBER	1.00	X			0. 0. 0.
240	MARY STADLER BOARD MEMBER	1.00	X			0. 0. 0.
241	ROB SWEATT BOARD MEMBER	1.00	X			0. 0. 0.
242	RICHARD WETZEL BOARD MEMBER	1.00	X			0. 0. 0.
243	SUZANNE WILLIAMS BOARD MEMBER	1.00	X			0. 0. 0.
244	DAVID B. OLIVER PRESIDENT	1.50	X	X		0. 0. 0.
245	LILI VIANELLO VICE-PRESIDENT	.50	X	X		0. 0. 0.
246	ANDREA BENNA SECRETARY	.50	X	X		0. 0. 0.
247	JACK SMITH TREASURER	1.00	X	X		0. 0. 0.
248	DONNA RICE BOARD MEMBER	.50	X			0. 0. 0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
249	GEORGE CARNEY BOARD MEMBER	.50	X			0. 0. 0.
250	PHILLIP ORSCHELN BOARD MEMBER	.50	X			0. 0. 0.
251	KAY NIEMEIER BOARD MEMBER	.50	X			0. 0. 0.
252	KATIE SINQUEFIELD BOARD MEMBER	.50	X			0. 0. 0.
253	REGINALD TURNBULL BOARD MEMBER	.50	X			0. 0. 0.
254	KYLE MOYLAN BOARD MEMBER	.50	X			0. 0. 0.
255	PAUL HUMPHREY BOARD MEMBER	.50	X			0. 0. 0.
256	LOIS ZERRER BOARD CHAIRMAN	4.00	X	X		0. 0. 0.
257	KAREN KRITENBRINK BOARD VICE-CHAIRMAN	4.00	X	X		0. 0. 0.
258	VICKI KARLOVICH BOARD SECRETARY	4.00	X	X		0. 0. 0.
259	MARY BEESON TREASURER	4.00	X	X		0. 0. 0.
260	BETTY PARNELL DIRECTOR	2.00	X			0. 0. 0.
261	TOM SHORT DIRECTOR	2.00	X			0. 0. 0.
262	DR. MARY NEWMAN DIRECTOR	2.00	X			0. 0. 0.
263	KATHLEEN O'DELL DIRECTOR	2.00	X			0. 0. 0.
264	JOEL THOMAS DIRECTOR	2.00	X			0. 0. 0.
265	COLLEEN NIELL DIRECTOR	2.00	X			0. 0. 0.
266	KAREN LASTER RN DIRECTOR	2.00	X			0. 0. 0.
267	ESTER MUNCH DIRECTOR	2.00	X			0. 0. 0.
268	SARAH DAVIDSON DIRECTOR	2.00	X			0. 0. 0.
269	JOY PITTS DIRECTOR	2.00	X			0. 0. 0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)						
270	CARRIE RICHARDSON DIRECTOR	2.00	X			0.	0.	0.
271	LARRY GUENTHER BOARD CHAIR	1.00	X	X		0.	0.	0.
272	HOLLY HUERTER-MORGAN VICE CHAIR	1.00	X	X		0.	0.	0.
273	KRISTINE SULLIVAN SECRETARY	1.00	X	X		0.	0.	0.
274	JAKE HOLDENRIED TREASURER	1.00	X	X		0.	0.	0.
275	WILLIAM BURKE BOARD MEMBER	1.00	X			0.	0.	0.
276	RYAN CLARK BOARD MEMBER	1.00	X			0.	0.	0.
277	GARY DEVOSS BOARD MEMBER	1.00	X			0.	0.	0.
278	ROBIN DONOVAN BOARD MEMBER	1.00	X			0.	0.	0.
279	SHARI FLOWERS BOARD MEMBER	1.00	X			0.	0.	0.
280	TIMOTHY MCCORMACK BOARD MEMBER	1.00	X			0.	0.	0.
281	JANE PROHASKA BOARD MEMBER	1.00	X			0.	0.	0.
282	JACK RUESCH BOARD MEMBER	1.00	X			0.	0.	0.
283	JOHN SHARP BOARD MEMBER	1.00	X			0.	0.	0.
284	KATHY TEWHILL BOARD MEMBER	1.00	X			0.	0.	0.
285	STEPHEN ZUBROD BOARD MEMBER	1.00	X			0.	0.	0.
286	KAREN LESPERANCE CHAIR BOARD MEMBER	5.00	X	X		0.	0.	0.
287	WILLIAM M. CAHN FIRST VICE CHAIR, BOARD MEMBER	1.00	X	X		0.	0.	0.
288	ALANA SWEENEY BOARD MEMBER	1.00	X	X		0.	0.	0.
289	ANDREW SILLIN SECRETARY BOARD MEMBER	1.00	X	X		0.	0.	0.
290	JAMES B. MCEVOY TREASURER BOARD MEMBER	1.00	X	X		0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
291	D.A. ABRAMS BOARD MEMBER	1.00	X			0. 0. 0.
292	DIANE APARISIO BOARD MEMBER (JOINED 01/11)	1.00	X			0. 0. 0.
293	KAREN BURNS BOARD MEMBER (ON LEAVE 1/11-5/1)	1.00	X			0. 0. 0.
294	ALAN DILLON BOARD MEMBER	1.00	X			0. 0. 0.
295	LAWRENCE FORCE BOARD MEMBER	1.00	X			0. 0. 0.
296	CHRISTINA HORSFORD BOARD MEMBER	1.00	X			0. 0. 0.
297	NEIL KLAR BOARD MEMBER	1.00	X			0. 0. 0.
298	FAITH KOTZKER BOARD MEMBER	1.00	X			0. 0. 0.
299	FRANCES PANTALEO BOARD MEMBER	1.00	X			0. 0. 0.
300	ALANA SWEENEY BOARD MEMBER	1.00	X			0. 0. 0.
301	VICTORIA HINES BOARD CHAIR	1.00	X	X		0. 0. 0.
302	DANIEL KATZ VICE CHAIR	1.00	X	X		0. 0. 0.
303	RANDY TERHO SECRETARY	1.00	X	X		0. 0. 0.
304	CHARLES RUNYON TREASURER	1.00	X	X		0. 0. 0.
305	STEPHEN ASH BOARD MEMBER	1.00	X			0. 0. 0.
306	TODD BUTLER BOARD MEMBER	1.00	X			0. 0. 0.
307	ANDREW CAPPOTELLI BOARD MEMBER	1.00	X			0. 0. 0.
308	TERRY CHRISTIANSEN BOARD MEMBER	1.00	X			0. 0. 0.
309	ELIZABETH HARNESS MURPHY BOARD MEMBER	1.00	X			0. 0. 0.
310	NORMA HOLLAND BOARD MEMBER	1.00	X			0. 0. 0.
311	SHEILA KONAR BOARD MEMBER	1.00	X			0. 0. 0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
312	DONALD LENNOX BOARD MEMBER	1.00	X			0. 0. 0.
313	LOIS WILLIAMS-NORMAN BOARD MEMBER	1.00	X			0. 0. 0.
314	CAROL PODGORSKI PH.D. BOARD MEMBER	1.00	X			0. 0. 0.
315	KAY PREY BOARD MEMBER	1.00	X			0. 0. 0.
316	MOLLIE RICHARDS BOARD MEMBER	1.00	X			0. 0. 0.
317	BILL RYAN BOARD MEMBER	1.00	X			0. 0. 0.
318	G. RUSSELL WEST BOARD MEMBER	1.00	X			0. 0. 0.
319	MILES ZATKOWSKY BOARD MEMBER	1.00	X			0. 0. 0.
320	ANTHONY LEE SECRETARY	1.00	X	X		0. 0. 0.
321	MELVA BROWN BOARD MEMBER	1.00	X			0. 0. 0.
322	STEWART PUTNAM BOARD MEMBER	1.00	X			0. 0. 0.
323	RALPH RICHARDS BOARD MEMBER	1.00	X		12,645.	0. 0. 0.
324	DAVID WOEHR BOARD MEMBER	1.00	X			0. 0. 0.
325	DAVID CASCIO RN, BSN PRESIDENT OF BOARD	1.00	X	X		0. 0. 0.
326	ERIC G. WIEDEMANN PSY.D VICE PRESIDENT OF BOARD	1.00	X	X		0. 0. 0.
327	MICHELLE RAINKA PHARM.D SECRETARY OF BOARD	1.00	X	X		0. 0. 0.
328	KYLE J. ROOKEY CPA TREASURER OF BOARD	1.00	X	X		0. 0. 0.
329	ESTELLE BRICKNER MSW BOARD MEMBER	1.00	X			0. 0. 0.
330	RANDI DRESSEL BOARD MEMBER	1.00	X			0. 0. 0.
331	RICHARD GEHRING LCSW BOARD MEMBER	1.00	X			0. 0. 0.
332	MICHAEL L. GROSS BOARD MEMBER	1.00	X			0. 0. 0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
333	LAURIE MENZIES ESQ. BOARD MEMBER	1.00	X			0. 0. 0.
334	MICHAEL OLEAR MSW BOARD MEMBER	1.00	X			0. 0. 0.
335	PAM PERKINS BOARD MEMBER	1.00	X			0. 0. 0.
336	CHRIS PHILLIPS BOARD MEMBER	1.00	X			0. 0. 0.
337	MARK STEVENS BOARD MEMBER	1.00	X			0. 0. 0.
338	KRISTINA M. YOUNG MS BOARD MEMBER	1.00	X			0. 0. 0.
339	DAVID ZAPFEL MPA BOARD MEMBER	1.00	X			0. 0. 0.
340	JENNIFER LILE BOARD PRESIDENT	.25	X	X		0. 0. 0.
341	D. JOE FLEMMING BOARD VICE PRESIDENT	.25	X	X		0. 0. 0.
342	MICHELLE HENRY BOARD MEMBER	.25	X			0. 0. 0.
343	ELIZABETH KOZENKO BOARD TREASURER	.25	X	X		0. 0. 0.
344	DOUG MACKAY BOARD MEMBER	.25	X			0. 0. 0.
345	ROBERT PACANOVSKY BOARD SECRETARY	.25	X	X		0. 0. 0.
346	LARRY RAY BOARD MEMBER	.25	X			0. 0. 0.
347	MARY ANNE ROTHERMEL BOARD MEMBER	.25	X			0. 0. 0.
348	SUE STEIGER BOARD MEMBER	.25	X			0. 0. 0.
349	DR. DAN VANDUSSEN BOARD MEMBER	.25	X			0. 0. 0.
350	COLLETTE APPOLITO VICE PRESIDENT	.50	X	X		0. 0. 0.
351	ROBERT L. BAZZARELLI PRESIDENT	.50	X	X		0. 0. 0.
352	ANTONY BONAVIDA TRUSTEE	.50	X			0. 0. 0.
353	CHRISTINE F. BRANCHE TRUSTEE	.50	X			0. 0. 0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
354	CHRISTINE A. BRONDEL TRUSTEE	.50	X			0. 0. 0.
355	CRAIG M. BROWN TRUSTEE	.50	X			0. 0. 0.
356	BETSY CIMAGLIO TRUSTEE	.50	X			0. 0. 0.
357	PAUL D. COULTER TRUSTEE	.50	X			0. 0. 0.
358	JANICE L. CULVER TREASURER	.50	X	X		0. 0. 0.
359	BONNIE N. DICK TRUSTEE	.50	X			0. 0. 0.
360	ROBERT A. DURHAM VICE PRESIDENT	.50	X	X		0. 0. 0.
361	NANCY HOOKER TRUSTEE	.50	X			0. 0. 0.
362	BONNIE H. MARCUS VICE PRESIDENT	.50	X	X		0. 0. 0.
363	DANIELLE M. MORRIS TRUSTEE	.50	X			0. 0. 0.
364	JIM NASH TRUSTEE	.50	X			0. 0. 0.
365	STEVEN OSGOOD VICE PRESIDENT	.50	X	X		0. 0. 0.
366	JEFFERY K. PATTERSON TRUSTEE	.50	X			0. 0. 0.
367	ALLEN PFENNINGER TRUSTEE	.50	X			0. 0. 0.
368	ESTHER POTASH TRUSTEE	.50	X			0. 0. 0.
369	BRIAN J. RICHARDSON PRESIDENT ELECT	.50	X	X		0. 0. 0.
370	GAIL L. SANDS VICE PRESIDENT	.50	X	X		0. 0. 0.
371	MARSHA K. SPITZ TRUSTEE	.50	X			0. 0. 0.
372	SALLY R. TURNER SECRETARY	.50	X	X		0. 0. 0.
373	MATTHEW S. WAYNE M.D. TRUSTEE	.50	X			0. 0. 0.
374	JILL WHELAN TRUSTEE	.50	X			0. 0. 0.

