

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

2008 Form 990 for the
Year Ended June 30, 2009

Public Disclosure Copy

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>ALZHEIMER'S DISEASE&RELATED DISORDERS</u>		D Employer identification number <u>13-3039601</u>
		Doing Business As <u>ALZHEIMER'S ASSOCIATION</u>		E Telephone number <u>(312) 335-8700</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>225 NORTH MICHIGAN AVENUE</u>		G Gross receipts \$ <u>81,641,195.</u>
		City or town, state or country, and ZIP + 4 <u>CHICAGO, IL 60601</u>		
F Name and address of principal officer: <u>RICHARD HOVLAND</u> <u>225 N. MICHIGAN AVENUE, CHICAGO, IL 60601-7633</u>				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ <u>WWW.ALZ.ORG</u>		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1980</u> M State of legal domicile: <u>IL</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ALZHEIMER'S ASSOC. MISSION IS TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH, TO PROVIDE&ENHANCE CARE, TO SUPPORT FOR ALL AFFECTED, AND TO REDUCE THE RISK OF DEMENTIA BY PROMOTING BRAIN HEALTH.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>53</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>53</u>	
	5	Total number of employees (Part V, line 2a)	<u>350</u>	
	6	Total number of volunteers (estimate if necessary)	<u>1,028</u>	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<u>NONE</u>	
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>NONE</u>		
Revenue			Prior Year	Current Year
	8	Contribution and grants (Part VIII, line 1h)	<u>94,553,720.</u>	<u>78,146,137.</u>
	9	Program service revenue (Part VIII, line 2g)	<u>4,298,825.</u>	<u>5,318,528.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>4,766,412.</u>	<u>-3,292,800.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>42,541.</u>	<u>657,268.</u>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>103,661,498.</u>	<u>80,829,133.</u>	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>28,219,831.</u>	<u>14,284,637.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>NONE</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>24,366,400.</u>	<u>24,551,801.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>427,247.</u>	<u>445,416.</u>
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ <u>19,747,800.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>48,593,209.</u>	<u>42,518,300.</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>101,606,687.</u>	<u>81,800,154.</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>2,054,811.</u>	<u>-971,021.</u>
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	<u>146,478,070.</u>	<u>121,583,366.</u>
	21	Total liabilities (Part X, line 26)	<u>77,442,657.</u>	<u>65,418,499.</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>69,035,413.</u>	<u>56,164,867.</u>	

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

Richard H. Hovland
Signature of officer

12/29/09
Date

RICHARD H. HOVLAND CHIEF OPER. OFFICER
Type or print name and title

Paid Preparer's Use Only	Preparer's signature <u>Ann M Petric</u>	Date <u>12/18/09</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>GRANT THORNTON LLP</u> <u>175 N. JACKSON BLVD. STE. 2000 CHICAGO, IL 60604</u>	EIN <u>36-605558</u>	Phone no. <u>312-856-0200</u>	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Application for Extension of Time To file an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Row 1: ALZHEIMER'S ASSOCIATION, 13-3039601. Row 2: 225 NORTH MICHIGAN AVENUE, SUITE 1700, 17TH FLOOR. Row 3: CHICAGO, IL 60601.

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

- Form 990 [X], Form 990-BL [], Form 990-EZ [], Form 990-PF []
Form 990-T (corporation) [], Form 990-T (sec. 401(a) or 408(a) trust) [], Form 990-T (trust other than above) [], Form 1041-A []
Form 4720 [], Form 5227 [], Form 6069 [], Form 8870 []

The books are in the care of RICHARD HOVLAND, CAFO
Telephone No. 312 335-5771 FAX No. 866 846-5338

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year or
[X] tax year beginning 07/01, 2008, and ending 06/30, 2009

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

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ NONE
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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

If "Yes" describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 21,935,204. including grants of \$ 13,471,039.) (Revenue \$ 4,871,870.)

SEE STATEMENT 2

4b (Code: _____) (Expenses \$ 20,180,972. including grants of \$ NONE) (Revenue \$ 158,255.)

SEE STATEMENT 2

4c (Code: _____) (Expenses \$ 4,576,337. including grants of \$ 476,847.) (Revenue \$ NONE)

CHAPTER SERVICES - FROM COAST TO COAST, MORE THAN 70 CHAPTERS ARE IN COMMUNITIES NATIONWIDE, PROVIDING SERVICES TO FAMILIES AND PROFESSIONALS, INCLUDING INFORMATION AND REFERRAL, SUPPORT GROUPS, CARE CONSULTATION, EDUCATION AND SAFETY SERVICES. THE NATIONAL ORGANIZATION PROVIDES STRATEGIC AND TACTICAL SUPPORT IN THESE ACTIVITIES.

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

(Expenses \$ 11,351,529. including grants of \$ 336,756.) (Revenue \$ 288,403.)

4e Total program service expenses ▶ \$ 58,044,042. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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 U.S.?		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 U.S.? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		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? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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 section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a 53	
b Enter the number of voting members that are independent	1b 53	
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?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 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	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► SEE STATEMENT 3
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 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 HOVLAND, COO 225 N. MICHIGAN AVENUE, CHICAGO, IL 60601-7633
(312) 335-5771

