

**ALZHEIMER'S DISEASE & RELATED  
DISORDERS ASSOCIATION**

2008 Form 990 for the  
Year Ended June 30, 2009

Public Disclosure Copy

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

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

Open to public inspection

For the 2008 calendar year, or tax year beginning **Jul 1**, 2008, and ending **Jun 30**, 2009

<b>B</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.	<b>C</b> Name of organization Alzheimer's Disease and Related Disorders Association		<b>D</b> Employer identification number 36-3463656
		Number and street (or P.O. box if mail is not delivered to street addr) 225 N. Michigan Ave.	Room/suite 1700	<b>E</b> Telephone number (312) 335-8700
		City, town or country Chicago	State ZIP code + 4 IL 60601-7633	<b>G</b> Gross receipts \$ 92,107,044.
		<b>F</b> Name and address of principal officer:		<b>H(a)</b> Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: Alz.org		<b>H(c)</b> Group exemption number 9334
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation:	<b>M</b> State of legal domicile:	

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3 832	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 820	
	5	Total number of employees (Part V, line 2a)	5 1,246	
	6	Total number of volunteers (estimate if necessary)	6 26,724	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	97,302,156.	76,355,603.
	9	Program service revenue (Part VIII, line 2g)	3,917,068.	4,253,204.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,123,864.	547,187.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,254,863.	4,842,875.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,597,951.	85,998,869.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,392,850.	1,472,056.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	51,720,908.	52,455,414.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,723.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,243,669.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	35,016,695.	32,222,096.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	88,134,176.	86,149,566.
19	Revenue less expenses. Subtract line 18 from line 12	16,463,775.	-150,697.	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	104,367,338.	95,022,208.
	21	Total liabilities (Part X, line 26)	12,843,610.	13,084,018.
22	Net assets or fund balances. Subtract line 21 from line 20	91,523,728.	81,938,190.	

**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. Horland Date 4/29/10  
 Signature of officer  
 ▶ Richard H. Horland, COO  
 Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <u>Ann M Petrie</u>	Date <u>4/20/10</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 Grant Thornton LLP 175 W Jackson Blvd CHICAGO IL 60604		EIN ▶ <u>36-6055558</u>	Phone no. ▶ <u>(312) 856-0200</u>

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

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

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

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

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

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

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

- The books are in the care of **Alzheimer's Association**  
Telephone No. **( )** FAX No. **( )**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **9334**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2010.

5 For calendar year 7/1, or other tax year beginning 7/1, 2008, and ending 6/30, 2009.

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

7 State in detail why you need the extension **Need additional time to assemble financial information from members of the group to complete the return**

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

**Signature and Verification**

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

Signature *Adi Sol* Title Dir of Chapter Acctg Date 2/15/10

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

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

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

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

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

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

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

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

Telephone No. ▶ ( 312 ) 335-5177 FAX No. ▶ (          )

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

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

▶  calendar year 20.....or

▶  tax year beginning July 1, 2008, and ending June 30, 2009

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
b 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.	<b>3b</b>	\$
c <b>Balance Due.</b> 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.	<b>3c</b>	\$

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

Alzheimer's Association  
 Year Ended June 30, 2009  
 EIN #36-3463656  
 GEN #9334

Attachment

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

ST	EIN	CHP #	NAME	ADDRESS	CITY	ZIP
CA	94-2897949	20	Northern California and Northern Nevada	1080 La Avenida St	Mountain View	94040
CO	84-0908354	24	Colorado	455 Sherman Street, Suite 600	Denver	80203-3532
CT	42-1540789	28	Connecticut	279 New Britain Road	Kensington	06037
FL	59-2008883	33	Southeast Florida	3333 Forest Hill Blvd.	West Palm Beach	33406
FL	36-3487168	037	Central and North Florida	378 Center Pointe Circle	Atamonte Springs	32701
GA	58-1492046	46	Georgia	1925 Century Blvd., Suite 10	Atlanta	30345
HI	99-0212360	53	Aloha	1050 Ala Moana Blvd.	Honolulu	96814-4906
IL	37-1224417	58	Central Illinois	606 W. Glen Avenue	Peoria	61614
IL	36-3102348	59	Greater Illinois	9430 West Bryn Mawr	Chicago	60631
IN	35-1747836	67	Greater Indiana	50 East 91st Street	Indianapolis	46240
IA	42-1298350	89	Big Sioux	420 Chambers Street	Sioux City	51101
IA	42-1333384	73	East Central Iowa	1570 42nd Street NE	Cedar Rapids	52402
ID	20-5107941	75	Central and Western Kansas	347 South Laura	Wichita	67211
KY	36-4497854	78	Greater Kentucky and Southern Indiana	8100 Dutchmans Lane	Louisville	40205
LA	72-1038780	081	Louisiana	3717 Government Street	Alexandria	71302
ME	01-0428502	52	Maine	170 U.S. Route 1	Falmouth	4105
MD	52-1219428	83	Greater Maryland	1850 York Road, Suite D	Timonium	21093
KS	48-0934474	100	Heart of America	3846 West 75th Street	Prairie Village	66208
MO	43-1344786	101	Mid Missouri	2400 Bluff Creek Drive	Columbia	65201
MO	43-1485251	103	Southwest Missouri	1500 South Glenstone	Springfield	65804
MT	01-0452297	105	Montana	3010 11th Avenue North	Billings	59101
NE	48-0931989	108	Great Plains	5601 S. 27th Street, Suite 201	Lincoln	68512
NE	47-0848436	109	Midlands	1941 South 42nd Street	Omaha	68105
NY	36-3487171	117	Central New York	441 West Kirkpatrick Street	Syracuse	13204-1361
NY	14-1695487	118	Hudson Valley/Rockland/Westchester, NY	2 Jefferson Plaza, Suite 103	Poughkeepsie	12601-4027
NY	11-2637292	120	Long Island	3281 Veterans Memorial Highway	Ronkonkoma	11779
NY	13-3277408	121	New York City	360 Lexington Avenue, 5th Floor	New York	10017
NY	16-1159941	123	Rochester	435 East Henrietta Road	Rochester	14620
NY	16-1181599	128	Western New York	2805 Wehrle Drive, Suite 6	Williamsville	14221
OH	34-1454446	135	Greater East Ohio Area	1815 West Market Street, Suite 301	Akron	44313
OH	34-1311175	139	Cleveland Area	23215 Commerce Park Drive	Beachwood	44122
OH	31-0986238	140	Central Ohio	3380 Tremont Road	Columbus	43221
OH	31-1031867	143	Miami Valley	3797 Summit Glen Drive, Suite G100	Dayton	45449
OH	34-1423768	144	Northwest Ohio	2500 North Reynolds Road	Toledo	43015-2820
OK	73-1183372	147	Oklahoma/Arkansas	6465 South Yale, Suite 206	Tulsa	74138-7810
OR	93-0813252	148	Oregon	1850 Northwest Nalko Parkway	Portland	97209
PA	23-2280056	156	Delaware Valley	399 Market Street	Philadelphia	19108
SD	32-0151773	162	South Dakota	1000 N West Ave Suite 250	Sioux Falls	57104
TX	74-2286105	169	Capital of Texas	3429 Executive Center Drive	Austin	78731
TX	75-2041194	172	Greater Dallas	4144 North Central Expressway	Dallas	75204
TX	04-3631046	173	STAR	4887 North Mesa	El Paso	79912
TX	74-2198685	174	Houston & Southeast Texas	2242 West Holcombe Blvd.	Houston	77030
TX	75-1984152	177	North Central Texas	101 Summit Avenue	Fort Worth	76102
VT	03-0286299	179	Vermont and New Hampshire	172 North Main Street	Barre	5641
VA	54-1309570	181	Central and Western Virginia	1160 Pepsi Place	Charlottesville	22901
VA	54-1204320	182	Southeastern Virginia	6350 Center Drive	Norfolk	23502
VA	52-1196162	184	National Capital Area	3701 Pender Drive	Fairfax	22030
VA	54-1263555	185	Greater Richmond	4800 Cox Road	Glen Allen	23060
WV	36-3487172	191	West Virginia	1111 Lee Street, East	Charleston	25301
WI	39-1493227	194	Greater Wisconsin	2900 Curry Lane Suite A	Green Bay	54311
WI	39-1350965	195	Southeastern Wisconsin	6130 W. National Avenue	Milwaukee	53214
MS	64-0788327	206	Mississippi Chapter	1900 Dunbarton Drive	Jackson	39216
TN	62-1880364	208	Mid South	4205 Hillsboro Pike, Suite 218	Nashville	37215
WI	39-1679333	214	South Central Wisconsin	517 N. Segoe, Suite 301	Madison	53705
IA	42-1520582	232	Greater Iowa	1730 28th Street	West Des Moines	50266

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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 \$ 388,778. including grants of \$ 0.) (Revenue \$ 0.)

Research -- See Schedule O

4b (Code: \_\_\_\_\_) (Expenses \$ 515,382. including grants of \$ 0.) (Revenue \$ 1,196,023.)

Respite Care -- See Schedule O

4c (Code: \_\_\_\_\_) (Expenses \$ 65,451,612. including grants of \$ 1,472,056.) (Revenue \$ 2,964,839.)

Program Services -- See Schedule O

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

(Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 208,112.)

4e Total program service expenses ▶ \$ 66,355,772. (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 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any 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, and 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

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Form 990 (2008)

**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 sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....		X
36 <b>Section 501(c)(3) organizations.</b> 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

BAA

Form 990 (2008)



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	433		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	18		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	1,246		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?	X	
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	X	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?	X	
9b	Did the organization make any distribution to a donor, donor advisor, or related person?	X	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from other members or shareholders		
11a			
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12a			
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
12b			

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Form 990 (2008)

**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, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
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		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		X

**Section B. Policies**

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

**Section C. Disclosures**

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

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees...

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

Table with 6 columns: (A) Name and Title, (B) Average hours per week, (C) Position (check all that apply) with sub-columns for Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, and Former, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total ...
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

Table with 2 columns: Question, Yes/No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

Table for independent contractors with columns: (A) Name and business address, (B) Description of Services, (C) Compensation. Row 1 contains 'NONE'.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 4,971,269.					
	b Membership dues	1b 51,977.					
	c Fundraising events	1c 31,320,807.					
	d Related organizations	1d 217,324.					
	e Government grants (contributions)	1e 6,249,538.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 33,544,688.					
	g Noncash contribns included in lns 1a-1f: \$						
	h Total. Add lines 1a-1f		76,355,603.				
PROGRAM SERVICE REVENUE	Business Code						
	2a Respite Care	624100	1,196,023.	1,196,023.	0.	0.	
	b Workshops/Conferences/Seminars/Traini	624100	2,964,839.	2,964,839.	0.	0.	
	c Safe Return	624100	33,817.	33,817.	0.	0.	
	d Misc. Program Services	900099	58,525.	58,525.	0.	0.	
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		4,253,204.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,187,274.	0.	0.	1,187,274.	
	4 Income from investment of tax-exempt bond proceeds		31,878.	0.	0.	31,878.	
	5 Royalties		8,342.	0.	0.	8,342.	
	6a Gross Rents	(i) Real	26,000.				
		(ii) Personal					
		b Less: rental expenses	23,758.				
		c Rental income or (loss)	2,242.				
	d Net rental income or (loss)		2,242.	0.	0.	2,242.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	3,385,550.				
		(ii) Other	119,896.				
		b Less: cost or other basis and sales expenses	4,077,250.	100,161.			
		c Gain or (loss)	-691,700.	19,735.			
	d Net gain or (loss)		-671,965.	0.	0.	-671,965.	
	8a Gross income from fundraising events (not including \$ 31,320,807. of contributions reported on line 1c). See Part IV, line 18	a	6,288,725.				
		b Less: direct expenses	b	1,852,022.			
c Net income or (loss) from fundraising events			4,436,703.	0.	0.	4,436,703.	
9a Gross income from gaming activities. See Part IV, line 19	a	56,232.					
	b Less: direct expenses	b	38,860.				
	c Net income or (loss) from gaming activities		17,372.	0.	0.	17,372.	
10a Gross sales of inventory, less returns and allowances	a	131,894.					
	b Less: cost of goods sold	b	16,124.				
	c Net income or (loss) from sales of inventory		115,770.	115,770.	0.	0.	
Miscellaneous Revenue		Business Code					
11a Misc. Rev	900099	262,446.	0.	0.	262,446.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		262,446.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			85,998,869.	4,368,974.	0.	5,274,292.	

**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	65,370.	65,370.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,406,686.	1,406,686.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,952,697.	8,132,669.	1,370,198.	1,449,830.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages	33,388,674.	26,426,438.	2,536,719.	4,425,517.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	722,005.	517,984.	111,775.	92,246.
9 Other employee benefits	3,986,921.	3,083,301.	361,931.	541,689.
10 Payroll taxes	3,405,117.	2,647,094.	305,839.	452,184.
11 Fees for services (non-employees)				
a Management	305,014.	251,242.	11,948.	41,824.
b Legal	66,153.	27,180.	28,711.	10,262.
c Accounting	735,863.	308,093.	380,509.	47,261.
d Lobbying	152,585.	152,585.	0.	0.
e Prof fundraising svcs. See Part IV, ln 17	0.			0.
f Investment management fees	48,923.	24,264.	20,608.	4,051.
g Other	2,344,341.	1,780,302.	247,472.	316,567.
12 Advertising and promotion	2,254,917.	1,742,202.	39,916.	472,799.
13 Office expenses	5,799,959.	4,331,986.	465,580.	1,002,393.
14 Information technology	379,826.	273,885.	68,062.	37,879.
15 Royalties				
16 Occupancy	6,335,431.	5,108,932.	522,710.	703,789.
17 Travel	1,897,731.	1,493,538.	161,951.	242,242.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,809,787.	2,015,863.	174,368.	619,556.
20 Interest	133,755.	54,173.	63,062.	16,520.
21 Payments to affiliates	1,417,655.	1,398,562.	2,963.	16,130.
22 Depreciation, depletion, and amortization	1,212,840.	903,156.	184,107.	125,577.
23 Insurance	299,777.	215,485.	52,959.	31,333.
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 <u>Books and Publications</u>	32,536.	30,997.	980.	559.
b <u>Misc.</u>	759,474.	427,414.	140,971.	191,089.
c <u>Bad Debt</u>	107,257.	18,336.	59,529.	29,392.
d <u>Webstore</u>	2,382.	0.	0.	2,382.
e <u>Special Events</u>	1,114,611.	354,525.	7,121.	752,965.
f All other expenses	4,011,279.	3,163,510.	230,136.	617,633.
25 Total functional expenses. Add lines 1 through 24f	86,149,566.	66,355,772.	7,550,125.	12,243,669.
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	1,878,277.	1,023,812.	14,340.	840,125.