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		ATTACHMENT 1 (CONT'D)					
375	JOANIE JOHNSON BOARD PRESIDENT	1.00	X	X	0.	0.	0.
376	GREG COMFORT BOARD VICE PRESIDENT	1.00	X	X	0.	0.	0.
377	JOHN PETRO BOARD TREASURER	1.00	X	X	0.	0.	0.
378	PATRICK KELLY BOARD SECRETARY	1.00	X	X	0.	0.	0.
379	BILL BLACK BOARD MEMBER	1.00	X		0.	0.	0.
380	JOHN BURKHART MD BOARD MEMBER	1.00	X		0.	0.	0.
381	WILLIAM CARROLL MD BOARD MEMBER	1.00	X		0.	0.	0.
382	JIM FLYNN BOARD MEMBER	1.00	X		0.	0.	0.
383	COLLEEN GLYNN BOARD MEMBER	1.00	X		0.	0.	0.
384	GLORIA GROAT BOARD MEMBER	1.00	X		0.	0.	0.
385	SUSAN HOLCOMB BOARD MEMBER	1.00	X		0.	0.	0.
386	JIM KEIM BOARD MEMBER	1.00	X		0.	0.	0.
387	MARK KELLY BOARD MEMBER	1.00	X		0.	0.	0.
388	PAM LIEBERT BOARD MEMBER	1.00	X		0.	0.	0.
389	JEFFREY MILKS MD BOARD MEMBER	1.00	X		0.	0.	0.
390	BERNIE OSTROWSKI BOARD MEMBER	1.00	X		0.	0.	0.
391	PASTOR TYUS NEDD BOARD MEMBER	1.00	X		0.	0.	0.
392	JEANNY SIMAITIS BOARD MEMBER	1.00	X		0.	0.	0.
393	BRENDA SPRITE BOARD MEMBER	1.00	X		0.	0.	0.
394	CHUCK WHITE BOARD MEMBER	1.00	X		0.	0.	0.
395	JOHN WISEMAN BOARD MEMBER	1.00	X		0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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				ATTACHMENT 1 (CONT'D)		
396	JANELLE FORBES BOARD PRESIDENT	4.00	X X	0.	0.	0.
397	STEVE ARNOLD VP FOR FINANCE & BOARD TREASUR	4.00	X X	0.	0.	0.
398	JIM STAHLER VP FOR PUBLIC POLICY & OHIO CO	4.00	X X	0.	0.	0.
399	DENNIS STAUFFER VP FOR CHAPTER PROGRAMS	4.00	X X	0.	0.	0.
400	WANDA WILLIS VP FOR RESOURCE DEVELOPMENT	4.00	X X	0.	0.	0.
401	DONALD RINEER VP & SECRETARY	4.00	X X	0.	0.	0.
402	VICKIE CARRAHER NOMINATING & PERSONNEL CHAIR	4.00	X	0.	0.	0.
403	GARY CONLEY DIRECTOR	1.00	X	0.	0.	0.
404	DAVE DUDON DIRECTOR	1.00	X	0.	0.	0.
405	SHIRLEY FINLEY DIRECTOR	1.00	X	0.	0.	0.
406	LARRY LAWHORNE MD DIRECTOR	1.00	X	0.	0.	0.
407	MEENAKSHI PATEL MD DIRECTOR	1.00	X	0.	0.	0.
408	JEFFREY COLE DIRECTOR	.50	X	0.	0.	0.
409	SUSAN CONDA DIRECTOR	.50	X	0.	0.	0.
410	BEVERLY COX DIRECTOR	.50	X	0.	0.	0.
411	GAIL DOXIE DIRECTOR	.50	X	0.	0.	0.
412	PATTY GELB DIRECTOR	.50	X	0.	0.	0.
413	SUZANNE HOLLENBARGER DIRECTOR	.50	X	0.	0.	0.
414	THONDA JAMES DIRECTOR	1.00	X	0.	0.	0.
415	DAVID KOENIG DIRECTOR	1.00	X	0.	0.	0.
416	WILLIAM MESSER JR. PHD DIRECTOR	1.00	X	0.	0.	0.

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ATTACHMENT 1 (CONT'D)

417 LINDA SNOWBARGER DIRECTOR	1.00	X		0.	0.	0.
418 DIANE WINGER DIRECTOR	1.00	X		0.	0.	0.
419 MICHAEL MALONE PRESIDENT	2.00	X	X	0.	0.	0.
420 DAVID DIMMER VICE PRESIDENT	2.00	X	X	0.	0.	0.
421 REV. TIMOTHY STORMS VICE PRESIDENT	2.00	X	X	0.	0.	0.
422 WILLIAM CONLISK SECRETARY	2.00	X	X	0.	0.	0.
423 SCOTT WILLIAMS TREASURER	2.00	X	X	0.	0.	0.
424 GAIL BOLLINGER BOARD MEMBER	2.00	X		0.	0.	0.
425 JUSTIN BROWN BOARD MEMBER	2.00	X		0.	0.	0.
426 BEVERLY CASTLEBERRY BOARD MEMBER	2.00	X		0.	0.	0.
427 JEFF COPE VICE CHAIRMAN	2.00	X	X	0.	0.	0.
428 LAWRENCE CUNNINGHAM BOARD MEMBER	2.00	X		0.	0.	0.
429 COLLEEN DAME BOARD MEMBER	2.00	X		0.	0.	0.
430 DAVID DEARMAN BOARD SECRETARY TREASURER	2.00	X	X	0.	0.	0.
431 KIN FRENCH BOARD MEMBER	2.00	X		0.	0.	0.
432 ROB GARRETT BOARD MEMBER	2.00	X		0.	0.	0.
433 JUDY GIBSON BOARD MEMBER	2.00	X		0.	0.	0.
434 SCOTT GRAUER BOARD MEMBER	2.00	X		0.	0.	0.
435 RICK HADRAVA BOARD MEMBER	2.00	X		0.	0.	0.
436 CHARLIE HARDING BOARD MEMBER	2.00	X		0.	0.	0.
437 JAMES HOLMAN BOARD MEMBER	2.00	X		0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
438	SALLY HOOD BOARD MEMBER	2.00	X			0. 0. 0.
439	LETITIA JACKSON BOARD MEMBER	2.00	X			0. 0. 0.
440	JILL KING BOARD MEMBER	2.00	X			0. 0. 0.
441	JACKIE KOURI BOARD MEMBER	2.00	X			0. 0. 0.
442	DAVID LAWSON BOARD MEMBER	2.00	X			0. 0. 0.
443	CHRISTIAN LEIKAM BOARD MEMBER	2.00	X			0. 0. 0.
444	BILL LISSAU BOARD MEMBER	2.00	X			0. 0. 0.
445	DAVID LOFTIS BOARD MEMBER	2.00	X			0. 0. 0.
446	DAVID MURLETTE BOARD MEMBER	2.00	X			0. 0. 0.
447	SARA MURPHY BOARD MEMBER	2.00	X			0. 0. 0.
448	JIM OGEZ BOARD MEMBER	2.00	X			0. 0. 0.
449	WILLIAM ORR BOARD MEMBER	2.00	X			0. 0. 0.
450	TOM PALMER BOARD MEMBER	2.00	X			0. 0. 0.
451	ANDREA P. CLEARIN, CPA CHAIR	2.00	X	X		0. 0. 0.
452	ANDREW L. HUNT VICE CHAIR	2.00	X	X		0. 0. 0.
453	RICARDO HURTADO VICE CHAIR	2.00	X	X		0. 0. 0.
454	CHAD DEHART, CPA TREASURER	2.00	X	X		0. 0. 0.
455	DOUGLAS L. CHAET, FACHE SECRETARY	2.00	X	X		0. 0. 0.
456	GEORGE M. CHAMBERLAIN JR., ESQ. BOARD MEMBER	2.00	X			0. 0. 0.
457	CHRIS GRUBER BOARD MEMBER	2.00	X			0. 0. 0.
458	ROBERT G. CONOVER BOARD MEMBER	2.00	X			0. 0. 0.