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	368,225.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,116,294.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	75,661,618.				
	g	Noncash contributions included in lines 1a-1f: \$		1,439,364.				
	h	Total. Add lines 1a-1f		78,146,137.				
	Program Service Revenue			Business Code				
2a		PROGRAM CONFERENCES	611710	4,701,020.	4,701,020.			
b		JOURNAL	511120	170,850.	170,850.			
c		SAFE RETURN REGISTRATION FEES	611710	162,662.	162,662.			
d		EDUCATIONAL MATERIALS	611710	158,255.	158,255.			
e		SENIOR HOUSING	623000	114,583.	114,583.			
f		All other program service revenue	611710	11,158.	11,158.			
g		Total. Add lines 2a-2f		5,318,528.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,059,588.		3,059,588.		
	4	Income from investment of tax-exempt bond proceeds		NONE				
	5	Royalties		2,946.		2,946.		
	6a	Gross Rents	(i) Real	(ii) Personal				
			15,190.					
			Less: rental expenses					
			15,190.					
	d	Net rental income or (loss)		15,190.		15,190.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			-6,352,388.					
			Less: cost or other basis and sales expenses					
			-6,352,388.					
	d	Net gain or (loss)		-6,352,388.		-6,352,388.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a	843,775.				
	b	Less: direct expenses	b	812,062.				
c	Net income or (loss) from fundraising events		31,713.		31,713.			
9a	Gross income from gaming activities. See Part IV, line 19.	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities		NONE					
10a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory		NONE					
Miscellaneous Revenue			Business Code					
11a	CHAPTER LICENSE AND MAINTENANCE FEES	900099	413,788.		413,788.			
b	T-SHIRTS	900099	1,468.		1,468.			
c	OTHER REVENUE	900099	192,163.		192,163.			
d	All other revenue							
e	Total. Add lines 11a-11d		607,419.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		80,829,133.	5,318,528.		-2,635,532.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	11,771,398.	11,771,398.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,000.	1,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,512,239.	2,512,239.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,305,562.	624,495.	397,106.	283,961.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	18,345,004.	11,709,922.	146,857.	6,488,225.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	1,698,101.	1,005,762.	87,648.	604,691.
9 Other employee benefits	1,608,703.	1,064,999.	40,104.	503,600.
10 Payroll taxes	1,594,431.	975,539.	41,710.	577,182.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	251,501.	117,523.	32,393.	101,585.
c Accounting	131,868.	74,825.	19,631.	37,412.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	445,416.			445,416.
f Investment management fees	NONE			
g Other	6,833,085.	2,927,312.	18,727.	3,887,046.
12 Advertising and promotion	NONE			
13 Office expenses	24,369,683.	17,505,393.	2,410,730.	4,453,560.
14 Information technology	16,054.	10,456.	424.	5,174.
15 Royalties	NONE			
16 Occupancy	3,892,192.	2,518,937.	630,101.	743,154.
17 Travel	3,662,673.	2,802,624.	30,205.	829,844.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	871,434.	766,601.	5,434.	99,399.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,303,048.	685,599.	95,820.	521,629.
23 Insurance	131,157.	80,237.	32,530.	18,390.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTINGENCY -----	278,906.	239,580.	4,323.	35,003.
b RECRUITMENT -----	167,265.	108,094.	5,123.	54,048.
c BAD DEBT EXPENSE -----	337,187.	289,644.	5,226.	42,317.
d MISCELLANEOUS -----	272,247.	251,863.	4,220.	16,164.
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	81,800,154.	58,044,042.	4,008,312.	19,747,800.
26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	15,335,559.	8,820,580.	2,247,245.	4,267,733.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,862,363.	1	5,086,459.
	2 Savings and temporary cash investments	1,439,104.	2	NONE
	3 Pledges and grants receivable, net	27,888,328.	3	22,185,569.
	4 Accounts receivable, net	12,462,772.	4	20,055,753.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	2,386,596.	9	5,067,770.
	10a Land, buildings, and equipment: cost basis	10a 13,589,971.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 9,726,166.	10c	3,863,805.
	11 Investments - publicly traded securities	78,450,783.	11	55,512,963.
	12 Investments - other securities. See Part IV, line 11	10,079,588.	12	9,811,047.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	146,478,070.	16	121,583,366.	
Liabilities	17 Accounts payable and accrued expenses	7,747,756.	17	3,909,889.
	18 Grants payable	46,214,954.	18	36,624,339.
	19 Deferred revenue	3,322,259.	19	2,717,312.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable.		24	
	25 Other liabilities. Complete Part X of Schedule D	20,157,688.	25	22,166,959.
	26 Total liabilities. Add lines 17 through 25.	77,442,657.	26	65,418,499.
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	31,187,544.	27	18,746,662.
	28 Temporarily restricted net assets	18,030,710.	28	17,778,404.
	29 Permanently restricted net assets	19,817,159.	29	19,639,801.
	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	69,035,413.	33	56,164,867.
34 Total liabilities and net assets/fund balances	146,478,070.	34	121,583,366.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. 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 - 2008. 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 "fact-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 - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61,022,633.	79,066,936.	82,129,990.	95,071,788.	78,177,850.	395,469,197.
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	3,180,329.	2,507,375.	6,159,287.	3,384,152.	5,318,528.	20,549,671.
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 1-5	64,202,962.	81,574,311.	88,289,277.	98,455,940.	83,496,378.	416,018,868.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,031,287.	1,026,417.	933,904.	3,200,000.	1,188,870.	7,380,478.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.	1,031,287.	1,026,417.	933,904.	3,200,000.	1,188,870.	7,380,478.
8 Public support (Subtract line 7c from line 6.)						408,638,390.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	64,202,962.	81,574,311.	88,289,277.	98,455,940.	83,496,378.	416,018,868.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,989,217.	2,650,558.	4,337,589.	4,684,438.	3,077,704.	17,739,506.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,989,217.	2,650,558.	4,337,589.	4,684,438.	3,077,704.	17,739,506.
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.)	NONE	27,073.	111,460.	439,146.	607,419.	1,185,098.
13 Total support. (Add lines 9, 10c, 11, and 12.)						434,943,472.

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 2008 (line 8, column (f) divided by line 13, column (f)).	15	93.95%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	94.77%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	4.08%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.91%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
CHAPTER LICENSE & MAINT. FEES	NONE	NONE	NONE	222,906.	413,788.	636,694.
T-SHIRTS	NONE	NONE	NONE	1,807.	1,468.	3,275.
OTHER REVENUE	NONE	27,073.	111,460.	214,433.	192,163.	545,129.
TOTALS	NONE	27,073.	111,460.	439,146.	607,419.	1,185,098.

Schedule of Contributors

2008

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

Name of the organization

ALZHEIMER'S DISEASE&RELATED DISORDERS
ASSOCIATION, INC.

Employer identification number

13-3039601

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule

For organizations 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 Form 990-EZ, that met the 33¹/₃ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

Employer identification number
13-3039601

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,188,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Political Campaign and Lobbying Activities

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

2008

▶ To be completed by organizations described below.

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- 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)	4,320.	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	652,885.	
c	Total lobbying expenditures (add lines 1a and 1b)	657,205.	
d	Other exempt purpose expenditures	81,142,948.	
e	Total exempt purpose expenditures (add lines 1c and 1d)	81,800,153.	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c		
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 checked="" 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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% line 2a, column(e))					6,000,000.
c Total lobbying expenditures	726,959.	717,912.	899,830.	657,205.	3,001,906.
d Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	5,000.	5,000.	4,320.	4,320.	18,640.

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

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

Part IV Supplemental information (continued)

Area with horizontal dashed lines for supplemental information.

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (land for public use, natural habitat, open space, historic land area, historic structure) and a table for 'Held at the End of the Year' with rows 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and a table for reporting revenues and assets.

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,400,894.				
b Contributions	60,401.				
c Investment earnings or losses	-1,285,475.				
d Grants or scholarships	50,411.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,125,409.				

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

- a Board designated or quasi-endowment ▶ NONE %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ NONE %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,936,178.	1,394,097.	2,542,081.
d Equipment		8,078,127.	6,933,256.	1,144,871.
e Other		1,575,667.	1,398,814.	176,853.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				3,863,805.