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Form 990 (2008)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing .....	30,211,999.	1	20,868,466.
	2	Savings and temporary cash investments .....	4,663,061.	2	19,954,069.
	3	Pledges and grants receivable, net .....	12,497,466.	3	6,268,824.
	4	Accounts receivable, net .....	5,981,488.	4	10,266,966.
	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 sale or use .....	228,012.	8	249,106.
	9	Prepaid expenses and deferred charges .....	1,167,247.	9	1,201,757.
	10a	Land, buildings, and equipment: cost basis .....	10a 13,586,273.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 8,030,515.	10c	5,555,758.
	11	Investments – publicly-traded securities .....	42,899,123.	11	22,393,003.
	12	Investments – other securities. See Part IV, line 11 .....	0.	12	2,585,298.
	13	Investments – program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....	376,714.	15	5,678,961.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	104,367,338.	16	95,022,208.	
LIABILITIES	17	Accounts payable and accrued expenses .....	7,785,277.	17	9,258,450.
	18	Grants payable .....	587,519.	18	12,500.
	19	Deferred revenue .....	1,691,124.	19	1,394,656.
	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 .....	0.	23	784,300.
	24	Unsecured notes and loans payable .....	1,244,477.	24	10,396.
	25	Other liabilities. Complete Part X of Schedule D .....	1,535,213.	25	1,623,716.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	12,843,610.	26	13,084,018.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	70,285,376.	27	62,279,624.
	28	Temporarily restricted net assets .....	16,786,581.	28	14,954,503.
	29	Permanently restricted net assets .....	4,451,771.	29	4,704,063.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances.</b> .....	91,523,728.	33	81,938,190.	
34	<b>Total liabilities and net assets/fund balances.</b> .....	104,367,338.	34	95,022,208.	

**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? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If 'Yes' to 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? .....	2c	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? .....	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? .....	3b	X

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Form 990 (2008)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

The organization is not a private foundation because it is: (Please check only one organization.)

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) a family member of a person described in (i) above? .....	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

**h Provide the following information about the organizations the organization supports.**

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



**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 'unusual grants'.) . . . . .	53,056,331.	55,770,308.	88,948,400.	98,025,980.	75,819,991.	371,621,010.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .						
4 <b>Total.</b> Add lines 1-3 . . . . .	53,056,331.	55,770,308.	88,948,400.	98,025,980.	75,819,991.	371,621,010.
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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						371,621,010.

**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 . . . . .	53,056,331.	55,770,308.	88,948,400.	98,025,980.	75,819,991.	371,621,010.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	365,215.	2,848,610.	3,034,727.	2,141,782.	1,253,494.	9,643,828.
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.) . . . . .	537,707.	4,232,407.	803,146.	728,278.	262,446.	6,563,984.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						387,828,822.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	95.82%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f . . . . .	15	94.60%
16a <b>33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2007.</b> 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 <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2007.</b> 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 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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 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)

Other Income Part II, Line 10 -----

2004: 537707. -----

2005: 4232407. -----

2006: 803146. -----

2007: 728278. -----

2008: 262446. -----

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2008**

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**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 own internal 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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
c Total lobbying expenditures (add lines 1a and 1b) .....		
d Other exempt purpose expenditures .....		
e Total exempt purpose expenditures (add lines 1c and 1d) .....		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f) .....		
h Subtract line 1g from line 1a. 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 type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount .....					
b Lobbying ceiling amount (150% of line 2a, column (e)) .....					
c Total lobbying expenditures .....					
d Grassroots non-taxable amount .....					
e Grassroots ceiling amount (150% of line 2d, column (e)) .....					
f Grassroots lobbying expenditures .....					

BAA

**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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		47,463.
d Mailings to members, legislators, or the public?	X		13,842.
e Publications, or published or broadcast statements?	X		2,244.
f Grants to other organizations for lobbying purposes?	X		44,170.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		314,827.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	X		106,692.
i Other activities? If 'Yes,' describe in Part IV	X		15,000.
j Total lines 1c through 1i			544,238.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**Part III-A** 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?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** 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.

Pt II-B Line 1i Lobbyist hired to support legislation aimed to assist the aging populace of the state of Georgia.



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area
- Protection of natural habitat       Preservation of certified historic structure
- Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? .....
- Yes       No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? .....
- Yes       No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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



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

- 3 Using the organization's 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             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if 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	5,113,356.				
b Contributions	389,067.				
c Investment earnings or losses	-504,765.				
d Grants or scholarships					
e Other expenditures for facilities and programs	146,889.				
f Administrative expenses	7,849.				
g End of year balance	4,842,920.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   | X   |    |
| (ii) related organizations  |     | X  |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? |     | X  |

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		144,900.		144,900.
b Buildings		2,016,739.	617,616.	1,399,123.
c Leasehold improvements		2,267,362.	826,295.	1,441,067.
d Equipment		8,511,883.	6,219,416.	2,292,467.
e Other		645,389.	367,188.	278,201.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,555,758.

BAA

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products .....	1,048,889.	FMV
Closely-held equity interests .....		
Other -----		
Global Partners Global Asset Fund	1,067,000.	Cost
Permanent Trust	194,050.	FMV
Quasi Endowment Fund	263,265.	FMV
Endowment -----	12,094.	FMV
-----		
-----		
-----		
-----		
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶	2,585,298.	

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

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

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

(a) Description	(b) Book value
Total. (Column (b) Total (should equal Form 990, Part X, col. (B), line 15) .....	5,678,961.

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Unsecured Line of Credit	63,930.
Liability Under CRAT	1,387,857.
Capital and Annuity Lease Obligations	111,575.
Fiscal Agent Liability	60,354.
Total. (Column (b) Total (should equal Form 990, Part X, col. (B) line 25) ▶	1,623,716.

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

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

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

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

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

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

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

**Part XIV Supplemental Information**

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

Pt V Line 4 14 Chapter Uses of Endowments and Endowment Fund Percentages Listed Below:

-----  
Central and North Florida Chapter- 100% Permanent Endowment  
Permanently Restricted Fund and only the interest earned may be distributed  
to the chapter each year. The chapter elects not to receive the distribution  
but rather keep it in the fund. FY 09 the fund incurred a loss.  
 -----

Central Ohio Chapter- 100% Term Endowment

**Part XIV** Supplemental Information (continued)

Used to enhance caregiver support and services through  
education and support groups.

Cleveland Area Chapter- 100% Permanent Endowment

Interest used as general support

Delaware Valley Chapter- 89% Permanent, 11% Term Endowment

Interest/gains.

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

The fund was created with proceeds from various money market accounts used  
for cash reserve purposes with the intent of creating a higher return on the reserves fund.

The nature of the funds are liquid and allows the board

access to the revenue for the sole purpose of implementing the mission  
of the association.

Georgia Chapter-100% Board designated or quasi-endowment

To provide for the Association's capital projects and program-related activities.

Greater Kentucky and Southern Indiana- 61% Permanent, 39% Term Endowment

For the Best Friends Adult Day Services Center

Miami Valley Chapter-42% Board designated or quasi-endowment,

58% Permanent Endowment

Since inception, no draws have been made on any income provided by the funds.

The Board will decide when to start drawing on the income generated by the funds.

Part XIV Supplemental Information (continued)

Montana Chapter- 100% Board designated or quasi-endowment

Investment

New York City Chapter- 100% Permanent Endowment

Unrestricted monies used for program related activities at the Chapter.

Northern California and Northern Nevada Chapter-100% Permanent Endowment

Used for Chapter Programs

Oregon Chapter- 100% Permanent Endowment

Respite scholarships for McGinty Conference

Rochester Chapter- 77% Board designated or quasi-endowment,

23% Permanent Endowment

Board designated funds will be used to support the organization's programs as deemed necessary.

The permanent endowments are used to support programs and services as specified by the donors.

Western New York- 100% Permanent Endowment

The income generated from this permanent endowment is unrestricted

and can be used by the organization for general operating expenditures.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

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

- Mail solicitations
Email solicitations
Phone solicitations
In-person solicitations

- Solicitation of non-government grants
Solicitation of government grants
Special fundraising events

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

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

Table with 6 main columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

Total

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

Series of horizontal dashed lines for listing states.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
		Gala (event type)	Memory Walk (event type)	5 (total number)	(Add col. (a) through col. (c))		
REVENUE	1	Gross receipts	4,896,128.	23,979,394.	6,510,803.	35,386,325.	
	2	Less: Charitable contributions	575,739.	5,940,221.	2,468,417.	8,984,377.	
	3	Gross revenue (line 1 minus line 2)	4,320,389.	18,039,173.	4,042,386.	26,401,948.	
DIRECT EXPENSES	4	Cash prizes	0.	0.	38,255.	38,255.	
	5	Non-cash prizes	11,397.	52,960.	0.	64,357.	
	6	Rent/facility costs	2,100.	56,292.	377,607.	435,999.	
	7	Other direct expenses	431,812.	1,483,627.	1,133,048.	3,048,487.	
	8	Direct expense summary. Add lines 4- through 7 in column (d)					3,587,098.
	9	Net income summary. Combine lines 3 and 8 in column (d)					22,814,850.

**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		71,322.	71,322.	
	2	Cash prizes		0.	0.	
EXPENSES	3	Non-cash prizes		38,860.	38,860.	
	4	Rent/facility costs		0.	0.	
	5	Other direct expenses		1,825.	1,825.	
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90.00 % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				40,685.
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				30,637.

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: <u>See Schedule G (Form 990 or Form 990-EZ), Part III, Line 9 (continued)</u>		
a Is the organization licensed to operate gaming activities in each of these states?	9a X	
b If 'No,' Explain: <u>Raffle Tickets sold for a car in connection with Golf Tournament. All IRS required forms and taxes are in compliance. No other legal requirements needed.</u>		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If 'Yes,' Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

		YES	NO
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility		
	13a %		
b	An outside facility		
	13b 100.00 %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name: ▶ <u>See Schedule O Statement</u>		
	Address: ▶ _____		
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue? .....	15a	X
b	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.		
c	If 'Yes,' enter name and address:		
	Name: ▶ _____		
	Address: ▶ _____		
16	Gaming manager information		
	Name: ▶ <u>Diana Butz</u>		
	Gaming manager compensation ▶ \$ <u>47,000.</u>		
	Description of services provided: ▶ <u>Oversight of all raffles conducted by the organization</u>		
	<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....	17a	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____		





**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
Respite Care	326	275,764.			
Scholarships/grant awards	11	8,000.			
Respite assistance funds	36	36,960.			
Caring Closet supplies	332	31,460.			
Safe Return scholarships	91	6,579.			
Scholarships for assistance in attending Prof. Train	817	75,630.			
IIIE Respite Grant (Dept. on Aging)	30	17,878.			

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

Pt I Line 2 Central and North Florida Chapter-Written agreement

Pt I Line 2 Central and Western Kansas Office- IIE (administered by the Area Agency on Aging in Kansas)

Pt I Line 2 Each grant participant must complete an application we issue.

Pt I Line 2 he guidelines are 1) the person being cared for must be 60+ years

Pt I Line 2 2) person needing care must live at home with caregiver

3) they must live in Sedgwick, Butler, or Harvey County. The facility that the caregiver uses, invoices us directly

Memorial Grant: Each grant participant must complete an application we issue.

We reimburse caregivers for in-home or daycare respite fees. These fees are reimbursed up to \$400 for the year

The caregiver must send in proof of payment to receive their reimbursement.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Memorial Golf Respite	42	19,627.			
Respite Grants	1,201	351,104.			
Family Service Funds	100	35,675.			
Respite Grants	98	96,352.			
Respite Grants	33	9,330.			
Respite Grants	284	39,749.			
Safe Return	215	6,439.			
Respite Grants	23	7,306.			
Respite Reimbursement	24	9,430.			
Respite Reimbursement	38	24,640.			
Various Individuals	8	8,000.			
Respite Payments	70	75,023.			
Respite scholarships	125	67,708.			
Various	7	5,155.			
Various AFCSP Candidates	10	88,898.			
Various Under \$5,000	386	29,884.			
In-home respite care	31		44,634. FMV		purchased service paid directly to th
adult day care	6		8,360. FMV		adult day care
Respite Care	1	27,101.			

BAA

TEEA4002 07/01/08

**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**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 23.

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

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> 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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width:50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>				<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<b>b</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 .....	<b>1b</b>										
<b>2</b> 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? .....	<b>2</b>										
<p><b>3</b> Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width:50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>				<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:											
<b>a</b> Receive a severance payment or change of control payment? .....	<b>4a</b>	X									
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>		X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>		X								
If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</b>											
<b>5</b> 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:											
<b>a</b> The organization? .....	<b>5a</b>		X								
<b>b</b> Any related organization? .....	<b>5b</b>		X								
If 'Yes' to line 5a or 5b, describe in Part III.											
<b>6</b> 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:											
<b>a</b> The organization? .....	<b>6a</b>		X								
<b>b</b> Any related organization? .....	<b>6b</b>		X								
If 'Yes' to line 6a or 6b, describe in Part III.											
<b>7</b> For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III .....	<b>7</b>		X								
<b>8</b> 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 .....	<b>8</b>		X								

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

Schedule J (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**

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA BANGS DIRECTOR	1.	X						NONE	NONE	NONE
CLIFA ATLAS DIRECTOR	1.	X						NONE	NONE	NONE
DOUG MOORHOUSE DIRECTOR	1.	X						NONE	NONE	NONE
EVA LAI-KIT JONES DIRECTOR	1.	X						NONE	NONE	NONE
GRACE LEE DIRECTOR	1.	X						NONE	NONE	NONE
HOWARD WAHL DIRECTOR	1.	X						NONE	NONE	NONE
JOAN MARKS DIRECTOR	1.	X						NONE	NONE	NONE
JOE COONEY DIRECTOR	1.	X						NONE	NONE	NONE
JOHN GRUBB DIRECTOR	1.	X						NONE	NONE	NONE
JUNE DARMANIAN DIRECTOR	1.	X						NONE	NONE	NONE
LADSON HINTON DIRECTOR	1.	X						NONE	NONE	NONE
LENNART MUCKE DIRECTOR	1.	X						NONE	NONE	NONE
LESLIE BISHOP FRANCO DIRECTOR	1.	X						NONE	NONE	NONE
LISA SULLIVAN DIRECTOR	1.	X						NONE	NONE	NONE
PETER DALEY DIRECTOR	1.	X						NONE	NONE	NONE
RAFAEL GONZALEZ-AMEZCUA DIRECTOR	1.	X						NONE	NONE	NONE
RICK SMITH DIRECTOR	1.	X						NONE	NONE	NONE
SARAH EPSTEIN DIRECTOR	1.	X						NONE	NONE	NONE
CHRISTOPHER BINKLEY CHAIRMAN OF THE BOARD	2.	X			X			NONE	NONE	NONE
DAVID HARRIS TREASURER	2.	X			X			NONE	NONE	NONE
DAVID POWELL DIRECTOR	1.	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**

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DICK PAGE DIRECTOR	1.	X						NONE	NONE	NONE
DONALD MURPHY DIRECTOR	1.	X						NONE	NONE	NONE
ELENORA CRICHLAW DIRECTOR	1.	X						NONE	NONE	NONE
FREDERICK WOLFE DIRECTOR	2.	X						NONE	NONE	NONE
JANA JORDAN DIRECTOR	1.	X						NONE	NONE	NONE
JIM LIVINGSTON DIRECTOR	1.	X						NONE	NONE	NONE
JIM PRUGH DIRECTOR	1.	X						NONE	NONE	NONE
JOHN TIGHE VICE-CHAIRMAN OF THE BOARD	2.	X		X				NONE	NONE	NONE
JOSE LAFOSSE DIRECTOR	1.	X						NONE	NONE	NONE
KATHY SEIDEL DIRECTOR	1.	X						NONE	NONE	NONE
KATIE ROLLYSON DIRECTOR	1.	X						NONE	NONE	NONE
KELLY ROGERS DIRECTOR	1.	X						NONE	NONE	NONE
MARGY CHRISTIAN DIRECTOR	2.	X						NONE	NONE	NONE
MICHAEL SARACUSA DIRECTOR	1.	X						NONE	NONE	NONE
NATHAN HOOKS SECRETARY	2.	X		X				NONE	NONE	NONE
RICK MILLER DIRECTOR	1.	X						NONE	NONE	NONE
SCOTT RICHARDS MEMBER AT LARGE	1.	X						NONE	NONE	NONE
SUSAN BARNHILL IMMEDIATE PAST CHAIRMAN	1.	X						NONE	NONE	NONE
TRACEY WELCH DIRECTOR	2.	X						NONE	NONE	NONE
WALT DEHAVEN DIRECTOR	1.	X						NONE	NONE	NONE
CAROL LENX DIRECTOR	NONE	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**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