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

459 CYNTHIA P. EISEN BOARD MEMBER	2.00	X		0.	0.	0.
460 STEPHEN A. FELDMAN, ESQ. BOARD MEMBER	2.00	X		0.	0.	0.
461 KAREN J. GURSKI, MD BOARD MEMBER	2.00	X		0.	0.	0.
462 GEORGE V. HAGER JR., CPA BOARD MEMBER	2.00	X		0.	0.	0.
463 DAVID R. HOFFMAN, ESQ. BOARD MEMBER	2.00	X		0.	0.	0.
464 GREG TIGANI BOARD MEMBER	2.00	X		0.	0.	0.
465 PATRICK MCKOY BOARD MEMBER	2.00	X		0.	0.	0.
466 CAROL F. LIPPA, MD BOARD MEMBER	2.00	X		0.	0.	0.
467 ROBERT F. MARINO BOARD MEMBER	2.00	X		0.	0.	0.
468 VAL F. NUNNENKAMP JR. BOARD MEMBER	2.00	X		0.	0.	0.
469 SHERYL L. WILLIAMS BOARD MEMBER	2.00	X		0.	0.	0.
470 TOM SIBSON, CPA BOARD MEMBER	2.00	X		0.	0.	0.
471 MICHAEL P. RUSSOMANO BOARD MEMBER	2.00	X		0.	0.	0.
472 CARL UNDERLAND BOARD MEMBER	2.00	X		0.	0.	0.
473 GORDON M. WASE, ESQ. BOARD MEMBER	2.00	X		0.	0.	0.
474 MICHAEL P. WALKER, ESQ. BOARD MEMBER	2.00	X		0.	0.	0.
475 ANNE MANUGM DIRECTOR	2.00	X		0.	0.	0.
476 BARBARA BARHAM DIRECTOR	2.00	X		0.	0.	0.
477 BEN MJSTIAN VICE CHAIR	5.00	X	X	0.	0.	0.
478 CARROL CAMPBELL III DIRECTOR	2.00	X		0.	0.	0.
479 DEB LEWIS DIRECTOR	2.00	X		0.	0.	0.

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ATTACHMENT 1 (CONT'D)

480	GAIL STOKES SECRETARY	5.00	X	X	0.	0.	0.
481	GEORGE WEST DIRECTOR	2.00	X		0.	0.	0.
482	GERALD HUSKAMP DIRECTOR	2.00	X		0.	0.	0.
483	JERRY NEELY DIRECTOR	2.00	X		0.	0.	0.
484	JOHN ABSHER DIRECTOR	2.00	X		0.	0.	0.
485	JOHN LEDFORD DIRECTOR	2.00	X		0.	0.	0.
486	LUCIEN RICHARDSON DIRECTOR	2.00	X		0.	0.	0.
487	MARGARET COKER DIRECTOR	2.00	X		0.	0.	0.
488	MISSY JOHNSON CHAIR	5.00	X	X	0.	0.	0.
489	PAUL OKEN DIRECTOR	2.00	X		0.	0.	0.
490	RENE KILBURN DIRECTOR	2.00	X		0.	0.	0.
491	SARAH ROWAN DIRECTOR	2.00	X		0.	0.	0.
492	SETH ZAMEK DIRECTOR	2.00	X		0.	0.	0.
493	TOM KIRBY TREASURER	5.00	X	X	0.	0.	0.
494	WALTON MCLEOD DIRECTOR	2.00	X		0.	0.	0.
495	WILLIAM VAN HORN DIRECTOR	2.00	X		0.	0.	0.
496	DAVID HAMMETT DIRECTOR	2.00	X		0.	0.	0.
497	GREG WILCOX CO-PRESIDENT	1.00	X	X	0.	0.	0.
498	CRAIG ELLERBROEK CO-PRESIDENT	1.00	X	X	0.	0.	0.
499	RUTH SCHEMMEL SECRETARY	1.00	X	X	0.	0.	0.
500	CINDY MEYER TREASURER	1.00	X	X	0.	0.	0.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
501	MARK DEAK DIRECTOR	1.00	X			0. 0. 0.
502	FRANK ETTER DIRECTOR	1.00	X			0. 0. 0.
503	MARC FEINSTEIN DIRECTOR	1.00	X			0. 0. 0.
504	THOMAS SIMMONS DIRECTOR	1.00	X			0. 0. 0.
505	MR. JACK BROYLES CHAIRMAN	2.00	X	X		0. 0. 0.
506	MR. KEITH ASHBURN CO-VICE-CHAIR	2.00	X	X		0. 0. 0.
507	MR. A. JAY FINEGOLD CO-VICE-CHAIR	2.00	X	X		0. 0. 0.
508	MS. DEBORAH GARRETT SECRETARY	2.00	X	X		0. 0. 0.
509	MS. STACEY JONES ANGEL TREASURER	2.00	X	X		0. 0. 0.
510	MS. BETTY NEUMAN GOVERNANCE & NOMINATING COMMIT	2.00	X			0. 0. 0.
511	MS. RITA HORTENSTINE EXECUTIVE COMMITTEE MEMBER	2.00	X			0. 0. 0.
512	MR. MARK CAMERON DEVELOPMENT COMMITTEE CHAIR	2.00	X			0. 0. 0.
513	MR. MATT JOHNSON BOARD DIRECTOR	2.00	X			0. 0. 0.
514	MR. FRANK BONETTI BOARD MEMBER	2.00	X			0. 0. 0.
515	MS. REBECCA S. CONRAD BOARD MEMBER	2.00	X			0. 0. 0.
516	MS. SALLY HOGLUND BOARD MEMBER	2.00	X			0. 0. 0.
517	MR. DEAN KADESKY BOARD MEMBER	2.00	X			0. 0. 0.
518	MR. JEFF OWENS BOARD MEMBER	2.00	X			0. 0. 0.
519	MS. GAIL PLUMMER BOARD MEMBER	2.00	X			0. 0. 0.
520	DR. MARY QUICENO BOARD MEMBER	2.00	X			0. 0. 0.
521	MR. PETE RUSH BOARD MEMBER	2.00	X			0. 0. 0.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number
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		ATTACHMENT 1 (CONT'D)						
522	MS. ANNE P. STARK BOARD MEMBER	2.00	X			0.	0.	0.
523	MS. BARBARA SYPULT BOARD MEMBER	2.00	X			0.	0.	0.
524	MS. DEDE WILLIS BOARD MEMBER	2.00	X			0.	0.	0.
525	MOSS MITCH BOARD DIRECTOR CHAIR	1.00	X	X		0.	0.	0.
526	GARCIA EDDIE BOARD DIRECTOR CHAIR ELECT	1.00	X	X		0.	0.	0.
527	JEWELL WILL TREASURER - BOARD DIRECTOR	1.00	X	X		0.	0.	0.
528	KERR KELLY BOARD DIRECTOR SECRETARY	1.00	X	X		0.	0.	0.
529	DALLAHAN JOHN DIRECTOR	1.00	X			0.	0.	0.
530	SPAHN MATT DIRECTOR	1.00	X			0.	0.	0.
531	COHEN MATTHEW DIRECTOR	1.00	X			0.	0.	0.
532	MCCARTNEY GENIE DIRECTOR	1.00	X			0.	0.	0.
533	RODEN DON DIRECTOR	1.00	X			0.	0.	0.
534	SMITH DIANE DIRECTOR	1.00	X			0.	0.	0.
535	TRACHTA YVONNE L. DIRECTOR	1.00	X			0.	0.	0.
536	ART SERNA DIRECTOR	1.00	X			0.	0.	0.
537	ANDERSON JENNIFER DIRECTOR	1.00	X			0.	0.	0.
538	SPIELHAGEN ELIZABETH DIRECTOR	1.00	X			0.	0.	0.
539	HAND DEBBIE DIRECTOR	1.00	X			0.	0.	0.
540	BRINGAS CRISTINA DIRECTOR	1.00	X			0.	0.	0.
541	DAVID BURR VICE-PRESIDENT	3.00	X	X		0.	0.	0.
542	MEHARVAN SINGH BOARD OF DIRECTORS	3.00	X	X		0.	0.	0.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number
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					ATTACHMENT 1 (CONT'D)		
543	VALERIE HOLLOWAY SKINNER BOARD OF DIRECTORS	3.00	X	X	0.	0.	0.
544	JEFF FRANKLIN TREASURER	3.00	X	X	0.	0.	0.
545	GREG MCCOY PRESIDENT, BOARD OF DIRECTORS	2.00	X	X	0.	0.	0.
546	DAVID MELLINA DIRECTOR	2.00	X		0.	0.	0.
547	MICHAEL OLMSTEAD DIRECTOR	2.00	X		0.	0.	0.
548	CYNTHIA PERRY DIRECTOR	2.00	X		0.	0.	0.
549	SUSAN WILCOX DIRECTOR	2.00	X		0.	0.	0.
550	PATRICIA BAILEY DIRECTOR	2.00	X		0.	0.	0.
551	SAMUEL D BRINKMAN PH.D. DIRECTOR	2.00	X		0.	0.	0.
552	MARK CLIFTON DIRECTOR	2.00	X		0.	0.	0.
553	BRYAN MCCALEB DIRECTOR	2.00	X		0.	0.	0.
554	WILLIAM H CRAWFORD JR. DIRECTOR	2.00	X		0.	0.	0.
555	GRACE ANN DURDEN DIRECTOR	2.00	X		0.	0.	0.
556	BILL FALCK DIRECTOR	2.00	X		0.	0.	0.
557	GUY GARNER DIRECTOR	2.00	X		0.	0.	0.
558	JAMIE FEASTER DIRECTOR	2.00	X		0.	0.	0.
559	THE RT. REV SAM B HULSEY DIRECTOR	2.00	X		0.	0.	0.
560	TED ST. CLAIR DIRECTOR	2.00	X		0.	0.	0.
561	MICHAEL JAHRMARKT M.D. DIRECTOR	2.00	X		0.	0.	0.
562	REBECCA KONVICKA DIRECTOR	2.00	X		0.	0.	0.
563	JANICE SIX DIRECTOR	2.00	X		0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)						
564	ALBERT ELLIS LANGSTON DIRECTOR	2.00	X			0.	0.	0.
565	DAVID MARTIN DIRECTOR	2.00	X			0.	0.	0.
566	RICHARD MATSLER DIRECTOR	2.00	X			0.	0.	0.
567	RICK WEAVER DIRECTOR	2.00	X			0.	0.	0.
568	MICHAEL J. TANDY DIRECTOR	2.00	X			0.	0.	0.
569	RANDOLPH D. BROCK III BOARD PRESIDENT	2.00	X	X		0.	0.	0.
570	DANIEL BEAN SECRETARY	2.00	X	X		0.	0.	0.
571	J. PAUL GIULIANI TREASURER	2.00	X	X		0.	0.	0.
572	MARIANNE APFELBAUM DIRECTOR	2.00	X			0.	0.	0.
573	DON GEORGE DIRECTOR	2.00	X			0.	0.	0.
574	RON FEINMAN, ESQ. DIRECTOR	1.00	X			0.	0.	0.
575	CAROL A. MANNING, PH.D. DIRECTOR	1.00	X			0.	0.	0.
576	BARRY N. MOORE, PH.D. DIRECTOR	1.00	X			0.	0.	0.
577	BRIAN B. PHELPS DIRECTOR	1.00	X			0.	0.	0.
578	MONIQUE M. SCHOLES, MA, LNHA DIRECTOR	1.00	X			0.	0.	0.
579	JEFFERY D. ULMER, CPA DIRECTOR	1.00	X			0.	0.	0.
580	E. RAY DINSTEL VICE CHAIR	1.00	X	X		0.	0.	0.
581	JENNIFER B. FEIST TREASURER	1.00	X	X		0.	0.	0.
582	BRIAN B. PHELPS CHAIR	1.00	X	X		0.	0.	0.
583	MARGIE SHAVER SECRETARY	1.00	X	X		0.	0.	0.
584	MARCIE MCMILLIN PRESIDENT	1.00	X	X		0.	0.	0.