Part XIV Supplemental Information (continued)

USE OF ENDOWMENT

SCHEDULE D, PART V, LINE 4

THE ASSOCIATION FOLLOWS DIRECTION REGARDING INCOME EARNED ON ENDOWMENTS.

IF NO DIRECTION, INCOME IS USED TOWARD OUR MISSION.

RECONCILIATION OF NET ASSETS

SCHEDULE D, PART XI, LINE 8

CHANGE IN PERPETUAL TRUST: \$ 2,005,967

CHANGE IN SPLIT INTEREST : 833,942

PLEDGE WRITE-OFF: 426,004

\$3,265,913

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 2D

CHANGE IN VALUE OF PERPETUAL TRUST: \$ 2,005,967

CHANGE IN SPLIT INTEREST : 833,942

\$2,839,909

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	153,796.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	192,246.	CHECK			FMV
			EAST ASIA/PACIFIC	PROGRAM SUPP	192,246.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	192,246.	CHECK			FMV
			EAST ASIA/PACIFIC	PROGRAM SUPP	192,246.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	192,246.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	384,274.	CHECK			FMV
			NORTH AMERICA	PROGRAM SUPP	373,225.	CHECK			FMV
			EAST ASIA/PACIFIC	PROGRAM SUPP	78,428.	CHECK			FMV
			SOUTH AMERICA	PROGRAM SUPP	78,428.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	78,428.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	78,428.	CHECK			FMV
			EAST ASIA/PACIFIC	PROGRAM SUPP	320,000.	CHECK			FMV

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 31

3 Enter total number of other organizations or entities 1

Part IV Supplemental Information

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

SCHEDULE F, PART I, LINE 2

MONITORING THE USE OF FOREIGN GRANTS

FOREIGN INSTITUTIONS ARE REQUIRED TO SUBMIT ONE OF THE FOLLOWING AS

VERIFICATION OF NON-PROFIT STATUS:

-ORGANIZATION'S CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS

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

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S

ASSOCIATION'S INTERNATIONAL GRANT PROGRAM.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		NY GALA (event type)	DC GALA (event type)	1 (total number)	
Revenue	1 Gross receipts	625,000.	331,500.	255,500.	1,212,000.
	2 Less: Charitable contributions	150,000.	116,025.	102,200.	368,225.
	3 Gross revenue (line 1 minus line 2)	475,000.	215,475.	153,300.	843,775.
Direct Expenses	4 Cash prizes	NONE	NONE	NONE	NONE
	5 Non-cash prizes	NONE	NONE	NONE	NONE
	6 Rent/facility costs	40,000.	24,560.	18,786.	83,346.
	7 Other direct expenses	208,672.	169,242.	350,802.	728,716.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(812,062.)
9 Net income summary. Combine lines 3 and 8 in column (d)					31,713.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					

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

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

b If "No," Explain: _____

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

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility **13a** %
- b An outside facility **13b** %

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

Name ▶ -----

Address ▶ -----

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

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

c If "Yes," enter name and address:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

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

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

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

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LN 2

THE FINANCIAL REPORT IS REVIEWED BY THE ASSIGNED POST AWARD SPECIALIST FOR ACCURACY AND ACCOUNTABILITY WITHIN THE AGREED UPON BUDGET. THE ALZHEIMER'S ASSOCIATION PROVIDES AN EXCEL TEMPLATE FOR THE INTERIM FINANCIAL REPORT WHICH IS AVAILABLE ONLINE TO BE DOWNLOADED BY THE GRANTS AND CONTRACTS ACCOUNTANT TO HIS/HER COMPUTER FOR COMPLETION. THIS TEMPLATE PROVIDES THE REQUIRED FORMAT FOR SUBMISSION OF THE ANNUAL FINANCIAL REPORT.

THE POST AWARD SPECIALIST WILL NOTIFY THE RESEARCHER AND THE

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

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

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

INSTITUTIONAL FINANCIAL OFFICIAL 60 DAYS PRIOR TO THE ANNIVERSARY OF THE
 AWARD OF THE REQUIRED FINANCIAL REPORT. THE FINANCIAL REPORT MUST BE
 SIGNED BY THE INSTITUTIONAL OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR
 THE AWARD AND UPLOADED TO PROPOSALCENTRAL FOLLOWING THE MANDATED
 INSTRUCTIONS.
 REQUEST MONITOR AND FOLLOW-UP TO ENSURE SUBMISSION COMPLIANCE ON ALL
 AWARDED CONTRACTS.
 MONITOR AND FOLLOW THROUGH WITH SCIENTISTS AND INSTITUTIONAL RESEARCH
 OFFICE TO SECURE FINANCIAL REPORTING REQUIREMENTS ARE MET.
 AUDIT ANNUAL AWARDEES' FINANCIAL REPORTS TO INSURE ELIGIBILITY FOR

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CALIFORNIA SOUTHLAND CHAPTER 5900 WILSHIRE BLVD #1100 LA, CA 90036	95-3718119	501C(3)	170,000.				PROGRAM SUPPORT
ORANGE COUNTY CHAPTER 17771 COWAN #200 IRVINE, CA 92614	95-3702013	501C(3)	11,750.				PROGRAM SUPPORT
SAN DIEGO/IMPERIAL CHAPTER 6632 CONVOY COURT SAN DIEGO, CA 92111	95-3565388	501C(3)	119,205.				PROGRAM SUPPORT
NORTHERN CALIFORNIA AND NORTHERN NEVADA CH. 1060 LA AVENIDA MOUNTAIN VIEW, CA 94043	94-2897949	501C(3)	63,050.				PROGRAM SUPPORT
CENTRAL AND NORTH FLORIDA CHAPTER 378 CENTER POINTE, ALFAMONTE SPR, FL 32701	36-3487166	501C(3)	44,050.				PROGRAM SUPPORT
GEORGIA CHAPTER 1925 CENTURY BLVD. #10 ATLANTA, GA 30345	58-1492046	501C(3)	23,165.				PROGRAM SUPPORT
GREATER ILLINOIS CHAPTER 8430 WEST BRYN MAWR # 800 CHICAGO, IL 60631	36-3102348	501C(3)	14,000.				PROGRAM SUPPORT
GREATER INDIANA CHAPTER 50 EAST 91ST ST.#100 INDIANAPOLIS, IN 46240	35-1747836	501C(3)	12,000.				PROGRAM SUPPORT
GREATER KENTUCKY 6100 DUTCHMANS LN.#401 LOUISVILLE, KY 40205	36-4497854	501C(3)	10,000.				PROGRAM SUPPORT
LOUISIANA CHAPTER 3717 GOVERNMENT ST. #7 ALEXANDRIA, LA 71302	72-1038780	501C(3)	75,000.				PROGRAM SUPPORT
MASSACHUSETTS/NEW HAMPSHIRE 311 ARSENAL STREET, WATEROWN, MA 02472	04-2731194	501C(3)	7,000.				PROGRAM SUPPORT
MICHIGAN GREAT LAKES CHAPTER 310 N. MAIN ST.#100 CHELSEA, MI 48116	38-2380738	501C(3)	27,300.				PROGRAM SUPPORT
HEART OF AMERICA CHAPTER 3846 W. 75TH ST. PRAIRIE VILLAGE, KS 66208	48-0934474	501C(3)	10,750.				PROGRAM SUPPORT
ST. LOUIS CHAPTER 9370 OLIVE BLVD. ST. LOUIS, MO 63132	43-1237069	501C(3)	10,750.				PROGRAM SUPPORT
MIDLANDS CHAPTER 1941 SOUTH 42ND ST. #205 OMAHA, NE 68105	47-0648438	501C(3)	10,150.				PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations **350**