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

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL SCHAFFER SECRETARY	NONE	X					NONE	NONE	NONE	
CAROLE EDELMAN DIRECTOR	NONE	X					NONE	NONE	NONE	
CHRISTINE ANDREWS DIRECTOR	NONE	X					NONE	NONE	NONE	
CHRISTOPHER RUPP PAST CHAIR	NONE	X					NONE	NONE	NONE	
CRAIG JOHNSON DIRECTOR	NONE	X					NONE	NONE	NONE	
DANIEL WOLLMAN TREASURER	NONE	X					NONE	NONE	NONE	
ERIC RENNIE CHAIR	NONE	X					NONE	NONE	NONE	
GEORGE BICKFORD DIRECTOR	NONE	X					NONE	NONE	NONE	
JAY KEARNS DIRECTOR	NONE	X					NONE	NONE	NONE	
JENNIFER KEYES-SMITH DIRECTOR	NONE	X					NONE	NONE	NONE	
JULIA BRONDER DIRECTOR	NONE	X					NONE	NONE	NONE	
KAREN KUHL DIRECTOR	NONE	X					NONE	NONE	NONE	
MAUREEN MAURO DIRECTOR	NONE	X					NONE	NONE	NONE	
MIKE MARINACCIO DIRECTOR	NONE	X					NONE	NONE	NONE	
PATRICIA GIBBS DIRECTOR	NONE	X					NONE	NONE	NONE	
RICHARD FISHER VICE CHAIR	NONE	X					NONE	NONE	NONE	
WILLIAM KOWALEWSKI DIRECTOR	NONE	X					NONE	NONE	NONE	
BROOKS, WILLIAM DIRECTOR	1.	X					NONE	NONE	NONE	
FERRERI, SAMUEL EMERITUS DIRECTOR	1.	X					NONE	NONE	NONE	
HANDLEY, JAN VICE CHAIR	1.	X					NONE	NONE	NONE	
KALCK, KATHY BOARD CHAIR	3.	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**

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KARP, JOSEPH DIRECTOR	1.	X					NONE	NONE	NONE	
KEARSON, PATTI DIRECTOR	NONE	X					NONE	NONE	NONE	
KROMBOCK, MONIKA DIRECTOR	1.	X					NONE	NONE	NONE	
MROZINSKI, PHILLIP DIRECTOR	1.	X					NONE	NONE	NONE	
PINEIRO, ENRIQUE SECRETARY, TREASURER	2.	X					NONE	NONE	NONE	
SADOWSKY, DR. CARL DIRECTOR	1.	X					NONE	NONE	NONE	
SUSSMAN, ESQ., WILLIAM DIRECTOR	1.	X					NONE	NONE	NONE	
ANTHONY PESARE DIRECTOR	1.	X					NONE	NONE	NONE	
BRANDI GREGG DIRECTOR	1.	X					NONE	NONE	NONE	
JAMIE GLAVICH SECRETARY	1.	X					NONE	NONE	NONE	
KENYATTA RIVERS DIRECTOR	1.	X					NONE	NONE	NONE	
PAMELA GHEZZI TREASURER	1.	X					NONE	NONE	NONE	
RANDY BRAYN DIRECTOR	1.	X					NONE	NONE	NONE	
ROBERT MORGAN DIRECTOR	1.	X					NONE	NONE	NONE	
SALLIE DREYER DIRECTOR	1.	X					NONE	NONE	NONE	
STEVEN OSWALD DIRECTOR	1.	X					NONE	NONE	NONE	
STUART GAINES CHAIR	1.	X					NONE	NONE	NONE	
WENDA LEWIS DIRECTOR	1.	X					NONE	NONE	NONE	
BENNETT WATTS BOARD CHAIR	10.	X		X			NONE	NONE	NONE	
BILLY SMALL JR. BOARD MEMBER	5.	X					NONE	NONE	NONE	
BOB OXFORD BOARD MEMBER	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**

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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**

Employer Identification number

**ASSOCIATION**

**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE FLECHTER BOARD TREASURER	10.	X		X				NONE	NONE	NONE
DAVID JONES BOARD MEMBER	5.	X						NONE	NONE	NONE
IOLA SNOW BOARD SECRETARY	10.	X		X				NONE	NONE	NONE
LEE ROBINSON BOARD MEMBER	5.	X						NONE	NONE	NONE
LEE WHITE BOARD MEMBER	5.	X						NONE	NONE	NONE
NANCY NEFF BOARD MEMBER	5.	X						NONE	NONE	NONE
PETER ARMSTRONG VICE CHAIR	10.	X		X				NONE	NONE	NONE
SCOTT WILSON BOARD MEMBER	5.	X						NONE	NONE	NONE
STEPHEN BROWN BOARD MEMBER	5.	X						NONE	NONE	NONE
WILLIAM SANDEFUR BOARD MEMBER	5.	X						NONE	NONE	NONE
ADELE RUGG DIRECTOR	1.	X						NONE	NONE	NONE
ANNE L. WILLIAMS DIRECTOR	2.	X						NONE	NONE	NONE
CLYDE YOSHIDA DIRECTOR	NONE	X						NONE	NONE	NONE
JOYCE TIMPSON DIRECTOR	1.	X						NONE	NONE	NONE
MICHAEL F.K. BUCK DIRECTOR	NONE	X						NONE	NONE	NONE
PATRICIA L. BLANCHETTE, MD, MPH HONORARY DIRECTOR	NONE	X						NONE	NONE	NONE
PAUL BROWN HONORARY DIRECTOR	NONE	X						NONE	NONE	NONE
RONALD Y.K. LEONG DIRECTOR	1.	X						NONE	NONE	NONE
WENDY TAKESHITA WONG DIRECTOR	1.	X						NONE	NONE	NONE
BILL HALL BOARD MEMBER	NONE	X						NONE	NONE	NONE
BRETT TILLY BOARD MEMBER PRESIDENT	NONE	X						NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS MCMANUS BOARD MEMBER	NONE	X						NONE	NONE	NONE
DONNA MARCACCI BOARD MEMBER VICE PRESIDENT	NONE	X						NONE	NONE	NONE
ERIK PETTIT BOARD MEMBER TREASURER	NONE	X						NONE	NONE	NONE
JAIDY TORO-RODRIGUEZ BOARD MEMBER	NONE	X						NONE	NONE	NONE
JAYALAKSHMI ATTALURI BOARD MEMBER	NONE	X						NONE	NONE	NONE
KAREN SHADID BOARD MEMBER	NONE	X						NONE	NONE	NONE
KATHY FULLER BOARD MEMBER	NONE	X						NONE	NONE	NONE
KIM SANDERS BOARD MEMBER	NONE	X						NONE	NONE	NONE
KRISTI MOUSHON BOARD MEMBER	NONE	X						NONE	NONE	NONE
LARRY LINDAHL BOARD MEMBER	NONE	X						NONE	NONE	NONE
LINC HOBSON BOARD MEMBER	NONE	X						NONE	NONE	NONE
LINDA BUCK BOARD MEMBER	NONE	X						NONE	NONE	NONE
MARILYN SCHROEDER BOARD MEMBER	NONE	X						NONE	NONE	NONE
MAY MEISTER BOARD MEMBER	NONE	X						NONE	NONE	NONE
ROBERT WHITE BOARD MEMBER	NONE	X						NONE	NONE	NONE
SHARON KENNEDY BOARD MEMBER	NONE	X						NONE	NONE	NONE
SUSAN DAWSON TIBBITS BOARD MEMBER, SECRETARY	NONE	X						NONE	NONE	NONE
BRYAN SELANDER VICE CHAIR, BOARD OF DIRECTORS	2.	X		X				NONE	NONE	NONE
CANDACE WATT DIRECTOR	1.	X						NONE	NONE	NONE
CATHY EDGE DIRECTOR	1.	X						NONE	NONE	NONE
CHARLENE AARON DIRECTOR	1.	X						NONE	NONE	NONE

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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

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Employer Identification number

**ASSOCIATION**

**36-3463656**

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

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS RANDOLPH DIRECTOR	1.	X					NONE	NONE	NONE	
DANI JACHINO DIRECTOR	1.	X					NONE	NONE	NONE	
GLORIA BONNER DIRECTOR	1.	X					NONE	NONE	NONE	
GUY GELLER DIRECTOR	1.	X					NONE	NONE	NONE	
JILL STETSON DIRECTOR & SECRETARY	2.	X		X			NONE	NONE	NONE	
JOSEPH HARRINGTON DIRECTOR	1.	X					NONE	NONE	NONE	
MARY ELSNER DIRECTOR	1.	X					NONE	NONE	NONE	
MIKE O'BRIEN DIRECTOR	1.	X					NONE	NONE	NONE	
PAUL CAPONIGRI DIRECTOR & TREASURER	2.	X		X			NONE	NONE	NONE	
SCOTT PERRY DIRECTOR	1.	X					NONE	NONE	NONE	
STEPHEN HESTER DIRECTOR	1.	X					NONE	NONE	NONE	
STEPHEN MACK CHAIR, BOARD OF DIRECTORS	2.	X		X			NONE	NONE	NONE	
STU GAINES DIRECTOR	1.	X					NONE	NONE	NONE	
TONY HIRSCHTRITT DIRECTOR	1.	X					NONE	NONE	NONE	
BARB ARENS 2ND VICE CHAIR	NONE	X		X			NONE	NONE	NONE	
BOB MEIS DIRECTOR	NONE	X					NONE	NONE	NONE	
CHUCK ROBBINS BOARD PRESIDENT	NONE	X		X			NONE	NONE	NONE	
CINDY ASPEOTIS DIRECTOR	NONE	X					NONE	NONE	NONE	
DAVE GROSENHEIDER DIRECTOR	NONE	X					NONE	NONE	NONE	
DR. LARRY SELLERS DIRECTOR	NONE	X					NONE	NONE	NONE	
JEANNIE HOHENSTEIN 1ST VICE CHAIR	NONE	X		X			NONE	NONE	NONE	

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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**

Employer Identification number

**ASSOCIATION**

**36-3463656**

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

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JIM FEAUTO SECRETARY	NONE	X		X				NONE	NONE	NONE
KEVIN MCMANAMY DIRECTOR	NONE	X						NONE	NONE	NONE
LORI SHAFFER TREASURER	NONE	X		X				NONE	NONE	NONE
PAT GILL DIRECTOR	NONE	X						NONE	NONE	NONE
RICHARD MOORE DIRECTOR	NONE	X						NONE	NONE	NONE
SHEILA BERNSTEIN DIRECTOR	NONE	X						NONE	NONE	NONE
SUSAN FENCEROY DIRECTOR	NONE	X						NONE	NONE	NONE
ANN HAUGLAND DIRECTOR	1.	X						NONE	NONE	NONE
ANNE SALAMON DIRECTOR	1.	X						NONE	NONE	NONE
BOB VANCURA DIRECTOR	1.	X						NONE	NONE	NONE
DAVID GOOD DIRECTOR	1.	X						NONE	NONE	NONE
DAVID KUTCHER DIRECTOR	1.	X						NONE	NONE	NONE
DAVID STOREY DIRECTOR	1.	X						NONE	NONE	NONE
DEBBIE CRAIG DIRECTOR	1.	X						NONE	NONE	NONE
DEBORAH JONES CHAPTER BOARD PRESIDENT	1.	X		X				NONE	NONE	NONE
ERIC JOHNSON DIRECTOR	1.	X						NONE	NONE	NONE
GARY WICKLUND CHAPTER BOARD VICE-PRESIDENT	1.	X		X				NONE	NONE	NONE
JANICE CHARLES DIRECTOR	1.	X						NONE	NONE	NONE
JOE HARTMAN DIRECTOR	1.	X						NONE	NONE	NONE
JOEL KASPAREK DIRECTOR	1.	X						NONE	NONE	NONE
JOEL SCHMIDT CHAPTER BOARD VICE-PRESIDENT	1.	X		X				NONE	NONE	NONE

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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**

Employer Identification number

**ASSOCIATION**

**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY GOOD CHAPTER BOARD SECRETARY	1.	X		X				NONE	NONE	NONE
KRIS IREY DIRECTOR	1.	X						NONE	NONE	NONE
LYNN WIDDEL DIRECTOR	1.	X						NONE	NONE	NONE
MONA KNOLL DIRECTOR	1.	X						NONE	NONE	NONE
NADER AMR DIRECTOR	1.	X						NONE	NONE	NONE
PATRICK ALLEN CHAPTER BOARD TREASURER	1.	X		X				NONE	NONE	NONE
RICK SKOGMAN DIRECTOR	1.	X						NONE	NONE	NONE
RICHARD EDELSON BOARD MEMBER	1.	X						NONE	NONE	NONE
JOHN GALLAGHER BOARD MEMBER	1.	X						NONE	NONE	NONE
HELEN KIENZT BOARD MEMBER	1.	X						NONE	NONE	NONE
ROBERT MADDOX BOARD MEMBER	1.	X						NONE	NONE	NONE
STEVE MAGRE BOARD MEMBER	1.	X						NONE	NONE	NONE
CATHY NAGY BOARD MEMBER	1.	X						NONE	NONE	NONE
SCOTT OLINGER BOARD MEMBER	1.	X						NONE	NONE	NONE
SUSAN POPE BOARD CHAIR	5.	X						NONE	NONE	NONE
PROFITT NEWMAN KAREN BOARD MEMBER	1.	X						NONE	NONE	NONE
SHARON REED VICE CHAIR	5.	X						NONE	NONE	NONE
RICHARD RICHTER BOARD MEMBER	1.	X						NONE	NONE	NONE
JOE ROSENBERG BOARD MEMBER	1.	X						NONE	NONE	NONE
BEN SCHOENBACHLER SECRETARY	5.	X						NONE	NONE	NONE
TERRY SMALLWOOD BOARD MEMBER	1.	X						NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008



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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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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**

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHELLY TRENT BOARD MEMBER	1.	X						NONE	NONE	NONE
NEIL WALKOFF BOARD MEMBER	1.	X						NONE	NONE	NONE
CHRISTINE WHITE BOARD MEMBER	1.	X						NONE	NONE	NONE
LAURA WIGGLESWORTH TREASURER	5.	X						NONE	NONE	NONE
ISABEL YATES BOARD MEMBER	1.	X						NONE	NONE	NONE
ALETHEA LINDSAY SHREVEPORT	NONE	X						NONE	NONE	NONE
ANGELA GAUTHIE BATON ROUGE	NONE	X						NONE	NONE	NONE
DR. GLENN ALLY LAFAYETTE	NONE	X						NONE	NONE	NONE
ED PENNINGTON MONROE	NONE	X						NONE	NONE	NONE
JAY RIV'E NEW ORLEANS	NONE	X						NONE	NONE	NONE
JAY RIVE NEW ORLEANS VICE CHAIR	NONE	X		X				NONE	NONE	NONE
JEFF HALL ALEXANDRIA/PINEVILLE	NONE	X						NONE	NONE	NONE
JENNIFER BASS WEST MONROE	NONE	X						NONE	NONE	NONE
JOAN BERGMAN COVINGTON	NONE	X						NONE	NONE	NONE
JOE CLEMENTS- BATON ROUGE TREASURER	NONE	X		X				NONE	NONE	NONE
JONI JUERGENS LAFAYETTE SECRETARY	NONE	X		X				NONE	NONE	NONE
KATIE SIVILS MONROE PAST CHAIR	NONE	X						NONE	NONE	NONE
KEITH WEISHEIT HOUMA	NONE	X						NONE	NONE	NONE
KIM RAINWATER SHREVEPORT	NONE	X						NONE	NONE	NONE
LAUREL BERTRAND LAKE CHARLES	NONE	X						NONE	NONE	NONE
MARY NOEL RN NEW ORLEANS CHAIR	NONE	X		X				NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