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

585	MARION BACKUS VICE PRESIDENT	1.00	X	X	0.	0.	0.
586	DAVID R STEPHENS VICE PRESIDENT	1.00	X	X	0.	0.	0.
587	PEG NEEJER DUFFY SECRETARY	1.00	X	X	0.	0.	0.
588	GLENN JENNER TREASURER	1.00	X	X	0.	0.	0.
589	SHEILA POWELL DIRECTOR	1.00	X		0.	0.	0.
590	MIKE MORISI DIRECTOR	1.00	X		0.	0.	0.
591	W.HUNTER OLD DIRECTOR	1.00	X		0.	0.	0.
592	LEE JAMERSON DIRECTOR	1.00	X		0.	0.	0.
593	JAMIE ALBANO DIRECTOR	1.00	X		0.	0.	0.
594	ROBERT COMEAU CHAIR - BOARD OF DIRECTORS	2.00	X	X	0.	0.	0.
595	SCOTT E. HUCH VICE CHAIR - BOARD OF DIRECTOR	2.00	X	X	0.	0.	0.
596	JACK SHANKMAN VICE CHAIR - BOARD OF DIRECTOR	2.00	X	X	0.	0.	0.
597	JODI LYONS DIRECTOR	2.00	X		0.	0.	0.
598	JORDAN SMYTH JR. DIRECTOR	2.00	X		0.	0.	0.
599	MARC BALAMACI DIRECTOR	2.00	X		0.	0.	0.
600	DR. JAMES BICKSEL DIRECTOR	2.00	X		0.	0.	0.
601	MARK BIERBOWER DIRECTOR	2.00	X		0.	0.	0.
602	PATRICK BRANNELLY DIRECTOR	2.00	X		0.	0.	0.
603	TIMOTHY F. BELANGER DIRECTOR	2.00	X		0.	0.	0.
604	ANNE P. CONSTANT ED.D. DIRECTOR	2.00	X		0.	0.	0.
605	RANDY EAST DIRECTOR	2.00	X		0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
606	J. KELLY GANJEI DIRECTOR	2.00	X			0. 0. 0.
607	SUSAN HEISEY MSW DIRECTOR	2.00	X			0. 0. 0.
608	ROBERT D. KANTOR ARPC DIRECTOR	2.00	X			0. 0. 0.
609	LAUREN LEFKOWITZ DIRECTOR	2.00	X			0. 0. 0.
610	MICHAEL L. HERRINTON DIRECTOR	2.00	X			0. 0. 0.
611	GRANT MCLAUGHLIN DIRECTOR	2.00	X			0. 0. 0.
612	JANE OTTENBERG DIRECTOR	2.00	X			0. 0. 0.
613	RICHARD RAMLALL DIRECTOR	2.00	X			0. 0. 0.
614	LINDA MAURANO DIRECTOR	2.00	X			0. 0. 0.
615	JASON SAGER DIRECTOR	2.00	X			0. 0. 0.
616	BISHOP COUNCIL NEDD II DIRECTOR	2.00	X			0. 0. 0.
617	RYAN TRIPLETTE DIRECTOR	2.00	X			0. 0. 0.
618	MARILYN TUCKER DIRECTOR	2.00	X			0. 0. 0.
619	PATRICIA VAGONIS DIRECTOR	2.00	X			0. 0. 0.
620	ERIC STEINMILLER DIRECTOR	2.00	X			0. 0. 0.
621	TOM WIITHMAN DIRECTOR	2.00	X			0. 0. 0.
622	MATT HARPER BOARD PRESIDENT	2.00	X	X		0. 0. 0.
623	DIANE DENNY BOARD VICE PRESIDENT	2.00	X	X		0. 0. 0.
624	MARIE KOLENDO BOARD TREASURER	2.00	X	X		0. 0. 0.
625	BRENDA MITCHELL DIRECTOR	1.00	X			0. 0. 0.
626	JOHN BEASLEY DIRECTOR	1.00	X			0. 0. 0.

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

627	BETTY FAHAD DIRECTOR	1.00	X		0.	0.	0.
628	NICK FARONE DIRECTOR	1.00	X		0.	0.	0.
629	VALERIE HOPSON-BELL DIRECTOR	1.00	X		0.	0.	0.
630	KATHERINE KENNEDY DIRECTOR	1.00	X		0.	0.	0.
631	FRANK MCCARTHY DIRECTOR	1.00	X		0.	0.	0.
632	SCOTT PACIOCCO DIRECTOR	1.00	X		0.	0.	0.
633	RUSSELL PERKINS DIRECTOR	1.00	X		0.	0.	0.
634	SHANNON RIVIERE DIRECTOR	1.00	X		0.	0.	0.
635	LUNNE SEWARD DIRECTOR	1.00	X		0.	0.	0.
636	IVAN TOLBERT DIRECTOR	1.00	X		0.	0.	0.
637	CHET WADE DIRECTOR	1.00	X		0.	0.	0.
638	THELMA WATSON DIRECTOR	1.00	X		0.	0.	0.
639	ANDREA YOAK DIRECTOR	1.00	X		0.	0.	0.
640	ANN STOTTLEMYER PRESIDENT	2.00	X	X	0.	0.	0.
641	JERRY WALKER VICE PRESIDENT	1.00	X	X	0.	0.	0.
642	BECKY DEEM SECRETARY	1.00	X	X	0.	0.	0.
643	BARRY DOBSON TREASURER	1.00	X	X	0.	0.	0.
644	CHAD BROADWATER DIRECTOR	1.00	X		0.	0.	0.
645	ANDREW BROWNFIELD DIRECTOR	1.00	X		0.	0.	0.
646	TERESA MILLER DIRECTOR	1.00	X		0.	0.	0.
647	SHANNA HALL DIRECTOR	1.00	X		0.	0.	0.

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

648	WILLIAM HUTCHENS								
	DIRECTOR	1.00	X				0.	0.	0.
649	CANDACE JONES								
	DIRECTOR	1.00	X				0.	0.	0.
650	DAVID HIGGINS								
	DIRECTOR	1.00	X				0.	0.	0.
651	EDWARD MARTIN								
	DIRECTOR	1.00	X				0.	0.	0.
652	TRACY MOODY								
	DIRECTOR	1.00	X				0.	0.	0.
653	CAMILLE RILEY								
	DIRECTOR	1.00	X				0.	0.	0.
654	SCOTT SAUNDERS								
	DIRECTOR	1.00	X				0.	0.	0.
655	WALLACE SUTTLE								
	DIRECTOR	1.00	X				0.	0.	0.
656	PHIL TURNER								
	DIRECTOR	1.00	X				0.	0.	0.
657	ANGELA VANCE								
	DIRECTOR	1.00	X				0.	0.	0.
658	ANNETTE ZAVAREEI								
	DIRECTOR	1.00	X				0.	0.	0.
659	BRAD BECKMAN								
	PRESIDENT	.50	X	X			0.	0.	0.
660	DIANA BROWN								
	VICE PRESIDENT	.50	X	X			0.	0.	0.
661	DAVID LORITZ								
	TREASURER	.50	X	X			0.	0.	0.
662	BONNIE WEYERS								
	SECRETARY	.50	X	X			0.	0.	0.
663	KATIE DYKES								
	DIRECTOR	.50	X				0.	0.	0.
664	STEPHANIE LA PLANT								
	DIRECTOR	.50	X				0.	0.	0.
665	STEVE NOOYEN								
	DIRECTOR	.50	X				0.	0.	0.
666	PAT RICHARDSON								
	DIRECTOR	.50	X				0.	0.	0.
667	SHANNON TODD								
	DIRECTOR	.50	X				0.	0.	0.
668	DANIEL WALSH								
	DIRECTOR	.50	X				0.	0.	0.

Name of the organization ASSOCIATION	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number
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		ATTACHMENT 1 (CONT'D)				
669	LARRY WHITE DIRECTOR	.50	X			0. 0. 0.
670	BETH MEYER-ARNOLD PRESIDENT	1.00	X	X		0. 0. 0.
671	ELLEN BASTING DIZARD VICE PRESIDENT	1.00	X	X		0. 0. 0.
672	DALE E. MUEHL TREASURER	1.00	X	X		0. 0. 0.
673	MARK STENZEL SECRETARY	1.00	X	X		0. 0. 0.
674	ANNE DAVIS BASTING DIRECTOR	1.00	X			0. 0. 0.
675	THOMAS S. BAYLERIAN DIRECTOR	1.00	X			0. 0. 0.
676	PEARLEAN CANNON DIRECTOR	1.00	X			0. 0. 0.
677	JIM DAVIS DIRECTOR	1.00	X			0. 0. 0.
678	DAVID L. HAGMAN DIRECTOR	1.00	X			0. 0. 0.
679	JOHN KUROWSKI DIRECTOR	1.00	X			0. 0. 0.
680	BRUCE LINDL DIRECTOR	1.00	X			0. 0. 0.
681	JESTENE MCCORD DIRECTOR	1.00	X			0. 0. 0.
682	JAMES MUELLER DIRECTOR	1.00	X			0. 0. 0.
683	ALLYSON OLIVIER DIRECTOR	1.00	X			0. 0. 0.
684	PAT PEARMAN DIRECTOR	1.00	X			0. 0. 0.
685	JACQUELYN RICE DIRECTOR	1.00	X			0. 0. 0.
686	DAVID SIMBRO DIRECTOR	1.00	X			0. 0. 0.
687	MARY NELL DORRIS DIRECTOR	8.00	X			0. 0. 0.
688	CAROLE KELLY DIRECTOR	2.00	X			0. 0. 0.
689	JEAN CLARK DIRECTOR	4.00	X			0. 0. 0.