3 Enter total number of other organizations **NONE**

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Employer identification number: **13-3039601**

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2008

Open to Public Inspection

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HUDSON VALLEY/ROCKLAND/WESTCHESTER CH. 2 JEFFERSON PLZ. 3103 FOUGHKEPPSIE, NY 12601	14-1695487	501C(3)	5,750.				PROGRAM SUPPORT
WESTERN CAROLINA CHAPTER 3800 SHAMROCK DRIVE CHARLOTTE, NC 28215	56-1440727	501C(3)	7,400.				PROGRAM SUPPORT
CENTRAL OHIO CHAPTER 3380 TREMONT ROAD COLUMBUS, OH 43221	31-0996236	501C(3)	60,150.				PROGRAM SUPPORT
DELAWARE VALLEY CHAPTER 399 MARKET ST. #102 PHILADELPHIA, PA 19106	23-2280056	501C(3)	5,750.				PROGRAM SUPPORT
HOUSTON AND SOUTHEAST 2242 WEST HOLCOMBE BLVD HOUSTON, TX 77030	74-2198685	501C(3)	6,750.				PROGRAM SUPPORT
MISSISSIPPI CHAPTER 1900 DUNBARTON DR. # H JACKSON, MS 39216	64-0786327	501C(3)	10,750.				PROGRAM SUPPORT
GREATER IOWA CHAPTER 1730 28TH STREET W. DES MOINES, IA 50266	42-1520582	501C(3)	23,350.				PROGRAM SUPPORT
GREATER IDAHO CHAPTER 1111 S. ORCHARD ST. #200 BOISE, ID 83705	82-0389209	501C(3)	65,703.				PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST. #315 SF, CA 94118	94-6036493	501C(3)	153,796.				PROGRAM SUPPORT
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 N. BROADWAY, #177 BALTIMORE, MD 21205	52-0595110	501C(3)	192,246.				PROGRAM SUPPORT
ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESH 1300 MORRIS PARK AVE. #312 BRONX, NY 10461	13-1624225	501C(9)	192,246.				PROGRAM SUPPORT
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501C(3)	192,246.				PROGRAM SUPPORT
UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD. #160 TAMPA, FL 33612	59-2959590	501C(3)	192,246.				PROGRAM SUPPORT
THE UNIVERSITY OF NORTH CAROLINA AT GREENSB 1111 SPRING GARDEN ST. GREENSBORO, NC 27402	56-6001468	501C(3)	192,246.				PROGRAM SUPPORT
CURATORS OF THE UNIVERSITY OF MISSOURI ONE UNIVERSITY BLVD. ST LOUIS, MO 63121	43-6003859	501C(3)	192,246.				PROGRAM SUPPORT

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

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

13-3039601

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES 433 BOLLIVAR ST. NEW ORLEANS, LA 70112	72-6087770	501C(3)	192,246.				PROGRAM SUPPORT
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE. S. AB-1170 BIRMINGHAM, AL 35294	63-6005396	501C(3)	192,246.				PROGRAM SUPPORT
RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC 1051 RIVERSIDE DR. #33-1914 NY, NY 10032	14-1410842	501C(3)	192,246.				PROGRAM SUPPORT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501C(3)	192,246.				PROGRAM SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	192,246.				PROGRAM SUPPORT
THE BOARD OF TR. OF THE UNIVERSITY OF ILLIN MC-685 1901 S.1ST ST. #A CHAMPAIGN, IL 61820	37-6000511	501C(3)	192,246.				PROGRAM SUPPORT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN CITY BOX 49 630 W.168TH ST. NY, NY 10032	13-5598093	501C(3)	192,246.				PROGRAM SUPPORT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN CITY BOX 49 630 W.168TH STREET NY, NY 10032	13-5598093	501C(3)	192,246.				PROGRAM SUPPORT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON, MS 39216	64-6008520	501C(3)	192,246.				PROGRAM SUPPORT
COLLEGE OF STATEN ISLAND/CUNY JOINTLY W/RES 2800 VICTORY #1A-302 STATEN IS., NY 10314	13-1988190	501C(3)	192,246.				PROGRAM SUPPORT
RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501C(3)	192,246.				PROGRAM SUPPORT
YALE UNIVERSITY 47 COLLEGE ST #203 NEW HAVEN, CA 06520	06-0646973	501C(3)	192,246.				PROGRAM SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE #300 BOSTON, MA 02199	04-2697983	501C(3)	192,246.				PROGRAM SUPPORT
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE 1400 NW 10TH AVE. DOMINION MIAMI, FL 33136	59-0624458	501C(3)	192,246.				PROGRAM SUPPORT
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER CHICAGO, IL 60693	52-0595110	501C(3)	192,246.				PROGRAM SUPPORT

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

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization: **ASSOCIATION, INC.**
 NAME OF THE ORGANIZATION'S DISEASE-RELATED DISORDERS