SCHEDULE J-2  
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

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Department of the Treasury  
Internal Revenue Service

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

Employer Identification number  
36-3463656

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA DEMICHELE NEW ORLEANS	NONE	X						NONE	NONE	NONE
PAUL PRATT SHREVEPORT	NONE	X						NONE	NONE	NONE
RICKY BONIN BROUSSARD	NONE	X						NONE	NONE	NONE
ROSE ANN ST.ROMAIN MANSURA	NONE	X						NONE	NONE	NONE
STEVE RAINEY SHREVEPORT	NONE	X						NONE	NONE	NONE
WALLY BROUSSARD LAFAYETTE	NONE	X						NONE	NONE	NONE
WILLIE MOUNT LAKE CHARLES	NONE	X						NONE	NONE	NONE
CAROL CALCAGNI BOARD SECRETARY	NONE	X		X				NONE	NONE	NONE
CYNTHIA CAVE BOARD MEMBER	NONE	X						NONE	NONE	NONE
DEANE LANPHEAR BOARD MEMBER	NONE	X						NONE	NONE	NONE
ERNEST G. ENCK JR. BOARD TREASURER	NONE	X		X				NONE	NONE	NONE
GAIL RICHARDSON GEE BOARD MEMBER	NONE	X						NONE	NONE	NONE
JABBAR FAZELI BOARD MEMBER	NONE	X						NONE	NONE	NONE
JOYCE HEPTNER EXECUTIVE DIRECTOR	40.	X			X			70,808.	NONE	NONE
KAREN STRAM BOARD MEMBER	NONE	X						NONE	NONE	NONE
KATHRYN PEARS DIR.OF PROGRAMS, PUBLIC POLICY	40.	X			X			42,191.	NONE	NONE
KIRBY WHITNEY BOARD VICE-PRESIDENT	NONE	X		X				NONE	NONE	NONE
LAURIE TRENHOLM DIRECTOR OF FINANCE, HR AND IT	40.	X			X			65,696.	NONE	NONE
LORI DESJARDINS BOARD MEMBER	NONE	X						NONE	NONE	NONE
MARK NALE BOARD MEMBER	NONE	X						NONE	NONE	NONE
MICHEAL BIERLEY BOARD MEMBER	NONE	X						NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT ARMSTRONG BOARD MEMBER	NONE	X						NONE	NONE	NONE
SHERRIE BERGMAN BOARD PRESIDENT	NONE	X		X				NONE	NONE	NONE
BRIAN J. SCHEINBERG BOARD MEMBER	2.	X						NONE	NONE	NONE
CATHY NEUMAN BOARD MEMBER	2.	X						NONE	NONE	NONE
CHIADI ONYIKA, MD, MHS BOARD MEMBER	2.	X						NONE	NONE	NONE
CRAIG CASH BOARD ETHICS DIRECTOR	2.	X						NONE	NONE	NONE
DONNA GAVER BOARD MEMBER	2.	X						NONE	NONE	NONE
ERIC NICHOLS BOARD PRESIDENT	10.	X		X				NONE	NONE	NONE
HOWARD POLLINGER BOARD MEMBER	2.	X						NONE	NONE	NONE
JOHN F. SCHULZE JR. BOARD SECRETARY	10.	X		X				NONE	NONE	NONE
KAREN KAUFMAN PHD. BOARD MEMBER	2.	X						NONE	NONE	NONE
LISA MERENSOTTO BOARD MEMBER	2.	X						NONE	NONE	NONE
M. CHAD MALKUS ESQ BOARD VICE PRESIDENT	10.	X		X				NONE	NONE	NONE
MARK MCELWEE BOARD MEMBER	2.	X						NONE	NONE	NONE
MELINDA FITTING PHD BOARD MEMBER	2.	X						NONE	NONE	NONE
REBECCA LI CPA BOARD MEMBER	2.	X						NONE	NONE	NONE
ROBERT A. REITZ BOARD TREASURER	10.	X		X				NONE	NONE	NONE
ROBERT P. MCNUTT BOARD MEMBER	2.	X						NONE	NONE	NONE
SAMUEL ROSS MD, MD, BOARD MEMBER	2.	X						NONE	NONE	NONE
SYLVIA MACKAY BOARD MEMBER	2.	X						NONE	NONE	NONE
VERONICA MOZZANO BOARD MEMBER	2.	X						NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AARON WILLARD DIRECTOR	1.	X						NONE	NONE	NONE
BILL GRACE SECRETARY	1.	X		X				NONE	NONE	NONE
BRAD JENKS DIRECTOR	1.	X						NONE	NONE	NONE
DAVID OLIVER DIRECTOR	1.	X						NONE	NONE	NONE
DONNA RICE DIRECTOR	1.	X						NONE	NONE	NONE
GEORGE CARNEY BOARD CHAIR	2.	X		X				NONE	NONE	NONE
JACK SMITH DIRECTOR	1.	X						NONE	NONE	NONE
LEAH BETH SIMON VICE PRESIDENT	1.	X		X				NONE	NONE	NONE
LILLI VIANELLO DIRECTOR	1.	X						NONE	NONE	NONE
MYRA AUD DIRECTOR	1.	X						NONE	NONE	NONE
PETER KOKOULA TREASURER	1.	X		X				NONE	NONE	NONE
PHIL ORSCHELN DIRECTOR	1.	X						NONE	NONE	NONE
BETTY PARNELL DIRECTOR	4.	X		X				NONE	NONE	NONE
CARRIE ANN RICHARDSON DIRECTOR	2.	X						NONE	NONE	NONE
DOUGLAS HENRY DIRECTOR	2.	X						NONE	NONE	NONE
DR. MARY NEWMAN DIRECTOR	2.	X						NONE	NONE	NONE
GAIL NOGGLE DIRECTOR	2.	X						NONE	NONE	NONE
KAREN KRITTENBRINK VICE-CHAIRPERSON AND DIRECTOR	4.	X		X				NONE	NONE	NONE
KATIE ATON-JACKSON TREASURER AND DIRECTOR	4.	X		X				NONE	NONE	NONE
LOIS M. ZERRER CHAIRPERSON OF BOARD OF DIRECTORS	4.	X		X				NONE	NONE	NONE
SAMANTHA HOGENSON DIRECTOR	2.	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**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN SOMMER-LUARCA DIRECTOR	4.	X		X				NONE	NONE	NONE
TOM SHORT DIRECTOR	2.	X						NONE	NONE	NONE
VICKI KARLOVICH SECRETARY AND DIRECTOR	4.	X		X				NONE	NONE	NONE
WHITNEY BURNS DIRECTOR	2.	X						NONE	NONE	NONE
CYNDE CHEEK DIRECTOR	1.	X						NONE	NONE	NONE
JOBY FLYNN DIRECTOR	1.	X						NONE	NONE	NONE
KAREN TOWNSEND-FRIED DIRECTOR	1.	X						NONE	NONE	NONE
KATHY LUNDBERG DIRECTOR	1.	X						NONE	NONE	NONE
LYNN WAGNER DIRECTOR	1.	X						NONE	NONE	NONE
SCOTT GARDNER DIRECTOR	1.	X						NONE	NONE	NONE
TAMI JOHNSON DIRECTOR	1.	X						NONE	NONE	NONE
ARTHUR ANDERSON DIRECTOR	NONE	X						NONE	NONE	NONE
CHRIS GILLESPIE DIRECTOR	NONE	X						NONE	NONE	NONE
DEETTA VRANA DIRECTOR	NONE	X						NONE	NONE	NONE
DOUG CURRY DIRECTOR	NONE	X						NONE	NONE	NONE
JIM COOK DIRECTOR	NONE	X						NONE	NONE	NONE
JOHN HANIGAN PAST CHAIR	NONE	X						NONE	NONE	NONE
KYLE SITZMAN TREASURER	NONE	X		X				NONE	NONE	NONE
MARGARET SMALL SECRETARY	NONE	X		X				NONE	NONE	NONE
MARY RAUNER DIRECTOR	NONE	X						NONE	NONE	NONE
MIKE BOUSQUET VICE CHAIR	NONE	X		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**

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RENNIE WALT BOARD CHAIR	NONE	X		X				NONE	NONE	NONE
WANDA HULS DIRECTOR	NONE	X						NONE	NONE	NONE
BRENDA BERGMAN-EVANS DIRECTOR	NONE	X						NONE	NONE	NONE
GARY DEVOSS DIRECTOR	NONE	X						NONE	NONE	NONE
HOLLY HUERTER MORGAN DIRECTOR	NONE	X						NONE	NONE	NONE
JACK RUESCH DIRECTOR	NONE	X						NONE	NONE	NONE
JANE PROCHASKA DIRECTOR	NONE	X						NONE	NONE	NONE
JOHN SHARP DIRECTOR	NONE	X						NONE	NONE	NONE
KATHY COZIAHR TREASURER	NONE	X		X				NONE	NONE	NONE
KERRY HEINRICH DIRECTOR	NONE	X						NONE	NONE	NONE
KRISTINE SULLIVAN DIRECTOR	NONE	X						NONE	NONE	NONE
LARRY GUENTHER VICE CHAIR	NONE	X		X				NONE	NONE	NONE
RYAN CLARK SECRETARY	NONE	X		X				NONE	NONE	NONE
VERNE WELCH DIRECTOR	NONE	X						NONE	NONE	NONE
WOOD HULL CHAIR	NONE	X		X				NONE	NONE	NONE
DR. CHRISTINA HASEMANN VICE PRESIDENT	NONE	X						NONE	NONE	NONE
ELLEN SOMMERS BOARD MEMBER	NONE	X						NONE	NONE	NONE
HELEN DRUCE BOARD MEMBER	NONE	X						NONE	NONE	NONE
JAY SULLIVAN BOARD MEMBER	NONE	X						NONE	NONE	NONE
KAY O'BRIEN BOARD MEMBER	NONE	X						NONE	NONE	NONE
KEITH RUNG TREASURER	NONE	X						NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

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Inspection**

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Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY MALFITANO PRESIDENT	NONE	X						NONE	NONE	NONE
M. PAULA HENNERTY BOARD MEMBER	NONE	X						NONE	NONE	NONE
MARTY MANNING BOARD MEMBER	NONE	X						NONE	NONE	NONE
MARY KOENIG BOARD MEMBER	NONE	X						NONE	NONE	NONE
MARY PAT OLIKER BOARD MEMBER	NONE	X						NONE	NONE	NONE
MICHAEL O'LEARY BOARD MEMBER	NONE	X						NONE	NONE	NONE
PAUL STEPIEN PRESIDENT-ELECT	NONE	X						NONE	NONE	NONE
ROBERT ANGELICOLA BOARD MEMBER	NONE	X						NONE	NONE	NONE
SCOTT HARRIS MEMBER-AT-LARGE	NONE	X						NONE	NONE	NONE
ALAN E. DILLON DIRECTOR	NONE	X						NONE	NONE	NONE
ANDREW B. SILLIN SECRETARY	NONE	X						NONE	NONE	NONE
BRET JACOBOWITZ CHAIR	NONE	X						NONE	NONE	NONE
CHARLOTTE ÖSTMAN FIRST VICE CHAIR	NONE	X						NONE	NONE	NONE
DEBRA KAGAN-BIRKELAND DIRECTOR	NONE	X						NONE	NONE	NONE
FAITH KOTZKER DIRECTOR	NONE	X						NONE	NONE	NONE
JAMES B. MCENVOY DIRECTOR	NONE	X						NONE	NONE	NONE
JANET NEWBERG DIRECTOR	NONE	X						NONE	NONE	NONE
JOHN LEVIN DIRECTOR	NONE	X						NONE	NONE	NONE
KAREN FOLSTER LESPERANCE DIRECTOR	NONE	X						NONE	NONE	NONE
KAREN GANIS SECOND VICE CHAIR	NONE	X						NONE	NONE	NONE
MAUREEN TORELLI TREASURER	NONE	X						NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

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**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer Identification number

**ASSOCIATION**

**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN A. SCHURKMAN DIRECTOR	NONE	X					NONE	NONE	NONE	
WILLIAM J. HIGGINS DIRECTOR	NONE	X					NONE	NONE	NONE	
WILLIAM M. CAHN DIRECTOR	NONE	X					NONE	NONE	NONE	
ANTHONY OTTIMO BOARD MEMBER	1.	X					NONE	NONE	NONE	
BLAINE GREENWALD M.D., BOARD MEMBER	1.	X					NONE	NONE	NONE	
CYNTHIA SCHULER DIRECTOR OF FINANCE	40.	X					49,582.	NONE	NONE	
EDWARD A. SCHER D.C. SECRETARY	1.	X					NONE	NONE	NONE	
IRA CHERNICK VICE PRESIDENT	1.	X					NONE	NONE	NONE	
JULES E. LEVY ESQ., IMMEDIATE PAST PRESIDENT	1.	X					NONE	NONE	NONE	
KEITH LAWLOR BOARD MEMBER	1.	X					NONE	NONE	NONE	
KURT A. MEYER BOARD MEMBER	1.	X					NONE	NONE	NONE	
LAURENCE PETERS PRESIDENT	1.	X					NONE	NONE	NONE	
LUCILLE MAVROKEFALOS BOARD MEMBER	1.	X					NONE	NONE	NONE	
MELVIN R. MULLIN BOARD MEMBER	1.	X					NONE	NONE	NONE	
MICHAEL GORELICK BOARD MEMBER	1.	X					NONE	NONE	NONE	
NICHOLAS ROZAKIS BOARD MEMBER	1.	X					NONE	NONE	NONE	
NORMAN L. TOLLE ESQ. BOARD MEMBER	1.	X					NONE	NONE	NONE	
RONALD A. FATOULLAH BOARD MEMBER	1.	X					NONE	NONE	NONE	
STEVEN L. BRASS CPA TREASURER	1.	X					NONE	NONE	NONE	
STEVEN M. ZARKIN BOARD MEMBER	1.	X					NONE	NONE	NONE	
ANDREW ALBSTEIN DIRECTOR	NONE	X					NONE	NONE	NONE	

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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**