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

690	JO ANN O'QUIN PH. D. DIRECTOR	2.00	X			0.	0.	0.
691	LISA BEAN DIRECTOR	2.00	X			0.	0.	0.
692	WILLIAM B. HOWELL DIRECTOR	1.00	X			0.	0.	0.
693	CYNTHIA LUTHER DSN, FNP DIRECTOR	1.00	X			0.	0.	0.
694	CELIA MANLEY DIRECTOR	2.00	X			0.	0.	0.
695	PAMALA B. WILSON DIRECTOR	2.00	X			0.	0.	0.
696	MARSHALL BELAGA M.D. DIRECTOR	2.00	X			0.	0.	0.
697	WILLIAM MARCUS MEEKS JR. M.D. DIRECTOR	1.00	X			0.	0.	0.
698	JANET BUTTS DIRECTOR	1.00	X			0.	0.	0.
699	MELANIE FORTENBERRY DIRECTOR	2.00	X			0.	0.	0.
700	CONNIE JENKINS DIRECTOR	1.00	X			0.	0.	0.
701	SUSAN GRAVES DIRECTOR	2.00	X			0.	0.	0.
702	JAY VANWINKLE FNP-BC, GNP DIRECTOR	3.00	X			0.	0.	0.
703	ANGELA SKINNER DIRECTOR	2.00	X			0.	0.	0.
704	MIKE BRENT SECRETARY/TREASURER	1.00	X	X		0.	0.	0.
705	BRUCE DUNCAN VICE CHAIR	1.00	X	X		0.	0.	0.
706	GEORGE JENSEN CHAIR	1.00	X	X		0.	0.	0.
707	AL WIGGINS DIRECTOR	1.00	X			0.	0.	0.
708	MILINDA VANCE DIRECTOR	1.00	X			0.	0.	0.
709	JAINÉ COLLEY DIRECTOR	1.00	X			0.	0.	0.
710	FAYE WEAVER DIRECTOR	1.00	X			0.	0.	0.

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

711 BRAD HINTON DIRECTOR	1.00	X			0.	0.	0.
712 CHANDA CRUTCHER DIRECTOR	1.00	X			0.	0.	0.
713 KARLA MILLER DIRECTOR	1.00	X			0.	0.	0.
714 KENNETH SAKAUYE DIRECTOR	1.00	X			0.	0.	0.
715 SHARON DURNIN DIRECTOR	1.00	X			0.	0.	0.
716 RICK REGEN DIRECTOR	1.00	X			0.	0.	0.
717 DEBBIE MINER IMMEDIATE PAST CHAIR	1.00	X	X		0.	0.	0.
718 CURTIS FORD CHAIRPERSON	1.00	X	X		0.	0.	0.
719 MISSY SISLER VICE CHAIR - INTERIM TREASURE	1.00	X	X		0.	0.	0.
720 DAWN WAGNER SECRETARY	1.00	X	X		0.	0.	0.
721 THOMAS FISCHER JR DIRECTOR	1.00	X			0.	0.	0.
722 MEGAN MILLIGAN DIRECTOR	1.00	X			0.	0.	0.
723 DAVID OGBURN DIRECTOR	1.00	X			0.	0.	0.
724 DARSHINI JAYAWARDENA DIRECTOR	1.00	X			0.	0.	0.
725 DINA BICKELL DIRECTOR	1.00	X			0.	0.	0.
726 STEVE HABENICHT DIRECTOR	1.00	X			0.	0.	0.
727 PEGGY JENKINS DIRECTOR	1.00	X			0.	0.	0.
728 HEIKE SCHMOLCK DIRECTOR	1.00	X			0.	0.	0.
729 DEBBIE RUSSELL DIRECTOR	1.00	X			0.	0.	0.
730 TOM SAUBER DIRECTOR	1.00	X			0.	0.	0.
731 STAN THURSTON DIRECTOR	1.00	X			0.	0.	0.

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ATTACHMENT 1 (CONT'D)

732 CHAR SCHLEPP DIRECTOR	1.00	X		0.	0.	0.
733 DAVE MARTIN DIRECTOR	1.00	X		0.	0.	0.
734 PAIGE PATTON-MORRIS PRESIDENT	.50	X	X	0.	0.	0.
735 PATRICIA JOHNSON VICE PRESIDENT	.50	X	X	0.	0.	0.
736 ROSEMARY THIELMAN SECRETARY	.50	X	X	0.	0.	0.
737 JAMES SCHAEFER TREASURER	.50	X	X	0.	0.	0.
738 BRIAN CASEY DIRECTOR	.50	X		0.	0.	0.
739 LORENE HARRIS DIRECTOR	.50	X		0.	0.	0.
740 BARB MAHONEY DIRECTOR	.50	X		0.	0.	0.
741 LON PAGE DIRECTOR	.50	X		0.	0.	0.
742 MELISSA POLAND-KNAPIK DIRECTOR	.50	X		0.	0.	0.
743 JIM WILGUS DIRECTOR	.50	X		0.	0.	0.
744 DONNA MARCACCI PAST PRESIDENT	.50	X		0.	0.	0.
745 WILLIAM FISHER CEO	40.00		X	187,326.	0.	13,205.
746 BRUCE LYAU CFO	40.00		X	76,392.	0.	0.
747 LINDA MITCHELL PRESIDENT/CEO	50.00		X	124,102.	0.	4,964.
748 KEITH SWANSON VICE-PRESIDENT OF FINANCE	40.00		X	100,453.	0.	4,018.
749 PATRICIA CLARK EXECUTIVE DIRECTOR	45.00		X	110,000.	0.	5,500.
750 JAMES VUMBACO CHIEF FINANCIAL OFFICER	45.00		X	75,000.	0.	7,993.
751 ELLEN BROWN CEO	40.00		X	83,005.	0.	1,560.
752 GRACE GRANT-BROWN COO	40.00		X	85,382.	0.	480.

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

753	KATHRYN E. REDINGTON CEO	40.00	X	85,000.	0.	0.
754	JESSICA FEAZELL DIRECTOR OF FINANCE & OPER	40.00	X	51,154.	0.	0.
755	ELIZABETH STEVENSON EXECUTIVE DIRECTOR	40.00	X	75,000.	0.	5,725.
756	NIKKI VULGARIS-RODRIGUEZ EXECUTIVE DIRECTOR	40.00	X	67,725.	0.	0.
757	ERNA COLBORN PRESIDENT & CEO	40.00	X	179,832.	0.	29,258.
758	JANET DEVLIN CHIEF FINANCIAL OFFICER	40.00	X	112,200.	0.	15,579.
759	HEATHER HERSHBERGER EXECUTIVE DIRECTOR	40.00	X	130,351.	0.	20,706.
760	WANDA LEW DIRECTOR OF FINANCE & OPER	40.00	X	96,958.	0.	2,989.
761	KELLY HAUER EXECUTIVE DIRECTOR	37.50	X	70,317.	0.	0.
762	MARSHA HILLS EXECUTIVE DIRECTOR	40.00	X	51,175.	0.	0.
763	DYANA SCHAEFER FINANCE DIRECTOR	40.00	X	40,187.	0.	0.
764	TERI SHIRK EXECUTIVE DIRECTOR	40.00	X	108,675.	0.	17,955.
765	LAURIE TRENHOLM EXECUTIVE DIRECTOR	40.00	X	61,374.	0.	10,972.
766	MARY CATHERINE NAUGLE EXECUTIVE DIRECTOR	40.00	X	107,300.	0.	0.
767	BENJAMIN R WINNEBERGER FINANCE DIRECTOR	40.00	X	79,034.	0.	0.
768	DEBRA R. BROOK EXECUTIVE DIRECTOR	50.00	X	100,000.	0.	0.
769	LINDA NEWKIRK EXECUTIVE DIRECTOR	50.00	X	59,117.	0.	0.
770	JANIE ELSON FINANCE DIRECTOR	30.00	X	32,312.	0.	0.
771	ANNETTE WEST INTERIM EXECUTIVE DIRECTOR	50.00	X	10,000.	0.	0.
772	REBECCA ARGILAGOS EXECUTIVE DIRECTOR	50.00	X	41,049.	0.	0.
773	DUANE GROSS PRESIDENT & C.E.O.	40.00	X	81,900.	0.	0.

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ATTACHMENT 1 (CONT'D)

774	DEBBIE SOULA FINANCE DIRECTOR	40.00	X	30,000.	0.	0.
775	ELAINE SPROAT PRESIDENT & CEO	35.00	X	87,540.	0.	6,696.
776	JENNIFER SCHEUERMANN DIRECTOR OF FINANCE & OPERATIO	35.00	X	64,963.	0.	4,969.
777	DAVID MIDLAND PRESIDENT/CEO	40.00	X	84,808.	0.	4,447.
778	HANNELORE STEVENS FINANCE DIRECTOR	34.00	X	55,354.	0.	7,302.
779	LEILANI J. PELLETIER MBA EXECUTIVE DIRECTOR	40.00	X	65,768.	0.	0.
780	COLLEEN M. WENZEL FINANCE DIRECTOR	40.00	X	45,485.	0.	0.
781	PAMELA SCHUELLERMAN EXECUTIVE DIRECTOR	40.00	X	82,928.	0.	0.
782	JOAN SILLASEN FINANCE DIRECTOR	40.00	X	53,730.	0.	0.
783	NANCY B. UDELSON EXECUTIVE DIRECTOR	40.00	X	97,146.	0.	11,067.
784	NANCY A. DOUGLAS FINANCE DIRECTOR	40.00	X	68,985.	0.	8,467.
785	KENNETH STRONG EXECUTIVE DIRECTOR	40.00	X	51,154.	0.	0.
786	GREG WINSLOW INTERIM EXECUTIVE DIRECTOR	40.00	X	45,484.	0.	0.
787	NANETTE MANN ARRIAGA FINANCE MANAGER	40.00	X	47,840.	0.	0.
788	JUDY TURNER EXECUTIVE DIRECTOR	37.50	X	91,452.	0.	902.
789	ERIC VANVLYMEN ASSOCIATE DIRECTOR PROGRAMS	37.50	X	67,541.	0.	3,050.
790	JUDITH FOWLER ASSOCIATE DIRECTOR FINANCE	37.50	X	66,327.	0.	7,317.
791	SALLI BOLLIN EXECUTIVE DIRECTOR	40.00	X	70,000.	0.	13,126.
792	MARK FRIED PRESIDENT & CEO	40.00	X	92,600.	0.	0.
793	DAVID F ROSE SVP FINANCE & TECHNOLOGY	40.00	X	74,500.	0.	0.
794	WENDY L. CAMPBELL PRESIDENT & CEO	37.50	X	127,462.	0.	0.