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

13-3039601

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE UNIVERSITY OF TEXAS AT DALLAS 800 WEST CAMPBELL ROAD RICHARDSON, TX 75080	75-1305566	501C(3)	192,246.				PROGRAM SUPPORT
STONY BROOK UNIVERSITY 330 ADMINISTRATION STONY BROOK, NY 11794	11-6077945	501C(3)	192,246.				PROGRAM SUPPORT
SUN HEALTH RESEARCH INSTITUTE 10515 W. SANTA FE DR. SUN CITY, AZ 85351	86-0768795	501C(3)	192,246.				PROGRAM SUPPORT
OREGON HEALTH & SCIENCE UNIVERSITY 3101 SW SAM JACKSON PK. PORTLAND, OR 97239	93-1176109	501C(3)	192,246.				PROGRAM SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE #300 BOSTON, MA 02199	04-2697983	501C(3)	380,732.				PROGRAM SUPPORT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501C(3)	143,418.				PROGRAM SUPPORT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501C(3)	143,418.				PROGRAM SUPPORT
THE UNIVERSITY OF MONTANA 32 CAMPUS DRIVE, 4104 MISSOULA, MT 59812	81-6001713	501C(3)	78,428.				PROGRAM SUPPORT
BROWN UNIVERSITY 164 ANGELL ST. BOX 1929	05-0259809	501C(3)	78,428.				PROGRAM SUPPORT
UNIVERSITY OF MARYLAND, BALTIMORE 620 W. LEXINGTON ST 4TH BALTIMORE, MD 21201	52-6002033	501C(3)	78,428.				PROGRAM SUPPORT
MAYO CLINIC ARIZONA, D/B/A MAYO CLINIC 13400 E. SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501C(3)	78,428.				PROGRAM SUPPORT
THE ROSKAMP INSTITUTE 2040 WHITFIELD AVE. SARASOTA, FL 34243	65-6206042	501C(3)	78,428.				PROGRAM SUPPORT
VETERANS MEDICAL RESEARCH FOUNDATION 3350 LA JOLLA VILLAGE-151A SD, CA 92161	33-0189397	501C(3)	78,428.				PROGRAM SUPPORT
ALBANY MEDICAL COLLEGE MC-1 47 NEW SCOTLAND AVE. ALBANY, NY 12208	14-1338310	501C(3)	78,428.				PROGRAM SUPPORT
WASHINGTON UNIVERSITY IN ST. LOUIS 660 S. EUCLID AVE. #8018 ST. LOUIS, MO 63110	43-0653611	501C(3)	78,428.				PROGRAM SUPPORT

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

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **ASSOCIATION, INC.**

Employer identification number

13-3039601

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) RC Code 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
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NY, NY 10016	13-5562309	501C(3)	78,428.				PROGRAM SUPPORT
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501C(3)	78,428.				PROGRAM SUPPORT
UNIVERSITY OF NEW MEXICO HSC HSC MSC09 5220 ALBUQUERQUE, NM 87131	85-6000642	501C(3)	78,428.				PROGRAM SUPPORT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501C(3)	78,428.				PROGRAM SUPPORT
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE. S-AB1170 BIRMINGHAM, AL 35294	63-6005396	501C(3)	78,428.				PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN-MADISON (BOARD OF RE 21 N. PARK ST. #6401 MADISON, WI 53715	39-6006492	501C(3)	78,428.				PROGRAM SUPPORT
POLYTECHNIC INSTITUTE OF NYU 6 METROTECH CENTER #321 BROOKLYN, NY 11201	11-1630820	501C(3)	78,428.				PROGRAM SUPPORT
MILLER SCHOOL OF MEDICINE OF UNIVERSITY OF 1475 NW 12TH AVENUE MIAMI, FL 33136	59-0624458	501C(3)	78,428.				PROGRAM SUPPORT
THE UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DR. #5157 HATTIESBURG, MS 39406	64-6000818	501C(3)	78,428.				PROGRAM SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	78,428.				PROGRAM SUPPORT
COLUMBIA UNIVERSITY MEDICAL CENTER 630 W. 168TH ST. #49 NEW YORK, NY 10032	13-5598093	501C(3)	78,428.				PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN-MILWAUKEE P.O. BOX 340 MILWAUKEE, WI 53201	39-1805963	501C(3)	78,428.				PROGRAM SUPPORT
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501C(3)	78,428.				PROGRAM SUPPORT
COLUMBIA UNIVERSITY MEDICAL CENTER 630 W. 168TH ST. #49 NEW YORK, NY 10032	13-5598093	501C(3)	78,428.				PROGRAM SUPPORT
FLORIDA AGRICULTURAL AND MECHANICAL UNIVERS 400 FOOTE-HILLYER ADM. TALLAHASSEE, FL 32307	59-0977035	501C(3)	78,428.				PROGRAM SUPPORT

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

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number

13-3039601

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY OF MARYLAND-COLLEGE PARK	52-6002033	501C(3)	78,428.				PROGRAM SUPPORT
3112 LEE BUILDING COLLEGE PARK, MD 20742							
DUKE UNIVERSITY MEDICAL CENTER	56-0532129	501C(3)	78,428.				PROGRAM SUPPORT
2200 WEST MAIN STREET, DURHAM, NC 27705							
BRIGHAM AND WOMEN'S HOSPITAL, INC.	04-2312909	501C(3)	78,428.				PROGRAM SUPPORT
75 FRANCIS STREET BOSTON, MA 02115							
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA	95-6006144	501C(3)	78,428.				PROGRAM SUPPORT
9500 GILMAN DRIVE, LA JOLLA, CA 92093							
THE REGENTS OF THE UNIVERSITY OF MICHIGAN	38-6006309	501C(3)	78,428.				PROGRAM SUPPORT
3003 S. STATE STREET, ANN ARBOR, MI 48109							
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA	95-6006143	501C(3)	78,428.				PROGRAM SUPPORT
LOS ANGELES, CA 90095							
THE RESEARCH FOUNDATION OF STATE UNIVERSITY	14-1368361	501C(3)	78,428.				PROGRAM SUPPORT
402 CROFTS HALL BUFFALO, NY 14260							
COLD SPRING HARBOR LABORATORY	11-2013303	501C(3)	78,428.				PROGRAM SUPPORT
PO BOX 100, COLD SPRING HARBOR, NY 11724							
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA	47-0049123	501C(3)	78,428.				PROGRAM SUPPORT
OMAHA, NE 68198							
THE PARKINSON'S INSTITUTE	94-3061594	501C(3)	78,428.				PROGRAM SUPPORT
675 ALMANOR AVENUE, SUNNYVALE, CA 94085							
THE BOARD OF TR. OF THE UNIVERSITY OF ILLIN	37-6000511	501C(3)	78,428.				PROGRAM SUPPORT
CHAMPAIGN, IL 61820							
THE TRUSTEES OF COLUMBIA UNIVERSITY IN CITY	13-5598093	501C(3)	78,428.				PROGRAM SUPPORT
NEW YORK, NY 10032							
UNIVERSITY OF WISCONSIN-MADISON (BOARD OF RE	39-6006492	501C(3)	78,428.				PROGRAM SUPPORT
MADISON, WI 53715							
TEXAS STATE UNIVERSITY - SAN MARCOS	74-6002248	501C(3)	78,428.				PROGRAM SUPPORT
601 UNIVERSITY DRIVE, SAN MARCOS, TX, 78666							
UT SOUTHWESTERN MEDICAL CENTER	75-6002868	501C(3)	78,428.				PROGRAM SUPPORT
5323 HARRY HINES BLVD. DALLAS, TX 75390							

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

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

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

Employer identification number
13-3039601

Part I Questions Regarding Compensation

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

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

b If line 1a is 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 checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input 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:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Schedule J (Form 990) 2008