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE MCBRIDE SCHREIBER DIRECTOR	NONE	X					NONE	NONE	NONE	
ARI F. COHEN DIRECTOR	NONE	X					NONE	NONE	NONE	
DAVID GEITHNER DIRECTOR	NONE	X					NONE	NONE	NONE	
HEATH MCLENDON CO-CHAIR	NONE	X					NONE	NONE	NONE	
JACK KAMIN DIRECTOR	NONE	X					NONE	NONE	NONE	
JAMES F. HADDON DIRECTOR	NONE	X					NONE	NONE	NONE	
JEFF HALIS DIRECTOR	NONE	X					NONE	NONE	NONE	
JEFFREY ASHER DIRECTOR	NONE	X					NONE	NONE	NONE	
JEFFREY JONES CO-CHAIR	NONE	X					NONE	NONE	NONE	
JOANNE RONSON DIRECTOR	NONE	X					NONE	NONE	NONE	
KENNETH REISS DIRECTOR	NONE	X					NONE	NONE	NONE	
MARILYN COHEN DIRECTOR	NONE	X					NONE	NONE	NONE	
MARK A. ZURACK DIRECTOR	NONE	X					NONE	NONE	NONE	
PETER A. ANTONUCCI DIRECTOR	NONE	X					NONE	NONE	NONE	
RICHARD H. SCHNEIDER DIRECTOR	NONE	X					NONE	NONE	NONE	
SAMUEL F. MARINI TREASURER	NONE	X					NONE	NONE	NONE	
STEVE E. BOXER DIRECTOR	NONE	X					NONE	NONE	NONE	
SUNNIE KENOWSKY IRVING DIRECTOR	NONE	X					NONE	NONE	NONE	
SUSAN J. CACCAPPOLO DIRECTOR	NONE	X					NONE	NONE	NONE	
SUSAN V. KAYSER DIRECTOR	NONE	X					NONE	NONE	NONE	
WILLIAM BRACHFELD DIRECTOR	NONE	X					NONE	NONE	NONE	

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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

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**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AAARON HILGER BOARD MEMBER	1.	X						NONE	NONE	NONE
ANDREW CAPPOTELLI BOARD MEMBER	1.	X						NONE	NONE	NONE
ANTHONY LEE BOARD MEMBER	1.	X						NONE	NONE	NONE
BILL RYAN BOARD MEMBER	1.	X						NONE	NONE	NONE
CAROL PODGORSKI BOARD MEMBER	1.	X						NONE	NONE	NONE
CHARLIE RUNYON TREASURER	1.	X						NONE	NONE	NONE
DANIEL KATZ BOARD MEMBER	1.	X						NONE	NONE	NONE
DAVID T. WOEHR BOARD MEMBER	1.	X						NONE	NONE	NONE
DONALD LENNOX BOARD MEMBER	1.	X						NONE	NONE	NONE
ELIZABETH HARNESS BOARD MEMBER	1.	X						NONE	NONE	NONE
G. RUSSELL WEST BOARD MEMBER	1.	X						NONE	NONE	NONE
KAY PREY BOARD MEMBER	1.	X						NONE	NONE	NONE
MELVA BROWN BOARD MEMBER	1.	X						NONE	NONE	NONE
MILES ZATKOWSKY BOARD MEMBER	1.	X						NONE	NONE	NONE
NORMA HOLLAND BOARD MEMBER	1.	X						NONE	NONE	NONE
RALPH H. RICHARDS BOARD MEMBER	1.	X						9,065.	NONE	NONE
RANDY TERHO BOARD MEMBER	1.	X						NONE	NONE	NONE
RICHARD MUELLER SECRETARY	1.	X						NONE	NONE	NONE
SHEILA KONAR BOARD MEMBER	1.	X						NONE	NONE	NONE
SIAN CAMERON BOARD MEMBER	1.	X						NONE	NONE	NONE
STEVEN ASH BOARD MEMBER	1.	X						NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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Inspection**

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Internal Revenue Service

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

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-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			
STEWART C. PUTNAM BOARD CHAIR	1.	X						NONE	NONE	NONE
TODD BUTLER BOARD MEMBER	1.	X						NONE	NONE	NONE
VICTORIA G. HINES VICE CHAIR	1.	X						NONE	NONE	NONE
CHRIS PHILLIPS BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
DANELLE WOTKA SECRETARY, BOARD OF DIRECTORS	NONE	X		X				NONE	NONE	NONE
DAVID CASCIO PRESIDENT BOARD OF DIRECTORS	NONE	X		X				NONE	NONE	NONE
DAVID ZAPFEL BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
DIANA HENRY TREASURER BOARD OF DIRECTORS	NONE	X		X				NONE	NONE	NONE
ERIC WIEDEMANN BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
KENNETH HAMILTON BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
KEVIN ENGLISH VICE PRESIDENT BOARD OF DIRECTORS	NONE	X		X				NONE	NONE	NONE
KRISTINA YOUNG BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
LARRY ROBB BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
MICHAEL GROSS BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
MICHAEL OLEAR BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
MICHELLE RAINKA BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
RANDI DRESSEL BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
RICHARD GEHRING BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
THOMAS BEHAN BOARD OF DIRECTORS	NONE	X						NONE	NONE	NONE
ANITA SHAPIRO DIRECTOR	NONE	X						NONE	NONE	NONE
CHRISSE PASTORE DIRECTOR	NONE	X						NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

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

Employer Identification number

**ASSOCIATION**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
D. JOE FLEMING DIRECTOR	NONE	X					NONE	NONE	NONE	
DOUG MACKAY DIRECTOR	NONE	X					NONE	NONE	NONE	
ELIZABETH KOZENKO DIRECTOR	NONE	X					NONE	NONE	NONE	
JENNIFER LILE DIRECTOR	NONE	X					NONE	NONE	NONE	
LES PERELMAN DIRECTOR	NONE	X					NONE	NONE	NONE	
MARK CRAIG DIRECTOR	NONE	X					NONE	NONE	NONE	
MARY ANNE ROTHERMEL DIRECTOR	NONE	X					NONE	NONE	NONE	
NEAL COLBY DIRECTOR	NONE	X					NONE	NONE	NONE	
REX FERRY DIRECTOR	NONE	X					NONE	NONE	NONE	
ROBERT PACANOVSKY DIRECTOR	NONE	X					NONE	NONE	NONE	
BONNIE H. MARCUS DIRECTOR	NONE	X					NONE	NONE	NONE	
BRIAN J. RICHARDSON DIRECTOR	NONE	X					NONE	NONE	NONE	
CHARLES F. ADLER VICE PRESIDENT	NONE	X					NONE	NONE	NONE	
CHRISTINE B. STEVENS PRESIDENT	NONE	X					NONE	NONE	NONE	
CHRISTINE F. BRANCHE DIRECTOR	NONE	X					NONE	NONE	NONE	
COLLETTE APPOLITO DIRECTOR	NONE	X					NONE	NONE	NONE	
CRAIG M. BROWN SECRETARY & VICE PRESIDENT	NONE	X					NONE	NONE	NONE	
GAIL L. SANDS VICE PRESIDENT	NONE	X					NONE	NONE	NONE	
JAN CULVER CPA	NONE	X					NONE	NONE	NONE	
JASON PETERSON DIRECTOR	NONE	X					NONE	NONE	NONE	
KIMBERLY GILL DIRECTOR	NONE	X					NONE	NONE	NONE	

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

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Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA G. DEBOR DIRECTOR	NONE	X					NONE	NONE	NONE	
MARTIN BURKE JR., CFA TREASURER	NONE	X					NONE	NONE	NONE	
MATTHEW S. WAYNE M.D. VICE PRESIDENT	NONE	X					NONE	NONE	NONE	
NANCY H. HOOKER DIRECTOR	NONE	X					NONE	NONE	NONE	
P. KELLY TOMPKINS DIRECTOR	NONE	X					NONE	NONE	NONE	
PAUL D. COULTER PHD DIRECTOR	NONE	X					NONE	NONE	NONE	
ROBERT A. DURHAM DIRECTOR	NONE	X					NONE	NONE	NONE	
ROBERT L. BAZZARELLI PRESIDENT ELECT	NONE	X					NONE	NONE	NONE	
RONALD B. ADRINE DIRECTOR	NONE	X					NONE	NONE	NONE	
SALLY R. TURNER RECORDING SECRETARY & VICE PRE	NONE	X					NONE	NONE	NONE	
BERNIE OSTROWSKI MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	
BRENDA SPRITE MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	
CHUCK WHITE MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	
JAMES KARSATOS MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	
JOHN BURKHART MD MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	
JOHN KALIX MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	
JOHN PETRO MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	
LARRY THORNHILL MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	
MARK KELLY MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	
MICHAEL LOUGE MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	
MYRON LEFF MEMBER, BOARD OF TRUSTREES	NONE	X					NONE	NONE	NONE	

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA LIEBERT MEMBER, BOARD OF TRUSTEES	NONE	X					NONE	NONE	NONE	
PATRICIA KELLY MEMBER, BOARD OF TRUSTEES	NONE	X					NONE	NONE	NONE	
STEVEN MOORE MEMBER, BOARD OF TRUSTEES	NONE	X					NONE	NONE	NONE	
SUSAN HOLCOMB MEMBER, BOARD OF TRUSTEES	NONE	X					NONE	NONE	NONE	
STEVE ARNOLD BOARD PRESIDENT	3.	X					NONE	NONE	NONE	
CONLEY GARY TRUSTEE	1.	X					NONE	NONE	NONE	
MICKI FITZGERALD NOMINATING & PERSONNEL	1.	X					NONE	NONE	NONE	
JANELLE FORBES SECRETARY/TREASURER	2.	X					NONE	NONE	NONE	
BETH HUTTER VP FOR RESOURCE DEVELOPMENT	1.	X					NONE	NONE	NONE	
MEENAKSHI PATEL TRUSTEE	1.	X					NONE	NONE	NONE	
DONALD RINEER TRUSTEE	2.	X					NONE	NONE	NONE	
BILL SPRINGER TRUSTEE	1.	X					NONE	NONE	NONE	
JIM STAHLER OHIO COUNCIL DELEGATE	2.	X					NONE	NONE	NONE	
JOHN SULLIVAN VP CHAPTER PROGRAMS	1.	X					NONE	NONE	NONE	
WANDA WILLIS TRUSTEE	1.	X					NONE	NONE	NONE	
CATHY MELMS DIRECTOR	NONE	X					NONE	NONE	NONE	
DAVID DIMMER DIRECTOR	NONE	X					NONE	NONE	NONE	
DIANE WINGER DIRECTOR	NONE	X					NONE	NONE	NONE	
GAIL DOXIE DIRECTOR	NONE	X					NONE	NONE	NONE	
MARK DOORLEY DIRECTOR	NONE	X					NONE	NONE	NONE	
MARV BEAUFORD DIRECTOR	NONE	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**

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Inspection**

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL MALONE DIRECTOR	NONE	X					NONE	NONE	NONE	
SUSAN CONDA DIRECTOR	NONE	X					NONE	NONE	NONE	
SUZANNE HOLLENBACHER DIRECTOR	NONE	X					NONE	NONE	NONE	
THONDA JAMES DIRECTOR	NONE	X					NONE	NONE	NONE	
WENDY GRAMZA DIRECTOR	NONE	X					NONE	NONE	NONE	
BLANTON BROWN DVISORY BOARD	4.	X					NONE	NONE	NONE	
CHARLES HARDING ADVISORY BOARD	4.	X					NONE	NONE	NONE	
CRAIG SILBERG ADVISORY BOARD	4.	X					NONE	NONE	NONE	
DAVID LOFTIS ADVISORY BOARD	4.	X					NONE	NONE	NONE	
DR DAVID DEARMAN ADVISORY BOARD	4.	X					NONE	NONE	NONE	
DR. SUE GRIFFIN ADVISORY BOARD	4.	X					NONE	NONE	NONE	
GAY LARSON ADVISORY BOARD	4.	X					NONE	NONE	NONE	
HARRY SHELINE ADVISORY BOARD	4.	X					NONE	NONE	NONE	
JACKIE KOURI ADVISORY BOARD	4.	X					NONE	NONE	NONE	
JAMES HOLMAN ADVISORY BOARD	4.	X					NONE	NONE	NONE	
LAKIESHA MITCHELL ADVISORY BOARD	4.	X					NONE	NONE	NONE	
LAURA TURNER ADVISORY BOARD	4.	X					NONE	NONE	NONE	
LETITIA JACKSON ADVISORY BOARD	4.	X					NONE	NONE	NONE	
MARGARET SWIMMER CHAIR ADVISORY BOARD	4.	X					NONE	NONE	NONE	
MATT HENDERSON ADVISORY BOARD	4.	X					NONE	NONE	NONE	
PAUL SAMUELS ADVISORY BOARD	4.	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**

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REV LINDA BRINKWORTH ADVISORY BOARD	4 .	X						NONE	NONE	NONE
RICHARD LITZINGER SECRETARY	4 .	X						NONE	NONE	NONE
SALLY HOOD ADVISORY BOARD	4 .	X						NONE	NONE	NONE
SARAH MURPHY ADVISORY BOARD	4 .	X						NONE	NONE	NONE
STEVEN REMCHUK ADVISORY BOARD	4 .	X						NONE	NONE	NONE
THOM CROWE ADVISORY BOARD	4 .	X						NONE	NONE	NONE
TOM PLAMER ADVISORY BOARD	4 .	X						NONE	NONE	NONE
VIRGINIA CAMPBELL ADVISORY BOARD	4 .	X						NONE	NONE	NONE
WILLIAM LISSAU ADVISORY BOARD	4 .	X						NONE	NONE	NONE
ARDEN HARVISON VICE PRESIDENT	NONE	X		X				NONE	NONE	NONE
C.F. (FRANK) ETTER DIRECTOR	NONE	X						NONE	NONE	NONE
CRAIG ELLERBROEK DIRECTOR	NONE	X						NONE	NONE	NONE
DAN HOLDHUSEN TREASURER	NONE	X		X				NONE	NONE	NONE
LOREN DIEKMAN DIRECTOR	NONE	X						NONE	NONE	NONE
MARC FEINSTEIN DIRECTOR	NONE	X						NONE	NONE	NONE
MARK DEAK DIRECTOR	NONE	X						NONE	NONE	NONE
REV. JENNIFER HALLENBECK PRESIDENT	NONE	X		X				NONE	NONE	NONE
ROY BURR DIRECTOR	NONE	X						NONE	NONE	NONE
RUTH SCHEMMELE SECRETARY	NONE	X		X				NONE	NONE	NONE
SCOTT GARDNER DIRECTOR	NONE	X						NONE	NONE	NONE
AVA LATE DIRECTOR	NONE	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)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

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ASSOCIATION**

Employer Identification number  
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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BOBBY JENKINS DIRECTOR	NONE	X					NONE	NONE	NONE	
BUSTER BROWN DIRECTOR, SECRETARY	NONE	X					NONE	NONE	NONE	
CLINT HACKNEY DIRECTOR	NONE	X					NONE	NONE	NONE	
DANNY HAMILTON DIRECTOR	NONE	X					NONE	NONE	NONE	
DK REYNOLDS DIRECTOR	NONE	X					NONE	NONE	NONE	
ED CLEMENTS TREASURER	NONE	X					NONE	NONE	NONE	
JEANNE PARKER DIRECTOR, 1ST VICE CHAIR	NONE	X					NONE	NONE	NONE	
JIM LYDON DIRECTOR	NONE	X					NONE	NONE	NONE	
LEE DOUGHTIE DIRECTOR	NONE	X					NONE	NONE	NONE	
LYNNE OHMSTEDE DIRECTOR	NONE	X					NONE	NONE	NONE	
MARGARET KRASOVEC DIRECTOR	NONE	X					NONE	NONE	NONE	
RICK GRUNDMAN DIRECTOR	NONE	X					NONE	NONE	NONE	
RON DEVERE DIRECTOR	NONE	X					NONE	NONE	NONE	
SUNNY SMITH DIRECTOR	NONE	X					NONE	NONE	NONE	
DR. AJAY PATHAK DIRECTOR	2.	X					NONE	NONE	NONE	
DR. ANNE LIPTON DIRECTOR	2.	X					NONE	NONE	NONE	
DR. CHARLES HUNTER DIRECTOR	2.	X					NONE	NONE	NONE	
DR. RAMON DIAS ARRASTIA DIRECTOR	2.	X					NONE	NONE	NONE	
MR. BOB WOOLDRIDGE DIRECTOR	2.	X					NONE	NONE	NONE	
MR. DAVID DEALY DIRECTOR	2.	X					NONE	NONE	NONE	
MR. GERRY SAMPSON DIRECTOR	2.	X					NONE	NONE	NONE	