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

795 REGINA BRADSON DIRECTOR FINANCE AND OPERATION	37.50	X	69,987.	0.	0.
796 CYNTHIA ALEWINE PRESIDENT & CEO	40.00	X	90,045.	0.	0.
797 VELMA HAGGAN VP OF FINANCE & OPERATIONS	40.00	X	52,968.	0.	0.
798 JANE ASPAAS EXECUTIVE DIRECTOR	37.50	X	46,000.	0.	0.
799 MR. JOHN R. GILCHRIST JR. PRESIDENT & CEO	40.00	X	138,392.	0.	8,620.
800 MS. JANET L. MASSEY CPA DIRECTOR OF FINANCE	40.00	X	80,689.	0.	8,496.
801 WATKINS DENESE EXECUTIVE DIRECTOR	40.00	X	90,897.	0.	0.
802 LEIBSLE CAROLINE M. FINANCE DIRECTOR	40.00	X	61,000.	0.	0.
803 THERESA HOCKER EXECUTIVE DIRECTOR	40.00	X	80,009.	0.	4,613.
804 JEANIE ZINKE DIRECTOR OF FINANCE	40.00	X	59,087.	0.	6,300.
805 MARTHA RICHARDSON EXECUTIVE DIRECTOR	37.50	X	30,479.	0.	0.
806 SUE FRIEDMAN PRESIDENT & CEO	40.00	X	73,995.	0.	2,401.
807 GINO COLOMBARA EXECUTIVE DIRECTOR	40.00	X	62,236.	0.	6,837.
808 ANTHONY SUDLER PRESIDENT & CEO	40.00	X	134,361.	0.	13,850.
809 SUSAN KUDLA FINN (JAN -JUN 2011) PRESIDENT & CEO	40.00	X	0.	0.	0.
810 BEN KORDESTANI CHIEF FINANCIAL OFFICER	40.00	X	125,000.	0.	12,972.
811 SHARON PETERSON CEO	40.00	X	82,974.	0.	0.
812 KEVIN NORTHROP DIRECTOR OF FINANCE & OPER	40.00	X	62,252.	0.	0.
813 JANE MARKS EXECUTIVE DIRECTOR	40.00	X	51,979.	0.	0.
814 SUSAN GRAVES FINANCE DIRECTOR	20.00	X	25,000.	0.	0.
815 KIM KINNER EXECUTIVE DIRECTOR	40.00	X	29,200.	0.	0.

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

816	TOM HLAVACEK					
	EXECUTIVE DIRECTOR	40.00	X	83,943.	0.	6,092.
817	CHRISTINA PACKARD					
	FINANCE DIRECTOR	40.00	X	60,603.	0.	3,537.
818	PATTY DUNN					
	EXECUTIVE DIRECTOR	37.50	X	54,000.	0.	6,780.
819	GLENDA BERRY					
	PRESIDENT & CEO	37.50	X	48,996.	0.	0.
820	CAROL SIFPLE					
	EXECUTIVE DIRECTOR	45.00	X	92,207.	0.	3,255.
821	HOLLY BRADFORD					
	FINANCE DIRECTOR	45.00	X	61,564.	0.	10,200.
822	MARK HAVENS					
	INTERIM EXECUTIVE DIRECTOR	40.00	X	19,250.	0.	0.
823	ROBYN MOORE					
	VICE-PRESIDENT OF DEVELOPMENT	40.00	X	96,851.	0.	3,874.
824	LISA LEE					
	VICE PRESIDENT, DEVELOPMENT	40.00	X	104,807.	0.	14,893.
825	MELANIE CHAVIN					
	VICE PRESIDENT, PROGRAM SERVIC	40.00	X	97,735.	0.	8,952.

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.

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Statement of Program Service Accomplishments

Program Services - Chapters participate in the

Alzheimer's Association® Nationwide Common

Program Plan. The Association's portfolio of programs

include:

Information and Referral - Provides support and

information about the Alzheimer's disease and related

dementias, programs and services provided by the

Association, and community resources as they relate to

Alzheimer's disease and related disorders through a

24/7 toll free help line. In FY2011, the Alzheimer's

Association conducted 315,439 information and referral

sessions and received 218,000 calls. The Association's

website (alz.org) receives approximately 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.

Care Consultation - Improves the affected individual

and their caregiver's quality of life and decreases the

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stressful impact of Alzheimer's and dementia. Care
Consultants identify areas of need and provide assistance
and psychosocial support through education about the
disease and symptom management, problem solving,
planning for future needs and linkages with
resources, particularly during transitional or crisis
situations. 96,195 care consultations were delivered in
FY2011.

Consumer Education - Chapters provide a variety of
educational seminars offered in communities nationwide.
475,881 education programs were delivered in FY2011.

Support Groups - Chapters provide support groups for
caregivers and persons with the disease offered in a
variety of locations to meet the needs of diverse
communities as well as online. 288,574 such programs
were delivered in FY2011.

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

Early Stage Programming - Addresses the unique needs
of individuals in the early stages of Alzheimer's or a

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related dementia. Chapters address Early Stage needs through education programs, support groups and engagement opportunities designed to help individuals and families cope with the diagnosis and empower them to make decisions regarding their future and make the most of life following their diagnosis.

Pt IV, Line 12a

Each Chapter obtained a separate, independent audited financial statement. There is not an audited financial statement for the group.

Pt VI-A, Line 2 Rochester Chapter -

Two Board members work at the same facility, of which one Board member is the President/CEO of the facility.

South Carolina Chapter -

Two Board members are related.

Southeastern Wisconsin Chapter -

Two Board members are related.

Pt VI-A, Line 3 Back Office Accounting (BOA) is a fee-for-service

provided by the National Alzheimer's Association.

The types of services provided varies by chapter, but

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may include responsibilities for the integrity of the
 financial reporting; developing accounting policy
 and control procedures; issuing financial statements;
 presenting financial information to Chapter Executive
 Directors and Boards; assisting Chapter Executive
 Directors in preparing annual financial budgets;
 and/or preparing the annual financial statements and
 disclosure notes that are examined by external auditors.

BOA services are provided to the following 12 chapters:

Aloha Chapter

Central Illinois Chapter

East Central Iowa Chapter

Greater Kentucky and Southern Indiana Chapter

Maine Chapter

South Carolina

South Dakota Office

Vermont Chapter

Southeastern Virginia Chapter

Greater Wisconsin Chapter

Mid South Chapter

Inland Northwest Chapter

Pt VI-B, Line 11b

The Chapter data for the return was compiled from the
 Chapters' financial statements & accompanying

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documentation. This was reviewed and compiled by National staff. The return was further reviewed by Grant Thornton LLP. The group 990 return was not reviewed by individual Chapter's Boards.

Pt VI-B, Line 12c 45 of 45 Chapters answered yes.

The following answered yes:

Northern California and Nevada Chapter -

Directors and Officers sign a Conflict of Interest

Disclosure Statement annually at the Board of

Directors annual meeting. Employees sign an Employee

Acknowledgment when hired.

Colorado Chapter -

There is ongoing discussion about conflict of

interest during meetings. Also, an annual

questionnaire is completed by staff and Board members.

Connecticut Chapter -

According to our policy, the Board of Directors must

execute a conflict of interest declaration annually.

This is the method used to monitor and enforce the

policy.

Southeast Florida Chapter -

A conflict of interest form is submitted to officers,

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enforcing compliance with the agreement. If a Board member is determined to have a conflict of interest, he/she is asked to resign from the Board.

Greater Indiana Chapter -

The Secretary of the Board of Directors discusses the need to disclose any conflict of interest with the entire Board at the beginning of each fiscal year.

Each member signs that they either have no conflict of interest or discloses a conflict of interest they might have. All are instructed to contact the Executive Director if his/her status changes.

East Central Iowa Chapter -

Each employee must conduct his or herself in a way that does not cause criticism from the public or damage the Association's reputation. It is the responsibility of all employees to protect against the unauthorized disclosure of confidential information. If there is a potential conflict of interest, it must be disclosed. The Executive Director and the Board will evaluate any potential claims and respond accordingly.

Central and Western Kansas Chapter -

Every year the Board members are presented with the Conflict of Interest Agreement. They are asked to review the document, confirm that everything still applies and

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then the members sign the document.

Greater Kentucky and Southern Indiana Chapter -

The Board of Directors as well as all employees are required to complete a conflict of interest agreement annually. The agreement must be signed and dated. The conflict of interest forms for the Board members are reviewed by the Executive Director and filed with the Board files. All employee forms are reviewed by the Executive Director and filed in the personnel files.

Maine Chapter -

The Executive Director distributes written forms annually that require the officer, director, trustee, or key employees to disclose any conflict of interest in detail. This is also discussed with any potential Board member at the initial meeting with the Executive Director and/or another Board member.

Greater Maryland Chapter -

Board and staff are required to annually complete Conflict of Interest Disclosure Statements.

Heart of America Chapter -

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

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----- Board members and key employees annually complete a -----

----- Conflict of Interest Disclosure Statement and any -----

----- potential conflicts are discussed with the Executive -----

----- Committee of the Board. -----

----- Mid Missouri Chapter - -----

----- A written Conflict of Interest Agreement is reviewed -----

----- and signed annually by all Board members and staff. -----

----- The signed copies are kept in files in the Executive -----

----- Director's Office. -----

----- Southwest Missouri Chapter - -----

----- All officers and directors are reminded each year of the -----

----- conflict of interest policy at the time of the election -----

----- of Board officers and all new Board members are -----

----- given a copy of the policy as part of the introduction -----

----- process. Constant monitoring is done by the Executive -----

----- Director and Finance Director upon approval of the -----

----- transactions and the recording of transactions. -----

----- Midlands Chapter - -----

----- Conflict of interest is discussed prior to service on -----

----- the Board of Directors. The Board is annually -----

----- given a signed statement from each Board member. -----

----- Hudson Valley/Rockland/Westchester Chapter - -----

----- The Chapter's President & CEO annually reviews -----

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conflict of interest disclosed and brings that

conflict of interest to the attention of the Board

Chair in the event of a situation or action that could

give rise to a conflict.

Rochester Chapter -

Annually, the Board members are required to submit

Conflict of Interest Disclosure Statements.

The individual is required to notify the Organization

if a conflict occurs prior to the next required

submission of the Conflict of Interest Disclosure

Statement.

Western New York Chapter -

There is an annual review and re-signing of the Conflict

of Interest Disclosure by all members of the Board

along with chapter policy review.

Greater East Ohio Chapter -

Annually, the Board of Trustees completes a Conflict of

Interest Statement.

Cleveland Area Chapter -

Annually each trustee completes a Conflict of Interest

form at the beginning of the fiscal year. These forms

are reviewed by executive management and any issues

are addressed immediately.

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South Carolina Chapter -

Employees and Board members complete a Conflict of Interest Form annually at the beginning of the fiscal year. Members must disclose any potential conflict of interest related to business relations with the Chapter, etc. Members abstain from discussing and/or voting on items related to the potential conflict.