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) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
HARRY JOHNS	(i) 472,000. (ii) NONE (iii) 22,083.	NONE NONE NONE	510,068. NONE NONE	18,551. NONE NONE	1,022,702. NONE NONE	285,272. NONE NONE	
RICHARD HOVLAND	(i) 192,700. (ii) NONE (iii) 13,332.	NONE NONE NONE	53,452. NONE NONE	23,376. NONE NONE	282,860. NONE NONE	113,580. NONE NONE	
ANGELA GEIGER	(i) 216,665. (ii) NONE (iii) 11,356.	NONE NONE NONE	86,348. NONE NONE	12,998. NONE NONE	327,367. NONE NONE	123,545. NONE NONE	
WILLIAM THIES	(i) 197,625. (ii) NONE (iii) 12,574.	NONE NONE NONE	49,529. NONE NONE	19,089. NONE NONE	278,817. NONE NONE	111,000. NONE NONE	
STEPHEN MCCONNELL	(i) 110,444. (ii) 135,792. (iii) 10,519.	NONE NONE NONE	95,636. NONE NONE	4,101. NONE NONE	356,492. NONE NONE	118,957. NONE NONE	
RIMAS JASIN	(i) 139,800. (ii) 6,955. (iii) 11,120.	NONE NONE NONE	4,610. NONE NONE	20,596. NONE NONE	183,081. NONE NONE	NONE NONE NONE	
MARK GERMANO	(i) 70,651. (ii) NONE (iii) 101,154.	NONE NONE NONE	7,354. NONE NONE	9,092. NONE NONE	188,251. NONE NONE	183,123. NONE NONE	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	

Part III Supplemental Information

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

TRAVEL FOR COMPANIONS

SCHEDULE J, PART I, LINE 1A

ONE BOARD MEMBER HAS EARLY ON-SET ALZHEIMER'S DISEASE AND TRAVELLED TO

BOARD MEETINGS WITH A COMPANION FOR SAFETY PURPOSES. COMPANION'S TRAVEL

EXPENSE WAS REIMBURSED.

SEVERANCE PAYMENT

SCHEDULE J, PART I, LINE 4A

M. GERMANO RECEIVED A SEVERANCE PAYMENT OF \$101,400.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

S. MCCONNELL RECEIVED A 457 PLAN PAYOUT OF \$135,791.66.

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.

 BASE COMPENSATION

 SCHEDULE J, PART II, COLUMN (A)

 BASE COMPENSATION FOR HARRY JOHNS INCLUDES A \$50,000 RETRO-ACTIVE BASE
 SALARY ADJUSTMENT DATED FROM JULY 1, 2007 AND RETRO-ACTIVE BASE SALARY
 ADJUSTMENT FOR THE SUBSEQUENT FISCAL YEAR DATED JULY 1, 2008 THAT WAS NOT
 PAID UNTIL DECEMBER 2008.

 DEFERRED COMPENSATION

 SCHEDULE J, PART II, COLUMN (C)

 DEFERRED COMPENSATION FOR HARRY JOHNS INCLUDES AN AT RISK INCENTIVE
 COMPENSATION OPPORTUNITY ACCRUED, BUT NOT PAID AT DECEMBER 31, 2008, AND
 A RETENTION INCENTIVE ACCRUED BUT NOT PAID AT DECEMBER 31, 2008.

 DEFERRED COMPENSATION ALSO INCLUDES EMPLOYER FUNDING AND ACCRUAL TO
 RETIREMENT PLANS.

 DEFERRED COMPENSATION FOR ANGELA GEIGER INCLUDES EMPLOYER FUNDING TO
 RETIREMENT PLAN AND A RETENTION INCENTIVE ACCRUED BUT NOT PAID AT
 DECEMBER 31, 2008.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer Identification number
13-3039601

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL ATTEA JD CHAIR, EXEC. COMM., DIRECTOR	10.	X		X				NONE	NONE	NONE
EDWARD BERUBE VICE CHAIR, EXEC. COMM., DIR.	10.	X		X				NONE	NONE	NONE
LAUREL COLEMAN, M.D. SECRETARY, EXEC. COMM., DIR.	10.	X		X				NONE	NONE	NONE
MICHAEL URBUT TREASURER, EXEC. COMM., DIR.	10.	X		X				NONE	NONE	NONE
MARY GUERRIERO AUSTROM, PH.D. DIRECTOR, EXECUTIVE COMMITTEE	5.	X						NONE	NONE	NONE
RANDOLPH BROCK III DIRECTOR AND EXEC COMMITTEE	5.	X						NONE	NONE	NONE
HEATHER BURNS DIRECTOR AND EXEC COMMITTEE	5.	X						NONE	NONE	NONE
JOHN OSHER DIRECTOR AND EXEC COMMITTEE	5.	X						NONE	NONE	NONE
RONALD PETERSEN, PH.D. DIRECTOR AND EXEC COMMITTEE	5.	X						NONE	NONE	NONE
STEWART PUTNAM DIRECTOR AND EXEC COMMITTEE	5.	X						NONE	NONE	NONE
BETTYLU SALTZMAN DIRECTOR AND EXEC COMMITTEE	5.	X						NONE	NONE	NONE
GERALD SAMSPSON DIRECTOR AND EXEC COMMITTEE	5.	X						NONE	NONE	NONE
RONALD SCHILLING, PH.D. DIRECTOR AND EXEC COMMITTEE	5.	X						NONE	NONE	NONE
TENNY TSAI DIRECTOR AND EXEC COMMITTEE	5.	X						NONE	NONE	NONE
MARILYN ALBERT, PH.D. DIRECTOR	5.	X						NONE	NONE	NONE
MICHAEL ARTHUR DIRECTOR	5.	X						NONE	NONE	NONE
R. THOMAS BODKIN DIRECTOR	5.	X						NONE	NONE	NONE
LANE BOWEN DIRECTOR	5.	X						NONE	NONE	NONE
WILLIAM BRIDGWATER DIRECTOR	5.	X						NONE	NONE	NONE
ROBERT BURKE DIRECTOR	5.	X						NONE	NONE	NONE
MERYL COMER DIRECTOR	5.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer Identification number
13-3039601