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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

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

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MR. JACK BROYLES DIRECTOR	2.	X					NONE	NONE	NONE	
MR. KEITH ASHBURN SERVICES COMMITTEE CHAIR	2.	X					NONE	NONE	NONE	
MR. OSCAR PONDER DIRECTOR	2.	X					NONE	NONE	NONE	
MR. WALTER POWELL AUDIT COMMITTEE CHAIR	2.	X					NONE	NONE	NONE	
MS. BIDDIE JORDAN DIRECTOR	2.	X					NONE	NONE	NONE	
MS. CYNDY HUDGINS DEVELOPMENT COMMITTEE CO-CHAIR	2.	X					NONE	NONE	NONE	
MS. DEAN KADESKY DIRECTOR	2.	X					NONE	NONE	NONE	
MS. DEBORAH GARRETT DIRECTOR	2.	X					NONE	NONE	NONE	
MS. DIANE BRIERLEY DEVELOPMENT COMMITTEE CO-CHAIR	2.	X					NONE	NONE	NONE	
MS. EVELYN PONDER DEVELOPMENT COMMITTEE CO-CHAIR	2.	X					NONE	NONE	NONE	
MS. JUDY JARMON DIAMOND PUBLIC POLICY COMMITTEE CHAIR	2.	X					NONE	NONE	NONE	
MS. KATY HAUGH DIRECTOR	2.	X					NONE	NONE	NONE	
MS. KAY HAMMOND GOVERNANCE & NOMINATING CHAIR	2.	X					NONE	NONE	NONE	
MS. RITA HORTENSTINE DIRECTOR	2.	X					NONE	NONE	NONE	
MS. SALLY HOGLUND DIRECTOR	2.	X					NONE	NONE	NONE	
MS. SUSAN YOST PUBLIC RELATIONS COMMITTEE CHAIR	2.	X					NONE	NONE	NONE	
MATTHEW COHEN DIRECTOR	NONE	X					NONE	NONE	NONE	
EDDIE GARCIA DIRECTOR	NONE	X					NONE	NONE	NONE	
LAURA GOLDMAN DIRECTOR	NONE	X					NONE	NONE	NONE	
KEELI JERNIGAN DIRECTOR	NONE	X					NONE	NONE	NONE	
WILL JEWELL DIRECTOR	NONE	X					NONE	NONE	NONE	

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

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

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-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			
KELLY KERR DIRECTOR	NONE	X					NONE	NONE	NONE	
L. J. ANDERSON DIRECTOR	NONE	X					NONE	NONE	NONE	
GENIE MCCARTNEY DIRECTOR	NONE	X					NONE	NONE	NONE	
MITCH MOSS VICE CHAIR	NONE	X					NONE	NONE	NONE	
KELLY OVERLEY DIRECTOR	NONE	X					NONE	NONE	NONE	
DON RODEN DIRECTOR	NONE	X					NONE	NONE	NONE	
DIANE SMITH TRESURER	NONE	X					NONE	NONE	NONE	
MATT SPAHN CHAIR	NONE	X					NONE	NONE	NONE	
ELAINE TALARSKI DIRECTOR	NONE	X					NONE	NONE	NONE	
YVONNE TRACHTA DIRECTOR	NONE	X					NONE	NONE	NONE	
ANNA CATALANO DEVELOPMENT VICE-CHAIR	2.	X					NONE	NONE	NONE	
FRANCES COURVILLE EX-OFFICIO	1.	X					NONE	NONE	NONE	
GINA D. PATTERSON IMMEDIATE PAST PRESIDENT	2.	X					NONE	NONE	NONE	
GINGER KANALY BOARD MEMBER	2.	X					NONE	NONE	NONE	
HARRY E. WALKER DIRECTOR EMERITUS	1.	X					NONE	NONE	NONE	
JAN JOHNSON PRESIDENT	2.	X		X			NONE	NONE	NONE	
JANET JACKSON MCCULLOCH BOARD MEMBER	2.	X					NONE	NONE	NONE	
JIM SAYE DEVELOPMENT CHAIR	2.	X					NONE	NONE	NONE	
JOE LUCIA PROGRAMS & SERVICES VICE-CHAIR	2.	X					NONE	NONE	NONE	
KATE ALLEN STUKENBERG ADVOCACY CHAIR	2.	X					NONE	NONE	NONE	
KATHY CARTER EX-OFFICIO	1.	X					NONE	NONE	NONE	

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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**

Employer Identification number

**ASSOCIATION**

36-3463656

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>KIM SANCHEZ</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>KINGLEA THOMAS</u> EX-OFFICIO	1.	X					NONE	NONE	NONE	
<u>KURT GOERINGER</u> PRESIDENT ELECT & BOARD DEVELO	2.	X		X			NONE	NONE	NONE	
<u>LYNN BENCOWITZ</u> BOARD MEMEBR	2.	X					NONE	NONE	NONE	
<u>MELISSA KING</u> SECRETARY	2.	X		X			NONE	NONE	NONE	
<u>ROYCE IMHOFF II</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>STEPHANIE MAGES</u> EX-OFFICIO	1.	X					NONE	NONE	NONE	
<u>SUZANNE SCHMELZ</u> TREASURER	2.	X		X			NONE	NONE	NONE	
<u>VICTOR J. NARCISSE III</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>W. ANDREW (ANDY) ACHENBAUM</u> PROGRAMS & SERVICES CHAIR	2.	X					NONE	NONE	NONE	
<u>W. PERRY ZIVLEY JR</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>WILLIAM E. FISHER</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>ANN LESOK</u> BOARD OF DIRECTORS, 09 SECRETA	1.	X					NONE	NONE	NONE	
<u>BARBARA TAYLOR</u> BOARD OF DIRECTORS, 09 MEMBER,	1.	X					NONE	NONE	NONE	
<u>BILL FALCK</u> BOARD OF DIRECTORS, 09 MEMBER,	1.	X					NONE	NONE	NONE	
<u>BRYAN MCCALED</u> BOARD OF DIRECTORS, 09 MEMBER,	1.	X					NONE	NONE	NONE	
<u>CYNTHIA PERRY</u> BOARD OF DIRECTOES, 10 MEMBER	1.	X					NONE	NONE	NONE	
<u>DAVID BURR</u> BOARD OF DIRECTORS, 09 MEMBER,	2.	X		X			NONE	NONE	NONE	
<u>DAVID M. MELLINA</u> BOARD OF DIRECTORS, 09 PRESIDE	1.	X					NONE	NONE	NONE	
<u>DAVID MARTIN</u> BOARD OF DIRECTORS, 10 MEMBER	1.	X					NONE	NONE	NONE	
<u>DERRAL REED</u> BOARD OF DIRECTORS, 09 MEMBER,	1.	X					NONE	NONE	NONE	

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-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			
ELLIS LANGSTON BOARD OF DIRECTORS, 10 MEMBER	1.	X						NONE	NONE	NONE
GRACE ANN DURDEN BOARD OF DIRECTORS, 09 MEMBER,	1.	X						NONE	NONE	NONE
GREG MCCOY BOARD OF DIRECTORS, 09 BOARD,	2.	X		X				NONE	NONE	NONE
JAMIE FEASTER BOARD OF DIRECTORS, 10 MEMBER	1.	X						NONE	NONE	NONE
JEFF FRANKLIN BOARD OF DIRECTORS, 10 MEMBER	1.	X						NONE	NONE	NONE
JERRY PIPES BOARD OF DIRECTORS, 09 MEMBER,	1.	X						NONE	NONE	NONE
MEHARVAN SINGH BOARD OF DIRECTORS, 09 MEMBER,	1.	X						NONE	NONE	NONE
MICHAEL J. TANDY BOARD OF DIRECTORS, 09 MEMBER,	1.	X						NONE	NONE	NONE
MICHAEL OLMSTEAD BOARD OF DIRECTORS, 09 MEMBER,	1.	X						NONE	NONE	NONE
REV. JANICE SIX BOARD OF DIRECTORS, 10 MEMBER	1.	X						NONE	NONE	NONE
RICHARD MATSLER BOARD OF DIRECTORS, 10 MEMBER	1.	X						NONE	NONE	NONE
RICK WEAVER BOARD OF DIRECTORS, 10 MEMBER	1.	X						NONE	NONE	NONE
SAMUEL BRINKMAN BOARD OF DIRECTORS, 09 MEMBER,	2.	X		X				NONE	NONE	NONE
SUSAN WILCOX BOARD OF DIRECTORS, 09 TREASUR	2.	X		X				NONE	NONE	NONE
TED R. ST. CLAIR BOARD OF DIRECTORS, 10 MEMBER	1.	X						NONE	NONE	NONE
THERESA HOCKER EXECUTIVE DIRECTOR	40.	X		X	X			83,970.	NONE	NONE
VALERIE HOLLOWAY SKINNER BOARD OF DIRECTORS, 09 MEMBER,	2.	X		X				NONE	NONE	NONE
WARREN T. YORK BOARD OF DIRECTORS, 09 MEMBER,	1.	X						NONE	NONE	NONE
WILLIAM CRAWFORD JR. BOARD OF DIRECTORS, 09 MEMBER	1.	X						NONE	NONE	NONE
MR. DANIEL BEAN PH. D DIRECTOR	NONE	X						NONE	NONE	NONE
MR. J. PAUL GIULIANI ESQ DIRECTOR	NONE	X						NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MR. JOSEPH KRAWCZYK STATE REPRESENTATIVE	NONE	X					NONE	NONE	NONE	
MR. RANDOLPH "RANDY" BROCK STATE SENATOR	NONE	X					NONE	NONE	NONE	
BARRY MOORE DIRECTOR	NONE	X					NONE	NONE	NONE	
CAROL MANNING DIRECTOR	NONE	X					NONE	NONE	NONE	
E. WILLISAMS PELTON II DIRECTOR	NONE	X					NONE	NONE	NONE	
JEFFREY ULMER DIRECTOR	NONE	X					NONE	NONE	NONE	
JOYCE TIPTON DIRECTOR	NONE	X					NONE	NONE	NONE	
BENJAMIN HUGER II DIRECTOR	NONE	X					NONE	NONE	NONE	
DIANE CARVALHO DIRECTOR	NONE	X					NONE	NONE	NONE	
KENNETH M. OGREN DIRECTOR	NONE	X					NONE	NONE	NONE	
LLYOD B. JACKSON JR. DIRECTOR	NONE	X					NONE	NONE	NONE	
ROBERT J. PRESTRIDGE DIRECTOR	NONE	X					NONE	NONE	NONE	
W. HUNTER OLD DIRECTOR	NONE	X					NONE	NONE	NONE	
WENDY G. FULLER DIRECTOR	NONE	X					NONE	NONE	NONE	
ANNE P. CONSTANT DIRECTOR	NONE	X					NONE	NONE	NONE	
ARTHUR COX JR. FINANCE CHAIR	NONE	X					NONE	NONE	NONE	
CAROL GODWIN DIRECTOR	NONE	X					NONE	NONE	NONE	
CAROLYN WARD DIRECTOR	NONE	X					NONE	NONE	NONE	
GEORGIA MORGAN WEISS DIRECTOR	NONE	X					NONE	NONE	NONE	
GRANT MCLAUGHLIN DIRECTOR	NONE	X					NONE	NONE	NONE	
J. KELLY GANJEI DIRECTOR	NONE	X					NONE	NONE	NONE	

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JACK SHANKMAN VICE CHAIR	NONE	X					NONE	NONE	NONE	
JANE OTTENBERG DIRECTOR	NONE	X					NONE	NONE	NONE	
JASON SAGER DIRECTOR	NONE	X					NONE	NONE	NONE	
KEN CONNELLY DIRECTOR	NONE	X					NONE	NONE	NONE	
MARC BALAMCI DIRECTOR	NONE	X					NONE	NONE	NONE	
MATTHEW AARON CHAIR	NONE	X					NONE	NONE	NONE	
MICHAELA SHARPE SECRETARY	NONE	X					NONE	NONE	NONE	
PATRICIA VAGONIS DIRECTOR	NONE	X					NONE	NONE	NONE	
RAMONA RODRIGUEZ DIRECTOR	NONE	X					NONE	NONE	NONE	
RANDY EAST DIRECTOR	NONE	X					NONE	NONE	NONE	
RICADO GOMEZ DIRECTOR	NONE	X					NONE	NONE	NONE	
RICHARD RAMLALL DIRECTOR	NONE	X					NONE	NONE	NONE	
ROBERT COMEAU VICE CHAIR	NONE	X					NONE	NONE	NONE	
ROBERT KANTOR DIRECTOR	NONE	X					NONE	NONE	NONE	
SCOTT KEOUGH DIRECTOR	NONE	X					NONE	NONE	NONE	
BETTY FAHAD BOD	1.	X					NONE	NONE	NONE	
DIANE DENNY BOD	1.	X					NONE	NONE	NONE	
ELLEN NETTING BOD	1.	X					NONE	NONE	NONE	
IVAN TOLBERT SECRETARY BOD	1.	X			X		NONE	NONE	NONE	
JANE CABELL BOD	1.	X					NONE	NONE	NONE	
LYNNE SEWARD BOD	1.	X					NONE	NONE	NONE	

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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Inspection**

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Internal Revenue Service

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**ASSOCIATION**

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARIA TRZCINSKI BOD	1.	X						NONE	NONE	NONE
MARIE KOLENDO TREASURER BOD	1.	X		X				NONE	NONE	NONE
MATT HARPER VICE-PRESIDENT BOD	1.	X		X				NONE	NONE	NONE
MICHAEL LARKIN PRESIDENT BOD	1.	X		X				NONE	NONE	NONE
NICK FARONE BOD	1.	X						NONE	NONE	NONE
RUSSELL PERKINS BOD	1.	X						NONE	NONE	NONE
SCOT PACIOCCO BOD	1.	X						NONE	NONE	NONE
THELMA WATSON BOD	1.	X						NONE	NONE	NONE
VALARIE HOPSON-BELL BOD	1.	X						NONE	NONE	NONE
AMY CULLER DIRECTOR	1.	X						NONE	NONE	NONE
ANDREW BROWNFIELD DIRECTOR	1.	X						NONE	NONE	NONE
ANN STOTTLEMYER DIRECTOR	1.	X						NONE	NONE	NONE
B. K. VAUGHT DIRECTOR	1.	X						NONE	NONE	NONE
CANDACE JONES DIRECTOR	1.	X						NONE	NONE	NONE
CHAD BROADWATER DIRECTOR	1.	X						NONE	NONE	NONE
CHRISTINA BRUMLEY DIRECTOR	1.	X						NONE	NONE	NONE
DAVID CAMPBELL DIRECTOR	1.	X						NONE	NONE	NONE
DEBRA MCNEELY DIRECTOR	1.	X						NONE	NONE	NONE
GRACE WIGAL DIRECTOR	1.	X						NONE	NONE	NONE
JERRY WALKER DIRECTOR	1.	X						NONE	NONE	NONE
SAMUEL SCOTT DIRECTOR	1.	X						NONE	NONE	NONE

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



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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**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**