South Dakota Office -

Annually, Conflict of Interest Forms are reviewed and questions are asked if necessary.

Greater Dallas Chapter -

All new Board members sign a Conflict of Interest Form. The auditors send out a Related Party Questionnaire each year to Board members. Employees execute a Conflict of Interest Form each fiscal year.

Star Chapter -

On an annual basis the Board of Directors complete a Conflict of Interest Statement.

North Central Texas Chapter -

The disclosure statement on conflict of interest is signed by all Board members and key staff annually.

Vermont Chapter -

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----- Conflict of interest is monitored through self disclosure. -----

----- Central and Western Virginia - -----

----- Our Board regularly and consistently reviews the -----
----- Conflict of Interest policy, which all Board members -----
----- and staff members sign each year, and discuss the -----
----- importance of enforcement and compliance with this -----
----- policy. The Board Chair takes the lead in addressing -----
----- this important issue, with support from the President/CEO. -----

----- Southeastern Virginia Chapter - -----

----- Each Board of Directors member is required to sign a -----
----- Conflict of Interest Statement upon appointment to the -----
----- Board as well as annually. At each signing, any -----
----- potential conflict of interest is disclosed and -----
----- documented. -----

----- National Capital Chapter - -----

----- This policy is part of our employee handbook. The -----
----- Officers regularly enforce this policy with all -----
----- employees. We all make sure to follow all restrictions -----
----- and regulations of the written Conflict of Interest -----
----- policy. -----

----- Greater Richmond Chapter - -----

----- CEO reviews conflicts of interest with the Executive -----
----- Committee. -----

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----- It is an annual requirement to sign a Conflict of
 ----- Interest Statement. Each Board member is asked to
 ----- disclose any potential conflicts of interest at each
 ----- Board meeting.

----- Mid South Chapter -

----- Anyone with a conflict of interest is required to make
 ----- a disclosure statement according to Chapter agreement.

----- There is a Governance Committee to monitor existing or
 ----- potential conflicts of interest and report regularly to
 ----- the Board of Directors.

----- Greater Iowa Chapter -

----- The responsibility of disclosing any known or reasonably
 ----- foreseeable actual or potential conflicts of interest
 ----- falls upon the interested person whose interests are
 ----- or may appear to be in conflict with the Chapter.

----- Interested persons shall err on the side of prudence
 ----- and disclose an actual or potential conflict if in
 ----- doubt as to whether such conflicts exists. Disclosure
 ----- shall be made in writing on disclosure forms provided by
 ----- by the Chapter. In this regard, all interested persons
 ----- are required to annually file a Conflict of Interest
 ----- Disclosure Statement. Staff members will review and
 ----- update, as needed, the conflict of interest disclosure
 ----- statement during their annual performance reviews.

----- Board members shall review and update during the annual

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meeting of the board, typically held in May. It is the responsibility of the Board President and Executive Director to maintain current disclosure statements of all interested persons and to address situations in which a conflict of interest exists. In addition to the annual disclosure, Board members and key employees must state their conflict of interest at the time of voting or decision making on issues related to the conflict. Board meeting minutes and/or other documentation of meetings and decisions should include a record of the individual's request to refrain from decision making.

Inland Northwest Chapter -

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

Pt VI-B, Line 15 44 of the 45 Chapters answered yes.

The following answered yes:

Northern California and Northern Nevada Chapter -

Chapter's CEO and Director of Finance compensation is set by the Executive Committee on an annual basis.

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The CEO in conjunction with the governing body reviews comparability data provided by the National Alzheimer's Association office for other key employees of the Chapter, sets performance standards, reviews and determines compensation for other key employees.

Central Illinois Chapter -

Executive Director reviews staff performance and market comparables.

Greater Illinois Chapter -

In FY11, the Chapter hired an outside consulting firm to compare salaries to market. The President/CEO's salary was determined by the Compensation Committee of the Board.

Greater Indiana Chapter -

The Compensation Committee under the direction of the National Alzheimer's Association, conducts a review of the Executive Director at the end of each fiscal year and determines any increase in compensation based on past performance. The Executive Director discusses with the Executive Committee proposed increases for all other employees during the budget process. All increases are based on performance as determined during the annual reviews. Periodic compensation comparisons with available data may result in salary increases, if

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it is determined that a position is not in line with
like positions or geographic locations.

East Central Iowa Chapter -

The Executive Director's salary range is reviewed by
the Compensation Committee, based on comparable data
provided by the National Alzheimer's Association. The
Compensation Committee makes salary recommendations to
the Executive Committee who annually reviews the
Executive Director performance with input from the full
Board of Directors and other stakeholders using a 360
review tool.

Central and Western Kansas Chapter -

The Board President used a formula tied to compensation
averages consistent with this part of the country to
determine our Executive Director's salary. A
Compensation Committee has been put together to
review our Executive Director's compensation in the
future.

Greater Kentucky and Southern Indiana Chapter -

The compensation of the Executive Director for each
year, or the terms of compensation for a multi-year
contract, is recommended by the Executive Committee of
the Board in advance and approved by a vote of the full
Board. In considering compensation, all elements are

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provided to the Board, including (but not limited to):

the value of all employee benefits whether taxable or not, the value of vehicles to the employee, retirement and health plan contributions. Prior to a final vote on the compensation, the Board collects information regarding amounts paid by comparable organizations for comparable services and consider how the proposed compensation compares to the comparison information.

If the amount proposed as compensation seems high based on the comparison information, the Board considers collecting additional information or obtaining a professional compensation opinion. The vote by the Board is recorded in the meeting minutes within sixty days after the meeting, including the amount authorized and references to the comparison information.

Maine Chapter -

Salary surveys are utilized to benchmark against other organizations of a similar size in a similar geographic region.

Greater Maryland Chapter -

The Executive Director's performance is reviewed annually by the Compensation Committee.

Proposed changes to the Executive Director's compensation are referred to the full Board for approval.

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retained a third party human resource management company to conduct a compensation and benefits benchmarking study. The results of that study were used to determine compensation of employees.

Western New York Chapter -

The Board Of Directors review and approve compensation.

Greater East Ohio Area Chapter -

The Executive Committee reviews and determines the Executive Director's compensation annually.

Cleveland Area Chapter -

As in prior years, the Executive Committee of the Board of Trustees performs this duty for the position of Executive Director.

Central Ohio Chapter -

The hiring committee uses the Salary Survey conducted by United Way of Central Ohio and OANO as well as taking into consideration past practices of paying Executive Directors.

Miami Valley Chapter -

Salary for the new Executive Director, hired effective 7/1/2011 was reviewed and set by the Board's Compensation Committee, with the assistance of the

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National Alzheimer's Association and a review of local salary surveys.

Northwest Ohio Chapter-

A Compensation Committee reviews and recommends compensation.

Oklahoma & Arkansas Chapter -

The Chapter maintains a Personnel Committee that reviews compensation of key officers and management and they have available to them surveys of compensation from Chapters around the country and from other non-profit organizations in our trade area.

Delaware Valley Chapter -

Bylaws require the Compensation Committee composed of volunteer Board members to review the annual performance for the year and use comparable regional and national non-profit compensation information to determine the CEO's compensation documented by the Committee Chair.

South Carolina Chapter -

The Executive Compensation Committee consisting of three Board members in consultation with National Alzheimer's Association staff and Board Chair determine the CEO's salary using salary survey data.

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----- This data was provided by the Human Resources Department -----

----- at the National Alzheimer's Association. The Executive -----

----- Compensation Committee meets throughout the year to -----

----- monitor the CEO's performance. An annual review is -----

----- conducted with consideration of measurable objective -----

----- achievement, key competencies, self-evaluation, and a 360 -----

----- evaluation. The Chair of the Executive Compensation -----

----- Committee and the Board Chair meet with the CEO to -----

----- provide feedback regarding the annual evaluation. -----

----- South Dakota Office - -----

----- The Board reviews the salaries and discusses at -----

----- meetings any changes to be made. -----

----- Greater Dallas Chapter - -----

----- The Chapter Executive's compensation is reviewed and -----

----- approved by the Compensation Committee. All other -----

----- staff are reviewed, approved and budgeted by the -----

----- Chapter Executive. Independent salary surveys are -----

----- utilized in determining market competitive salary -----

----- structure for other key employees. -----

----- Star Chapter - -----

----- The Chapter's CEO/Executive Director's salary is -----

----- reviewed and approved by the Board. All key employees -----

----- and management staff are approved and reviewed by the -----

----- Executive Director. -----

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North Central Texas Chapter -

A Compensation Committee was formed and met several times during the year to compare salary data of the Executive Director and key chapter personnel with that of other similar organizations. The committee is made up of current and former Board of Directors.

The purpose of the committee is to determine compensation.

Vermont Chapter -

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

Central and Western Virginia Chapter -

The compensation of the Chapter's CEO is determined by the Governance Committee of the Board of Directors.

The compensation of key employees is also reviewed by the Chapter CEO and the Board Chair and Treasurer.

Southeastern Virginia Chapter -

The Chapter's Compensation Committee receives comparable salary data for the Executive Director as well as other top management positions. The

Compensation Committee reviews the Executive Director's performance quarterly per agreed upon goals.

The committee conducts an electronic 360 performance

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survey soliciting input from key constituents concerning the Executive Director's performance. The salary data guides provide the salary structure for the Executive Director and top management.

National Capital Chapter -

The Chapter uses the salary compensation survey and comparability data within the industry to compensate the officers and key executives. These key employees are being interviewed and approved by the Board members.

All salaries and compensations for all employees regardless of the nature of the positions are based on the compensation grids reviewed and approved by the officers and executives of the Association.

Greater Richmond Chapter -

The Executive Committee researches and decides compensation.

West Virginia Chapter -

The Board of Directors has adopted a compensation policy and created a Compensation Committee, whose task it is to determine if compensation levels are congruent with regional and national standards, not excessive as well as not sufficient. The committee reviews compensation levels for the Executive Director and the remainder of the key employees.

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----- chapter financial position, and current salary levels -----

----- for officers and key employees. -----

----- Mid South Chapter - -----

----- The Board and a Compensation Committee approve and -----

----- analyze compensation of the Executive Director along -----

----- with overall budgeted compensation of the staff. -----

----- Greater Iowa Chapter - -----

----- Board approved policies on Executive Compensation and -----

----- Executive Director succession plan describes process -----

----- for determining compensation for the incumbent of a new -----

----- Executive Director. The Executive Committee of the -----

----- Board reviews management salaries annually. -----

----- Inland Northwest Chapter - -----

----- The Chapter has a Compensation Committee with Board -----

----- members, Community Volunteers and a National -----

----- Alzheimer's Association Staff member. The Compensation -----

----- Committee recommends draft goals and compensation for -----

----- the Chapter Executive Director. -----

Pt VI-C, Line 19 Chapters make its governing documents, conflict of interest -----

----- policy, and financial statements available upon request -----

----- from requestors. Some Chapters will post the group 990 on -----

----- their individual Chapter's website. The group 990 is posted -----

----- to the National Alzheimer's Association website at alz.org -----

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Chapters will also make the 990 available upon request if it is not posted on their website.