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN DEKOSKY, M.D. DIRECTOR	5.	X						NONE	NONE	NONE
RICHARD DELLA PENNA, M.D. DIRECTOR	5.	X						NONE	NONE	NONE
PEGGYE DILWORTH-ANDERSTON, PH.D. DIRECTOR	5.	X						NONE	NONE	NONE
CATHY EDGE DIRECTOR	5.	X						NONE	NONE	NONE
SAMUEL GANDY, M.D., PH.D. DIRECTOR	5.	X						NONE	NONE	NONE
MARLANA GEHA, PH.D. DIRECTOR	5.	X						NONE	NONE	NONE
MARSHALL GELFAND, CPA DIRECTOR	5.	X						NONE	NONE	NONE
COLLEEN GOLDHAMMER DIRECTOR	5.	X						NONE	NONE	NONE
RITA HORTENSTINE DIRECTOR	5.	X						NONE	NONE	NONE
LARRY JODSAAS DIRECTOR	5.	X						NONE	NONE	NONE
DEBORAH JONES DIRECTOR	5.	X						NONE	NONE	NONE
KAREN KAUFFMAN, PH.D., CRNP, BC DIRECTOR	5.	X						NONE	NONE	NONE
TAMARA LUCERO, M.D. DIRECTOR	5.	X						NONE	NONE	NONE
JOHN MAGGIO, PH.D. DIRECTOR	5.	X						NONE	NONE	NONE
BONNIE MARCUS DIRECTOR	5.	X						NONE	NONE	NONE
LINDA MENDELSON DIRECTOR	5.	X						NONE	NONE	NONE
DAVID MOSCOW DIRECTOR	5.	X						NONE	NONE	NONE
LAM VIET NGUYEN, M.D. DIRECTOR	5.	X						NONE	NONE	NONE
JIM PRUGH DIRECTOR	5.	X						NONE	NONE	NONE
DEBORAH A RANDALL ESO DIRECTOR	5.	X						NONE	NONE	NONE
JOHN SABL DIRECTOR	5.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer Identification number
13-3039601

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DARLENE SHILEY DIRECTOR	5.	X						NONE	NONE	NONE
ALAN SILVERGLAT DIRECTOR	5.	X						NONE	NONE	NONE
SUZANNE B SWIFT DIRECTOR	5.	X						NONE	NONE	NONE
ROBERT THOMAS DIRECTOR	5.	X						NONE	NONE	NONE
CARL TUERK, JR. DIRECTOR	5.	X						NONE	NONE	NONE
JOANNE VIDINSKY DIRECTOR	5.	X						NONE	NONE	NONE
DEBORA WESLEY-FREEMAN, MSW DIRECTOR	5.	X						NONE	NONE	NONE
SHELLIE WILLIAMS, M.D. DIRECTOR	5.	X						NONE	NONE	NONE
THOMAS WINKEL DIRECTOR	5.	X						NONE	NONE	NONE
THOMAS YOSHIKAWA, M.D. DIRECTOR	5.	X						NONE	NONE	NONE
JEROME H STONE EX-OFFICIO	5.	X						NONE	NONE	NONE
HARRY JOHNS PRESIDENT & CEO	60.			X				494,083.	NONE	528,619.
RICHARD HOVLAND CHIEF OPERATIONS OFFICER	60.			X				206,032.	NONE	76,828.
ANGELA GEIGER CHIEF STRATEGY OFFICER	60.					X		228,021.	NONE	99,346.
WILLIAM THIES CHIEF MEDICAL SCIENCE OFFICER	60.					X		210,199.	NONE	68,618.
STEPHEN MCCONNELL VP PUBLIC POLICY	60.					X		256,755.	NONE	99,737.
RIMAS JASIN SENIOR DIR.- CHAPTER RELATIONS	60.					X		157,875.	NONE	25,206.
MARK GERMANO VP RELATIONSHIP DEVELOPMENT	60.					X		171,805.	NONE	16,446.

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

Schedule J-2 (Form 990) 2008

Non-Cash Contributions

2008

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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

Employer identification number
13-3039601

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	390	122,185.	COST / SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	83	802,179.	COST / SELLING PRICE
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial	X	1	515,000.	SALE OF COMP. PROP.
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶(_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29 NONE

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

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

Employer identification number
13-3039601

PART III, LINE 4D

OTHER PROGRAM SERVICES

ADVOCACY - AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES,

BUSINESSES AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE COMING CLOSER TO

FINDING BETTER TREATMENTS THAT COULD DRASTICALLY ALTER THE COURSE OF THE

DISEASE. ALSO BETTER CARE IS NEEDED FOR PEOPLE AND FAMILIES ALREADY

FACING ALZHEIMER'S. TENS OF THOUSANDS OF GRASSROOTS ADVOCATES SPEAK UP

FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES,

AND HELP PERSUADE CONGRESS TO INCREASE FUNDING FOR RESEARCH. POLICY

ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE

QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

REVENUES: NONE

EXPENSES: \$3,754,060

GRANTS: \$127,750

PATIENT AND FAMILY SERVICES - THE ALZHEIMER'S ASSOCIATION IS THE MOST

COMPREHENSIVE SOURCE OF SUPPORT FOR THE ESTIMATED 5.3 MILLION PEOPLE WITH

ALZHEIMER'S DISEASE AND THEIR 10 MILLION CAREGIVERS, MOSTLY FAMILY

MEMBERS. OUR EARLY STAGE ADVISORY GROUP PROVIDES IMPORTANT GUIDANCE FOR

SERVICES AND INITIATIVES DESIGNED FOR PEOPLE IN THE EARLY STAGES OF

ALZHEIMER'S DISEASE. A NATIONWIDE TOLL-FREE HELPLINE IS AVAILABLE 24

HOURS A DAY, EVERY DAY OF THE YEAR. THE ALZHEIMER'S ASSOCIATION LAUNCHED

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

Employer identification number

MEDICALERT +SAFE RETURN® PROGRAM HAS IDENTIFIED AND RETURNED THOUSANDS OF
LOST PEOPLE TO THE SAFETY OF THEIR HOMES SINCE 1993. WE ALSO OFFER
CARESOURCE™, A SUITE OF FREE ONLINE TOOLS ASSISTING CAREGIVERS, AND
CAREFINDER™ AND SENIOR HOUSING FINDER™, TO HELP PEOPLE MAKE HOME AND
RESIDENTIAL CARE DECISIONS. THOUSANDS OF PEOPLE NATIONWIDE PARTICIPATE
ONLINE AND FACE TO FACE IN OUR SUPPORT GROUPS AND CARE CONSULTATION TO
HELP THEM NAVIGATE THE LONG JOURNEY THROUGH ALZHEIMER'S DISEASE.

REVENUES: \$288,403

EXPENSES: \$7,597,469

GRANTS: \$209,000

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

Employer identification number 13-3039601

PART VI, SECTION A, LINE 10

REVIEW OF 990

THE ASSOCIATION'S OFFICERS, AUDIT COMMITTEE, FINANCE COMMITTEE, AND FULL

BOARD OF DIRECTORS REVIEW THE FORM BEFORE IT IS FILED. COPIES ARE

PROVIDED TO COMMITTEES AND FULL BOARD VIA EMAIL. OFFICERS ON-SITE

RECEIVE A HARD COPY AND ELECTRONIC COPY FOR THEIR REVIEW.