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALLYSON OLIVIER DIRECTOR	NONE	X					NONE	NONE	NONE	
ANNE BASTING DIRECTOR	NONE	X					NONE	NONE	NONE	
BRUCE LINDL DIRECTOR	NONE	X					NONE	NONE	NONE	
DAVID HAGMAN DIRECTOR	NONE	X					NONE	NONE	NONE	
ELLEN BASTING DIZARD DIRECTOR	NONE	X					NONE	NONE	NONE	
GARY WILLIAMS DIRECTOR	NONE	X					NONE	NONE	NONE	
JACQUELYN RICE DIRECTOR	NONE	X					NONE	NONE	NONE	
JOHN KUROWSKI DIRECTOR	NONE	X					NONE	NONE	NONE	
LAURA BARNARD DIRECTOR	NONE	X					NONE	NONE	NONE	
TAMANNA BEMBENEK DIRECTOR	NONE	X					NONE	NONE	NONE	
TOM BAYLERIAN DIRECTOR	NONE	X					NONE	NONE	NONE	
WARREN PIERSON DIRECTOR	NONE	X					NONE	NONE	NONE	
CAROLE KELLY DIRECTOR	1.	X					NONE	NONE	NONE	
CELIA MANLEY DIRECTOR	1.	X					NONE	NONE	NONE	
CYNTHIA LUTHER DIRECTOR	1.	X					NONE	NONE	NONE	
DENNIS SHARP DIRECTOR	1.	X					NONE	NONE	NONE	
JEAN CLARK DIRECTOR	1.	X					NONE	NONE	NONE	
JO ANN O'QUIN PH. D. DIRECTOR	1.	X					NONE	NONE	NONE	
KENNETH A. DRUMMONDS DIRECTOR	1.	X					NONE	NONE	NONE	
KEVIN D. JONES DIRECTOR	1.	X					NONE	NONE	NONE	
LISA BEAN DIRECTOR	1.	X					NONE	NONE	NONE	

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Schedule J-2 (Form 990) 2008

Department of the Treasury  
Internal Revenue Service

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Open to Public  
Inspection

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARSHALL BELAGA DIRECTOR	1.	X					NONE	NONE	NONE	
MARY NELL DORRIS DIRECTOR	1.	X					NONE	NONE	NONE	
PAMELA B. WILSON DIRECTOR	1.	X					NONE	NONE	NONE	
RICHARD NENNEAU DIRECTOR	1.	X					NONE	NONE	NONE	
WILLIAM B. HOWELL DIRECTOR	1.	X					NONE	NONE	NONE	
WILLIAM MARCUS MEEKS JR., M. D. DIRECTOR	1.	X					NONE	NONE	NONE	
AL WIGGINS BOARD PRESIDENT	NONE	X					NONE	NONE	NONE	
BRUCE K. DUNCAN BOARD MEMBER	NONE	X					NONE	NONE	NONE	
CAROLYN RICE BOARD MEMBER	NONE	X					NONE	NONE	NONE	
CHANDA M. CRUTCHER BOARD MEMBER	NONE	X					NONE	NONE	NONE	
DIANE FITZL BOARD MEMBER	NONE	X					NONE	NONE	NONE	
DR. GEORGE JENSEN BOARD MEMBER	NONE	X					NONE	NONE	NONE	
JAINÉ COLLEY BOARD MEMBER	NONE	X					NONE	NONE	NONE	
KARLA M. MILLER BOARD MEMBER	NONE	X					NONE	NONE	NONE	
KENNETH SAKAYYE MD BOARD MEMBER	NONE	X					NONE	NONE	NONE	
MELINDA A. VANCE BOARD MEMBER	NONE	X					NONE	NONE	NONE	
MIKE BRENT TREASURER/SECRETARY OF BOARD	NONE	X					NONE	NONE	NONE	
RICK REGEN BOARD MEMBER	NONE	X					NONE	NONE	NONE	
RON HASKAMP BOARD MEMBER	NONE	X					NONE	NONE	NONE	
ASENATH LARUE PHD DIRECTOR	1.	X					NONE	NONE	NONE	
BARBARA ZABAWA JD DIRECTOR	1.	X					NONE	NONE	NONE	

**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

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL KOBY PRESIDENT	1.	X					NONE	NONE	NONE	
GREGORY ALLEN DIRECTOR	1.	X					NONE	NONE	NONE	
JEFFREY SUPPLE TREASURER	1.	X					NONE	NONE	NONE	
KIM PETERSEN DIRECTOR	1.	X					NONE	NONE	NONE	
LINDA BREI PAST PRESIDENT	1.	X					NONE	NONE	NONE	
MARY KAY BAUM DIRECTOR	1.	X					NONE	NONE	NONE	
NAOMI CARTER DIRECTOR	1.	X					NONE	NONE	NONE	
REBECCA SCHMIDT JD. DIRECTOR	1.	X					NONE	NONE	NONE	
SUSAN CALDWELL JD. DIRECTOR	1.	X					NONE	NONE	NONE	
TOM RASMUSSEN DIRECTOR	1.	X					NONE	NONE	NONE	
BRENT SAMPLE DIRECTOR	1.	X					NONE	NONE	NONE	
CRAIG MILLER IMMEDIATE PAST PRESIDENT	1.	X					NONE	NONE	NONE	
CURTIS FORD VICE PRESIDENT	1.	X					NONE	NONE	NONE	
DAN DAVIS DIRECTOR	1.	X					NONE	NONE	NONE	
DARSHINI JAYAWARDENA DIRECTOR	1.	X					NONE	NONE	NONE	
DAWN WAGNER DIRECTOR	1.	X					NONE	NONE	NONE	
DEBBIE MINER PRESIDENT	1.	X					NONE	NONE	NONE	
FRED HOUSMAN SECRETARY	1.	X					NONE	NONE	NONE	
LINDA FORTHMANN DIRECTOR	1.	X					NONE	NONE	NONE	
MEGAN MILLIGAN DIRECTOR	1.	X					NONE	NONE	NONE	
MEHRDAD RAZAVI MD DIRECTOR	1.	X					NONE	NONE	NONE	

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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

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MISSY SISLER TREASURER	2.	X						NONE	NONE	NONE
STEVE HABERNICHT DIRECTOR	1.	X						NONE	NONE	NONE
THOMAS FISCHER JR DIRECTOR	1.	X						NONE	NONE	NONE
EDUARDO SALAZ VICE PRESIDENT	1.			X				NONE	NONE	NONE
HERB WILLIAMS PRESIDENT	1.			X				NONE	NONE	NONE
KEVIN PRINGLE TREASURER	1.			X				NONE	NONE	NONE
MERRY GEIL SECRETARY	1.			X				NONE	NONE	NONE
WILLIAM FISHER CEO	40.			X	X	X		119,739.	NONE	4,100.
CHERYL PARRISH VICE-PRESIDENT OF PROGRAMS	40.			X				77,770.	NONE	6,132.
INGE HOLMES VICE-PRESIDENT OF OPERATIONS	40.			X				63,069.	NONE	4,953.
KEITH SWANSON VICE-PRESIDENT OF FINANCE	40.			X				95,592.	NONE	7,431.
LESLIE KLANE VICE-PRESIDENT OF CORPORATE RE	32.			X				65,313.	NONE	5,114.
LINDA MITCHELL PRESIDENT/CEO	50.			X	X			117,077.	NONE	9,366.
ROBYN MOORE VICE-PRESIDENT OF DEVELOPMENT	40.			X				92,724.	NONE	7,164.
SARA SPAULDING VICE-PRESIDENT OF COMMUNICATIO	40.			X				76,494.	NONE	6,056.
BROWN, ELLEN CEO	40.			X				94,229.	NONE	7,841.
GRANT-BROWN, GRACE COO	40.			X				84,631.	NONE	10,496.
LESLIE ANDERSON PRESIDENT/CEO	40.			X				131,894.	NONE	NONE
BRET FLYNN, MD, MPH VICE CHAIR/DIRECTOR	1.			X				NONE	NONE	NONE
CHRIS SHIRAI CHAIRMAN/DIRECTOR	2.			X				NONE	NONE	NONE
ELIZABETH STEVENSON EXECUTIVE DIRECTOR/CEO	40.			X				31,538.	NONE	NONE

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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

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TRICIA MEDEIROS TREASURER/DIRECTOR	1.			X			NONE	NONE	NONE	
VICKI WOOKFORD, M.S.W. SECRETARY/DIRECTOR	1.			X			NONE	NONE	NONE	
ERNA COLBORN PRESIDENT & CEO	40.			X	X	X	218,761.	NONE	40,804.	
KELLY HAUER DIRECTOR	40.			X			62,439.	NONE	40.	
CINDY JOHNSON OFFICER	NONE			X			NONE	NONE	NONE	
DAVID HAASE OFFICER	NONE			X			NONE	NONE	NONE	
DEBBI ELMORE VICE PRESIDENT	NONE			X			NONE	NONE	NONE	
DOUG STARK OFFICER	NONE			X			NONE	NONE	NONE	
DOUG WATSON PRESIDENT	NONE			X			NONE	NONE	NONE	
DWAYNE BRODDLE OFFICER	NONE			X			NONE	NONE	NONE	
FRED HERMES TREASURER	NONE			X			NONE	NONE	NONE	
KATHY MCGEE OFFICER	NONE			X			NONE	NONE	NONE	
LARRY REGIER OFFICER	NONE			X			NONE	NONE	NONE	
MARSHA HILLS EXECUTIVE DIRECTOR	NONE			X			46,000.	NONE	NONE	
MONICA CISSELL SECRETARY	NONE			X			NONE	NONE	NONE	
RICHARD ZABLE OFFICER	NONE			X			NONE	NONE	NONE	
STEPANIE BROCK OFFICER	NONE			X			NONE	NONE	NONE	
SUZANNE MEEKER OFFICER	NONE			X			NONE	NONE	NONE	
TERI SHIRK PRESIDENT/CEO	40.			X			119,553.	NONE	10,025.	
LINDA NEWKIRK EXECUTIVE DIRECTOR	50.			X	X	X	54,080.	NONE	NONE	
ANNETTE WEST ACTING PRESIDENT/CEO	50.			X			48,000.	NONE	NONE	

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

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Inspection**

Department of the Treasury  
Internal Revenue Service

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

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REBECCA ARGILAGOS PRESIDENT/CEO (ON MILITARY DEPT)	50.			X		X		50,000.	NONE	NONE
CINDY STEVICK DIRECTOR	1.			X				NONE	NONE	NONE
CJ DAHLE DIRECTOR	1.			X				NONE	NONE	NONE
KEIRSTEN HOLM DIRECTOR	1.			X				NONE	NONE	NONE
KELLY DONOVAN DIRECTOR	1.			X				NONE	NONE	NONE
KAREN NOEL DIRECTOR	40.			X	X			64,000.	NONE	4,110.
DUANE GROSS PRESIDENT & C.E.O.	NONE			X				79,567.	NONE	NONE
CATHERINE JAMES CEO	NONE			X				65,332.	NONE	NONE
MARY ANN RAGONA EXECUTIVE DIRECTOR/CEO	40.			X				101,669.	NONE	NONE
LOU-ELLEN BARKAN PRESIDENT & CEO	NONE			X				217,441.	NONE	11,250.
MAY WOEL VICE PRESIDENT & CFO	NONE			X				101,528.	NONE	5,321.
SHARON B. BOYD INTERIM PRESIDENT/CEO & SENIOR	40.			X				69,075.	NONE	6,907.
TERESA A. GALBIER PRESIDENT/CEO	40.			X				107,008.	NONE	8,934.
COLLEEN WENZEL FINANCE DIRECTOR	40.			X				40,824.	NONE	3,952.
LEILANI PELLETIER PROGRAM DIRECTOR	40.			X				47,562.	NONE	3,952.
LINDA SABO EXECUTIVE DIRECTOR	40.			X				67,899.	NONE	3,952.
SARAH HARLOCK DIRECTOR OF DEVELOPMENT	40.			X				36,571.	NONE	3,952.
ANDY JUNN DEVELOPMENT DIRECTOR	40.			X				58,310.	NONE	NONE
JOAN SILLASEN FINANCE DIRECTOR	40.			X				51,172.	NONE	NONE
PAMELA SCHUELLERMAN EXECUTIVE DIRECTOR	40.			X				79,519.	NONE	NONE
NANCY A. DOUGLAS FINANCE DIRECTOR	40.			X				66,719.	NONE	11,743.

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY B. UDELSON EXECUTIVE DIRECTOR	40.			X				93,844.	NONE	10,560.
GARY DOWDY TREASURER, BOARD OF TRUSTEES	NONE			X				NONE	NONE	NONE
GREGORY COMFORT VICE PRESIDENT, BOARD OF TRUSTEES	NONE			X				NONE	NONE	NONE
JAMES FLYNN PRESIDENT, BOARD OF TRUSTEES	NONE			X				NONE	NONE	NONE
JOANIE JOHNSON SECRETARY, BOARD OF TRUSTEES	NONE			X				NONE	NONE	NONE
KIRK STALTER VICE PRESIDENT, BOARD OF TRUSTEES	NONE			X				NONE	NONE	NONE
BEVERLY COX PRESIDENT	NONE			X				NONE	NONE	NONE
JEFFREY COLE VICE PRESIDENT DEVELOPMENT AND	NONE			X				NONE	NONE	NONE
JOEL JERGER TREASURER	NONE			X				NONE	NONE	NONE
SALLI BOLLIN EXECUTIVE DIRECTOR	40.			X				70,000.	NONE	11,411.
SCOTT WILLIAMS SECRETARY	NONE			X				NONE	NONE	NONE
TIMOTHY STORMS VICE PRESIDENT EDUCATION AND S	NONE			X				NONE	NONE	NONE
DAVID F ROSE VP FINANCE & TECHNOLOGY	40.			X	X			67,000.	NONE	NONE
JUDI A VERHOEF PRESIDENT & CEO	40.			X	X	X		88,000.	NONE	NONE
SARAH FREY VP DEVELOPMENT	40.			X	X			65,000.	NONE	NONE
TONDA AMES VP PROGRAMS	40.			X	X			60,000.	NONE	NONE
BRET BERNHOFT DIRECTOR	NONE			X				NONE	NONE	NONE
ELIZABETH ECKSRUM MD VICE PRESIDENT	NONE			X				NONE	NONE	NONE
JENNIFER MEAD DIRECTOR	NONE			X				NONE	NONE	NONE
JUDY CLARK DIRECTOR	NONE			X				NONE	NONE	NONE
KAREN GARST DIRECTOR	NONE			X				NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

Continuation Sheet for Form 990

2008

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Inspection

Department of the Treasury  
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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK DONHAM PRESIDENT	NONE			X				NONE	NONE	NONE
MATT ADAMS DIRECTOR	NONE			X				NONE	NONE	NONE
PATRICK GILLETTE MD DIRECTOR	NONE			X				NONE	NONE	NONE
RUTH LAYTON DIRECTOR	NONE			X				NONE	NONE	NONE
TORI HARMS SECRETARY	NONE			X				NONE	NONE	NONE
CHRISTIAN S. WELLS PROGRAM DIRECTOR	NONE			X				39,442.	NONE	NONE
DEBORAH S. HANNA EXECUTIVE DIRECTOR	NONE			X				70,310.	NONE	NONE
JOHN LEWIS, CPA & DIANA VALVERDE FINANCE DIRECTORS	NONE			X				14,270.	NONE	NONE
MR. ISAAC SANDOVAL SECRETARY	2.			X				NONE	NONE	NONE
MR. JOHN R. GILCHRIST, JR. EXECUTIVE DIRECTOR	40.			X				91,431.	NONE	NONE
MR. STEVE FOLSOM VICE PRESIDENT	2.			X				NONE	NONE	NONE
MS. BELINDA GRIFFIN TREASURER	2.			X				NONE	NONE	NONE
MS. JANET L. MASSEY, CPA DIRECTOR OF FINANCE	40.			X				70,054.	NONE	NONE
MS. MICHEL WEBB PRESIDENT	2.			X				NONE	NONE	NONE
PHIL KING CFO	50.			X	X			34,663.	NONE	NONE
RICHARD ELBEIN CEO	50.			X	X	X		126,854.	NONE	NONE
JEFF MAKER EXEC. DIRECTOR	57.			X				55,000.	NONE	7,740.
BRIAN PHELPS DIRECTOR	NONE			X				NONE	NONE	NONE
MARGIE SHAVER DIRECTOR	NONE			X				NONE	NONE	NONE
ROBERT GILGES DIRECTOR	NONE			X				NONE	NONE	NONE
RON FEINMAN DIRECTOR	NONE			X				NONE	NONE	NONE