Pt X Balance Sheet

The balances reflected in column (A) Beginning of Year differs from the previously filed return. The opening balances reflect the Chapters included in this year's tax return.

Pt XI Line 5, Other Changes in net assets represents

\$3,679,334 in unrealized gains/(losses) on investments and (\$490,773) in transfer of net assets.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Alzheimer's Disease and Related Disorders Association

Employer identification number

36-3463656

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) <u>Alz. Diseases & Related Disorder's Asn. Found. Rochester, NY,</u> <u>86-1175985,</u>	Financial Support	NY	501 (c) 3	7	N/A		X
(2) <u>435 E. Henrietta Road</u> <u>Rochester NY 14620,</u>							
(3) -----							
(4) <u>Coalition of New York State Alzheimers Chapters, Inc.</u> <u>13-4076596,</u>	Public Policy Activities	NY	501 (c) 3	11c, III-FI	N/A		X
(5) <u>435 E. Henrietta Road</u> <u>Rochester NY 14620,</u>							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							

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

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

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1 a	
b Gift, grant, or capital contribution to other organization(s)	1 b	
c Gift, grant, or capital contribution from other organization(s)	1 c	
d Loans or loan guarantees to or for other organization(s)	1 d	
e Loans or loan guarantees by other organization(s)	1 e	
f Sale of assets to other organization(s)	1 f	
g Purchase of assets from other organization(s)	1 g	
h Exchange of assets	1 h	
i Lease of facilities, equipment, or other assets to other organization(s)	1 i	
j Lease of facilities, equipment, or other assets from other organization(s)	1 j	
k Performance of services or membership or fundraising solicitations for other organization(s)	1 k	
l Performance of services or membership or fundraising solicitations by other organization(s)	1 l	
m Sharing of facilities, equipment, mailing lists, or other assets	1 m	
n Sharing of paid employees	1 n	
o Reimbursement paid to other organization for expenses	1 o	
p Reimbursement paid by other organization for expenses	1 p	
q Other transfer of cash or property to other organization(s)	1 q	
r Other transfer of cash or property from other organization(s)	1 r	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) ----- ----- -----										
(2) ----- ----- -----										
(3) ----- ----- -----										
(4) ----- ----- -----										
(5) ----- ----- -----										
(6) ----- ----- -----										
(7) ----- ----- -----										
(8) ----- ----- -----										

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

Briefly describe the organization's mission:

advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. Our vision is a world without Alzheimer's Disease.

A donor-supported organization, the Alzheimer's Association allocates its funds in an ethical and responsible manner that exceeds the rigorous standards of America's most experienced charity evaluator, the Better Business Bureau Wise Giving Alliance.

We are the largest nonprofit funder of Alzheimer's disease research. Since Awarding our first grants in 1982, the Association has committed over \$279 million to more than 1,900 best-of-field grant proposals. As a leader in the field, we foster a network for the scientific community by hosting an international conference focusing on research.

In addition, we advocate for the needs and rights of people with Alzheimer's and their families. We speak up to help encourage Congress to take action in the fight against this disease.

Education about Alzheimer's disease and awareness of the Association are key to accelerating progress. We strive to make more people aware of the services available for those facing this disease and the benefits of early detection. Millions of Americans have signed up as Alzheimer's Association "Champions" to educate, advocate, donate, and participate to move this cause forward.

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

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

Code: _____ Description: Program Services -- See Schedule O

Expenses 36,479,646. _____

Grants Of 2,151,413. _____

Revenue.. 1,882,162. _____

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

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

Wisconsin _____

Texas _____

Virginia _____

New York _____

Schedule G (Form 990 or 990EZ), Part IV Supplemental Information

Part III, Line 9b (continued)

If 'No,' explain:

thresholds for license requirements.Greater Dallas Chapter - qualified Texas non-profit organizations are not required to register with the State to conduct raffles held according to the terms of the Charitable Raffle Enabling Act.Southeast Virginia Chapter - is licensed for gaming.Greater Wisconsin Chapter - is licensed for gaming.Southeastern Wisconsin Chapter - is licensed for gaming.

Schedule G (Form 990 or 990-EZ)

Part IV Supplemental Information (Continued)

Line Number	Explanation
	Therefore, the organization has checked box 11 in Part III of Schedule G, "YES".
Part III, Line 14	Greater Dallas Chapter - Janice H. Estes, CPA 4144 N. Central Expressway, Suite 750 Dallas, TX 75204
	Southeastern Virginia Chapter - Gino Colombara 6350 Center Drive, Suite 102 Norfolk, VA 23502
	Greater Wisconsin Chapter - Kim Kinner 2900 Curry Lane, Suite A Green Bay, WI 54311
	Southeastern Wisconsin Chapter - Christina Packard 620 South 76th Street, Suite 160 Milwaukee, WI 53214
	Rochester Chapter - Hanne Stevens 435 East Henrietta Road Rochester, NY 14620

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Pt I Line 2 Connecticut Chapter-
Our Regional Program Manager takes in the applications, reviews them for
accuracy and compliance and then approves them. They are then sent to the
Finance Department for review and approval before payment.

Central and North Florida Chapter -
Monies received are booked to a specific restricted account with a project
code designated specifically for that purpose. All expenditures are approved
by program staff and the CEO. Payments are made to qualifying organizations
who specialize in respite care. If there are payments to an individual
caregiver, we must receive documentation from a physician. Limits are placed
on the amount of payments that can be made.

Greater Illinois Chapter -
Scholarships are awarded at the date of the service or conference so
attendance is noted at that time. The Chapter is billed for each Safe Return
scholarship by the provider.

Greater Indiana Chapter -
As a part of our Care Consultation Program, our MSW identifies persons who
are unable to afford to participate in the Safe Return and Medic Alert Program.
Scholarships pay for the initial registration in the program.

Greater Kentucky and Southern Indiana Chapter -
The grants that are awarded from the Central and Western KS office are
"respite grants". For the IIIE grant we award a certain number of days or
hours of in-home respite care. Requirements are: 1) the person must live in
Sedgwick, Butler, or Harvey County 2)documentation from a physician stating
a diagnosis of Alzheimer's disease or related disorder and 3)person needing care
must be 65+ years old. The Memorial Golf Respite awards each person
reimbursement for respite up to \$500 for the year. The requirements are:
1)person must live in one of our 68 counties we serve 2) the patient needs
the service for which they are applying for and 3)the caregiver has a
service need directly related to the care of the patient.

Greater Maryland Chapter -
The grantee must meet requirements set forward by the state of Maryland.
Grants are tracked to ensure that no individual receives more than is
allowed by State regulation or Chapter policy. Staff overseeing the grant
program are not able to issue payments directly. These are reviewed and
authorized by the Accounting Department.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Pt I Line 2 Heart of America Chapter -
The grantee presents paid receipts for services (e.g. respite services,
purchases of incontinence products, medicines to treat the disease etc.)
and these are reviewed and approved by the Accounting Department.

Mid Missouri Chapter -
Respite recipients submit monthly expense vouchers (e.g. medical/pharmacy /
care and support etc.). These vouchers are approved for payment and filed
at the Chapter.

Southwest Missouri Chapter -
Respite grants are reimbursements and require invoices or documentation
and a signature from the private caregiver. Medic Alert grants are sent by
the chapter directly to Medic Alert.

Midlands Chapter -
The recipient submits a doctor's notice and proof of payment for all
services before any payout of grant money.

Hudson Valley/ Rockland/ Westchester, NY Chapter -
There is an application that is completed by the caregiver in order to
receive a Time Away Grant. The care consultant then works with the family
to put in place the appropriate respite intervention once the application
has been approved by the Director of Programs and Services. The care
consultants monitor the use of the grant in order to ensure the full amount
is used. There is also an agreement that is put in place between the
Alzheimer's Association and the agency the family chooses so that proper
billing takes place.

Rochester Chapter -
The payments are made directly by our organization to third parties to
provide assistance to individuals. Financial statements are reviewed
monthly and participant utilization is adjusted as necessary after the
statements are reviewed.

Greater East Ohio Area Chapter -
The majority of the money paid is sent directly to the facility for Respite
Reimbursement.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Pt I Line 2 Cleveland Area Chapter -

Individuals must fill out an application to qualify for Emergency Respite, and these must be approved by the care consultant. Supporting documentation is required for each request.

Miami Valley Chapter -

Grant funds and expenses are tracked using a software package and excel spreadsheets. Employees are required to track their time for each grant in their personal calendars, and report that time on a summary form or include it on their expense reports.

Delaware Valley Chapter -

One of the State Executive Directors reviews all applications and prior grants awarded for respite.

South Carolina Chapter -

Applications received from family members and caregivers of those affected with Alzheimer's or a related dementia are evaluated to determine eligibility. Upon approval a package is sent to the applicant which contains \$500 along with a listing of pre-approved third-party care and facility care providers. A database is maintained at the Chapter to track grantee information, voucher issue date, the amount redeemed and the amount outstanding.

Greater Dallas Chapter -

The Roper Awards are nominated by an employer or other individuals for qualified caregivers. A Volunteer Committee selects the recipients for the awards. Other grants and assistance are provided upon receipt of an application that is reviewed and approved by a staff member.

North Central Texas Chapter -

Grants are given in the form of purchased respite care for patients with dementia. Eligibility is determined after a home visit and evaluation and it is also based upon financial needs. Service providers are contracted with the National Alzheimer's Association. The providers bill the National Alzheimer's Association for work performed and recipients of the respite care verify services with service calendars submitted to our office.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Pt I Line 2 Southeastern Virginia Chapter -
Grant vendors are required to submit standardized respite reports for payment. The report has participant and reimbursement data. Reports are reviewed and the data is updated in our grant workbook prior to processing payments.

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

Southeastern Wisconsin Chapter -
The Chapter gives grants for Medic Alert Services and Respite Care. Upon approving the individual's needs, the Chapter pays the vendor directly for services.

Mid South Chapter -
The caregivers submit a form for reimbursement that show the hours spent providing respite care. Caregivers are not reimbursed more than \$100 per month.

Greater Iowa Chapter -
Respite funds are provided to caregivers for the Greater Iowa Chapter. Recipients must live in the area served by the Greater Iowa Chapter. Application forms are reviewed by the program staff and then approved by the Executive Director.