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

THE RESPONSIBILITY FOR DISCLOSING ANY KNOWN OR REASONABLY FORESEEN ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL BE UPON THE INTERESTED PARTY WHOSE INTERESTS ARE OR MAY APPEAR TO BE IN CONFLICT WITH THE ASSOCIATION.

ALL INTERESTED PARTIES ARE REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE ASSOCIATION AND THEREAFTER SHALL FILE WITH THE ASSOCIATION AN UPDATED DISCLOSURE STATEMENT AS MAY BE REQUIRED FROM TIME TO TIME BY THE BOARD OF DIRECTORS OR ITS COMMITTEE DESIGNEE AND IN NO EVENT LESS OFTEN THAN ANNUALLY.

AS CITED FROM ARTICLE XVIII, SECTION 2 OF THE BYLAWS, INTERESTED PERSONS OR CHAPTERS SHALL DISCLOSE ANY CONFLICT AND SHALL NOT VOTE ON A MATTER AND FURTHER SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OF COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED PERSON OR CHAPTER REPRESENTATIVE WAS NOT PRESENT DURING ANY DISCUSSION OF THE MATTER AND DID NOT VOTE ON THE MATTER IN PERSON OR BY PROXY.

WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD, THE INTERESTED PERSON OR CHAPTER SHALL DISCLOSE SUCH CONFLICT TO THE BOARD OF DIRECTORS OR SUCH COMMITTEE AND SHALL NOT VOTE ON THE MATTER. FURTHER THE INTERESTED PERSON OR REPRESENTATIVE FROM A CHAPTER HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR THE COMMITTEE IS MEETING

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

Employer identification number 13-3039601

AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION.

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

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

Employer identification number 13-3039601

PART VI, SECTION B, LINE 15B

COMPENSATION OF OFFICERS

COMPENSATION IS ESTABLISHED FOR THE CEO BY THE COMPENSATION COMMITTEE AND CHAIR OF THE BOARD OF DIRECTORS AFTER A THOROUGH SALARY/MARKET REVIEW CONDUCTED BY OUTSIDE COMPENSATION CONSULTANTS. FOR THE CEO THIS REVIEW WAS LAST DONE IN 2006 AND FOR THE SENIOR MANAGEMENT TEAM LAST DONE IN 2007 - ALL POSITIONS ARE CURRENTLY UNDER MARKET REVIEW BY HEWITT AND ASSOCIATES. EACH YEAR THE COMPENSATION COMMITTEE EVALUATE THE CEO'S PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS WHICH INCLUDES 360 FEEDBACK COLLECT, INTERVIEWS AND PERFORMANCE EVALUATION. THE COMMITTEE AND CHAIRMAN OF THE BOARD USE THIS DATA TO DETERMINE BONUS ELIGIBILITY. THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW DONE AT THE END OF EACH FISCAL YEAR. THIS INCLUDES A SELF ASSESSMENT, 360 REVIEW AND EVALUATION BY THE CEO. SALARY IS BENCHMARKED EVERY TWO YEARS. THIS YEAR THE SALARIES AND TOTAL COMPENSATION PACKAGES OF THE SENIOR STAFF WERE BENCHMARKED BY HEWITT & ASSOCIATES.

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

Employer identification number 13-3039601

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS

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

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

Employer identification number 13-3039601

PART VII

SCHEDULE J-2

THE 2008 FORM 990, SCHEDULE VII REPORTING WAS COMPLETED USING CALENDAR

YEAR COMPENSATION (JANUARY 1, 2008 - DECEMBER 31, 2008). THE 2007 FORM

990 WAS COMPLETED USING FISCAL YEAR WAGES (JULY 1, 2007 - JUNE 30, 2008).

THEREFORE, COMPENSATION PAID FROM JANUARY 1, 2008 - JUNE 30, 2008 IS

REPORTED ON BOTH THE 2007 AND THE 2008 990 RETURNS. THIS DOUBLE-REPORTED

AMOUNT IS REFLECTED IN COLUMN (F) OF SCHEDULE J-2.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
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THE ALZHEIMER'S ASSOCIATION IS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER CARE, SUPPORT, AND RESEARCH. OUR MISSION IS TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH. OUR VISION IS A WORLD WITHOUT ALZHEIMER'S.

FROM OUR OFFICES IN CHICAGO AND IN WASHINGTON, DC, THE NATIONAL ORGANIZATION PROVIDES HELP TO PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES NATIONWIDE DIRECTLY THROUGH SERVICES LIKE THE 24/7/365 HELPLINE AND AWARD-WINNING RESOURCE WWW.ALZ.ORG AND BY SUPPORTING MORE THAN 70 CHAPTERS IN COMMUNITIES ACROSS THE NATION. SERVICES ARE AVAILABLE IN MULTIPLE LANGUAGES AND TAILORED FOR CULTURAL SENSITIVITY.

THE ORGANIZATION PROVIDES HOPE TO FAMILIES NATIONWIDE THROUGH AN INNOVATIVE RESEARCH AND SCIENCE PROGRAM TO ACCELERATE PROGRESS IN TREATMENTS AND DISCOVERY AS WELL AS ADVANCES IN CARE. THIS MISSION IS FURTHERED THROUGH ADVOCACY EFFORTS TO ALLOCATE MORE FEDERAL FUNDING TOWARD THESE CRITICAL INITIATIVES.

EDUCATION ABOUT ALZHEIMER'S DISEASE AND THE ASSOCIATION ARE KEY TO ACCELERATING PROGRESS IN THE LOOMING EPIDEMIC OF ALZHEIMER'S AND MAKING MORE PEOPLE AWARE OF SERVICES AVAILABLE AND THE NEED FOR EARLIER DETECTION. MILLIONS OF PEOPLE HAVE SIGNED UP AS ALZHEIMER'S ASSOCIATION "CHAMPIONS" TO EDUCATE, ADVOCATE, DONATE, AND PARTICIPATE TO MOVE THIS CAUSE FORWARD.

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

4A PROGRAM SERVICE

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

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

4B PROGRAM SERVICE

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

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

FORM 990, PART VI, LINE 17 - STATES

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

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TG MADISON INC 3340 PEACHTREE RD. ATLANTA, GA 30326	CONSULTANT	10,214,601.
ALANIZ 425 N. IRIS STREET MT. PLEASANT, IA 52641	DIRECT MAIL PROCESS.	5,155,403.
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING	2,070,823.
MICHIGAN AVENUE PLAZA P.O. BOX 88181, EXPEDITE WAY CHICAGO, IL 60695	REALTOR	1,614,253.
MERCURY ENVELOPE P.O. BOX 200 ROCKVILLE CENTRE, NY 11571	DIRECT MAIL PROCESS.	761,284.
TOTAL COMPENSATION		----- 19,816,364. =====