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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM STOKES DIRECTOR	NONE			X			NONE	NONE	NONE	
MARCIE MCMILLIN PRESIDENT	NONE			X			NONE	NONE	NONE	
MICHAEL MORISI VICE PRESIDENT	NONE			X			NONE	NONE	NONE	
NANCY P. FAISON TREASURER	NONE			X			NONE	NONE	NONE	
SHEILA M. POWELL SECRETARY	NONE			X			NONE	NONE	NONE	
ANTHONY SUDLER CEO AND PRESIDENT	40.			X		X	153,700.	NONE	NONE	
BEHNAM KORDESTANI CFO/COO	40.			X			125,000.	NONE	NONE	
JANE PRIEST CHIEF PROGRAM OFFICER	40.			X			84,872.	NONE	NONE	
BARRY DOBSON DIRECTOR	1.			X			NONE	NONE	NONE	
BECKY DEEM DIRECTOR	1.			X			NONE	NONE	NONE	
EDWARD C. MARTIN DIRECTOR	4.			X			NONE	NONE	NONE	
GAYLENE MILLER DIRECTOR	1.			X			NONE	NONE	NONE	
JANE MARKS EXECUTIVE DIRECTOR	40.			X			52,500.	NONE	NONE	
LAUREL KIRKSEY DEVELOPMENT DIRECTOR	40.			X			40,000.	NONE	NONE	
MELISSA GANDEE LSW PROGRAM DIRECTOR	40.			X			40,000.	NONE	NONE	
SUSAN GRAVES CPA, MBA FINANCE DIRECTOR	40.			X			25,000.	NONE	NONE	
BONNIE WEYERS SECRETARY	NONE			X			NONE	NONE	NONE	
BRAD BECKMAN PRESIDENT OF THE BOARD	NONE			X			NONE	NONE	NONE	
DANIEL WILHELM TREASURER	NONE			X			NONE	NONE	NONE	
DIANA BROWN VICE PRESIDENT	NONE			X			NONE	NONE	NONE	
BETH MEYER-ARNOLD VICE-PRESIDENT/SECRETAY	NONE			X			NONE	NONE	NONE	

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Schedule J-2 (Form 990) 2008

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DALE MUEHL TREASURER	NONE			X				NONE	NONE	NONE
DAVID SIMBRO PRESIDENT	NONE			X				NONE	NONE	NONE
MARCIA MASSENGILL CEO	50.			X				62,000.	NONE	NONE
PAUL RUSK EXECUTIVE DIRECTOR	40.			X				71,700.	NONE	NONE
CHRISTAINNE KOVEL DIRECTOR PUBLIC POLICY & COMMU	45.			X				NONE	NONE	NONE
HOWARD BLOOM DIRECTOR OF DEVELOPMENT	45.			X				NONE	NONE	NONE
JAMES VUMBACO CHIEF FINANCIAL OFFICER	45.			X				NONE	NONE	NONE
NANCY LEONARD DIRECTOR PROGRAMS	45.			X				NONE	NONE	NONE
CARSON, DOROTHY DIRECTOR OF DEVELOPMENT	40.			X				79,229.	NONE	3,300.
GRASCH, BARBARA DIRECTOR OF PROGRAMS	40.			X				60,389.	NONE	7,135.
JESSICA FEAZELL DIR OF FINANCE AND OPERATIONS	40.			X				43,407.	NONE	NONE
LATITIA SHEESLEY CEO	40.			X				52,661.	NONE	NONE
RACHEL JOHNSON DIR. OF EVENTS & COMMUNICATION	40.			X				42,007.	NONE	NONE
SHARON MELTON DIR. OF PROGRAMS & SERVICES	40.			X				48,240.	NONE	NONE
DAVE HOUSTON VICE PRESIDENT OF DEVELOPMENT	40.			X	X			100,865.	NONE	NONE
NIKKI VULGARIS RODRIGUEZ DIRECTOR	45.			X				61,380.	NONE	NONE
KIM MCCORMICK EXECUTIVE DIRECTOR	40.			X	X			42,150.	NONE	NONE
JAN PENICK VP FINANCE	40.			X				64,511.	NONE	7,809.
JENNIFER HANELIME PROGRAM DIRECTOR	NONE			X				55,785.	NONE	8,177.
LYDIA LAMBERT FINANCE DIRECTOR	NONE			X				65,673.	NONE	9,209.
ROBERT STEPHENS EXECUTIVE DIRECTOR	NONE			X	X			70,000.	NONE	10,948.

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**

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RUTH FONTENOT DIRECTOR OF OPERATIONS STATE	NONE				X			54,654.	NONE	4,251.
BENJAMIN R WINNEBERGER FINANCE DIRECTOR	40.				X	X		72,492.	NONE	3,504.
JESSICA W SURIANO DEVELOPMENT DIRECTOR	40.				X	X		81,380.	NONE	2,606.
MARY CATHERINE NAUGLE EXECUTIVE DIRECTOR	40.				X	X		102,712.	NONE	4,107.
C. MICHELLE NIEDENS ED/PROGRAM DIRECTOR	40.				X			NONE	NONE	NONE
DEBRA R. BROOK EXECUTIVE DIRECTOR	40.				X	X		NONE	NONE	NONE
PATRICIA COLEMAN FINANCE & OPERATIONS DIRECTOR	40.				X			NONE	NONE	NONE
JOETTA COEN PROGRAM DIRECTOR	50.				X	X		52,368.	NONE	NONE
SUZANNE BELSER DIRECTOR	40.				X	X		33,500.	NONE	NONE
WILLIAM STARLIPER CEO	NONE				X			51,900.	NONE	NONE
ALISON BUCHALTER DIRECTOR OF DEVELOPMENT	35.				X			65,176.	NONE	11,561.
ELAINE SPROAT PRESIDENT & CEO	35.				X	X		90,819.	NONE	14,481.
JENNIFER SCHEUERMANN DIRECTOR OF FINANCE & OPERATIO	35.				X			69,022.	NONE	8,394.
MEG BOYCE DIRECTOR OF PROGRAMS & SERVICE	35.				X			65,176.	NONE	11,544.
MICHELE MUIR DIRECTOR OF COMMUNICATION AND	35.				X			53,423.	NONE	6,633.
GREG WINSLOW DEVELOPMENT DIRECTOR	40.				X			NONE	NONE	NONE
KEVIN FELLS FINANCE DIRECTOR	40.				X			NONE	NONE	NONE
MARI DANNHAUER PROGRAM MANAGER	40.				X			NONE	NONE	NONE
JUDITH FOWLER ASSOCIATE DIR. FINANCES & OPR.	38.				X			64,258.	NONE	NONE
TERESA THOMAS DEVELOPMENT DIRECTOR	38.				X			59,764.	NONE	NONE
JUDITH F. TURNER EXECUTIVE DIRECTOR	38.				X			77,608.	NONE	NONE

**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**

Employer Identification number

**ASSOCIATION**

**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC VANVLYMEN ASSOCIATE DIRECTOR PROG	38.				X		56,766.	NONE	NONE	
JUDY MCKELLER EXECUTIVE DIRECTOR	40.				X		79,788.	NONE	NONE	
KRISTRUN GROUNDAL PROGRAM DIRECTOR	40.				X		53,552.	NONE	NONE	
TRACY MADSEN DEVELOPMENT DIRECTOR	40.				X		62,042.	NONE	NONE	
VIRGINIA FUNK DEVELOPMENT DIRECTOR	40.				X		60,000.	NONE	NONE	
KIESER, BRIAN DIRECTOR	40.				X		60,000.	NONE	NONE	
CAROLYN MOORE PROGRAM DIRECTOR	40.				X		60,000.	NONE	NONE	
DENESE WATKINS EXECUTIVE DIRECTOR	40.				X		88,000.	NONE	NONE	
BRETT SPITALE VP DEVELOPMENT	38.				X		60,044.	NONE	NONE	
ELLEN BIKOFF-PHIPPS VP PROGRAMS AND SERVICES	38.				X		48,904.	NONE	NONE	
SUSAN FRIEDMAN CEO	38.				X		68,650.	NONE	NONE	
VALERIE WASHINGTON DIR. FINANCE & OPERATIONS	38.				X		33,054.	NONE	NONE	
GINO V. COLOMBARA EXECUTIVE DIRECTOR	40.				X	X	69,125.	NONE	4,350.	
PATRICIA BARTOSCH DIRECTOR OF DEVELOPMENT	40.				X		39,703.	NONE	3,518.	
PATRICIA LACEY DIRECTOR OF EDUCATION & FAMILY	40.				X		48,515.	NONE	4,117.	
TIFFINEE HAMILTON DIRECTOR OF FINANCE & OPERATIO	40.				X		28,285.	NONE	NONE	
BARABARA PEACHEY FINANCE AD HUMAN RESOURCES	40.				X		84,800.	NONE	NONE	
IAN KREMER ADVOCAY AND OUTREACH DIRECTOR	40.				X		72,000.	NONE	NONE	
ALYSSA MCBRIDE DEVELOPMENT DIRECTOR	40.				X		47,018.	NONE	NONE	
KEVIN NORTHROP FINANCE DIRECTOR	40.				X		57,254.	NONE	NONE	
MARY ANN JOHNSON PROGRAM DIRECTOR	40.				X		51,343.	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**

Employer Identification number

**ASSOCIATION**

36-3463656

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHERRY PETERSON CEO	40.				X	X		75,740.	NONE	NONE
DIANA BUTZ SPECIAL EVENTS DIRECTOR	NONE				X			47,000.	NONE	NONE
MARY BOUCHE EXECUTIVE DIRECTOR	NONE				X			69,000.	NONE	NONE
MICHAEL FURGIUELE DIRECTOR OF OPERATIONS	NONE				X			48,000.	NONE	NONE
TOM HLAVACEK EXECUTIVE DIRECTOR	40.				X	X		93,919.	NONE	NONE
BARBARA DOBROSKY PROGRAM DIRECTOR	40.				X			47,000.	NONE	NONE
IAN MACDONALD DEVELOPMENT DIRECTOR	40.				X			52,000.	NONE	NONE
MARY DUNN STATE OPERATIONS DIRECTOR	24.				X			31,200.	NONE	NONE
CAROL SIFPLE EXECUTIVE DIRECTOR	45.				X	X		87,745.	NONE	3,146.
GALE BRUBAKER COMMUNICATIONS DIRECTOR	40.				X	X		42,004.	NONE	7,291.
HOLLY BRADFORD FINANCE & OPERATIONS DIRECTOR	45.				X	X		58,291.	NONE	9,431.
NANCY CARRICK PROGRAM DIRECTOR	45.				X	X		51,780.	NONE	8,681.
SUE NOREM PUBLIC POLICY DIRECTOR	40.				X	X		50,115.	NONE	4,715.
PATRICIA CLARK EXECUTIVE DIRECTOR	45.					X		110,000.	NONE	NONE
DANIEL KUHN DIRECTOR, PROFESSIONAL TRAINING	40.					X		79,753.	NONE	19,016.
JANET DEVLIN CFO	40.					X		104,012.	NONE	23,055.
LISA LEE VICE PRESIDENT, DEVELOPMENT	40.					X		98,658.	NONE	22,223.
MELANIE CHAVIN VICE PRESIDENT, PROGRAM SERVICES	40.					X		92,001.	NONE	16,486.
HEATHER ALLEN HERSHBERGER EXECUTIVE DIRECTOR	40.					X		122,140.	NONE	NONE
DIANE M. WIT EDUCATION DIRECTOR	40.					X		43,449.	NONE	2,203.
JOSE J JIMENEZ PROGRAM DIRECTOR	40.					X		16,463.	NONE	7,639.

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**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

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

Employer Identification number  
**36-3463656**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JED A. LEVINE DIRECTOR	NONE					X		127,347.	NONE	6,959.
MICHELLE CHIPPAS EXECUTIVE DIRECTOR & CEO	40.					X		NONE	NONE	NONE
JANE ASPAAS DIRECTOR	40.					X		47,458.	NONE	NONE

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

**2008**

Open to Public Inspection

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

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Margy Christian	Board Member	324,170.	CD's at Wells Fargo		X
Kyle Powers	Former Board Member	324,170.	CD's at Wells Fargo		X

**SCHEDULE M  
(Form 990)**

**Non-Cash Contributions**

OMB No. 1545-0047

**2008**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Alzheimer's Disease and Related Disorders Association

Employer identification number

36-3463656

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art .....	X	56	137,815.	
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....	X	9	47,819.	
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ (.....) .....				
26 Other ▶ (.....) .....				
27 Other ▶ (.....) .....				
28 Other ▶ (.....) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... 29 0.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		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	
32a 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.		

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

Schedule M (Form 990) 2008



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

Area with horizontal dashed lines for supplemental information.

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

Employer identification number  
36-3463656

FORM 990, PART H ON THE FIRST PAGE

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

NAME & EIN & ADDRESS	CHAPTER #
NORTHERN CALIFORNIA AND NORTHERN NEVADA, 94-2897949 1060 LA AVENIDA ST, MOUNTAIN VIEW, CA 94040	20
COLORADO, 84-0908354 455 SHERMAN STREET, SUITE 500, DENVER, CO 80203-3532	24
CONNECTICUT, 42-1540769 279 NEW BRITAIN ROAD, KENSINGTON, CT 06037	28
SOUTHEAST FLORIDA, 59-2008883 3333 FOREST HILL BLVD., WEST PALM BEACH, FL 33406	33
CENTRAL AND NORTH FLORIDA, 36-3487166 378 CENTER POINTE CIRCLE, ALAMONTE SPRINGS, FL 32701	37
GEORGIA, 58-1492046 1925 CENTURY BLVD., SUITE 10, ATLANTA, GA 30345	46
ALOHA, 99-0212360 1050 AIA MOANA BLVD., HONOLULU, HI 96814-4906	53
CENTRAL ILLINOIS, 37-1224417 606 W. GLEN AVENUE, PEORIA, IL 61614	58

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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GREATER ILLINOIS, 36-3102348 59

8430 WEST BRYN MAWR, CHICAGO, IL 60631

GREATER INDIANA, 35-1747836 67

50 EAST 91ST STREET, INDIANAPOLIS, IN 46240

BIG SIOUX, 42-1298350 69

420 CHAMBERS STREET, SIOUX CITY, IA 51101

EAST CENTRAL IOWA, 42-1333384 73

1570 42ND STREET NE, CEDAR RAPIDS, IA 52402

CENTRAL AND WESTERN KANSAS, 20-5107941 75

347 SOUTH LAURA, WITCHITA, KS 67211

GREATER KENTUCKY AND SOUTHERN INDIANA, 36-4497854 78

6100 DUTCHMANS LANE, LOUISVILLE, KY 40205

LOUISIANA, 72-1038780 81

3717 GOVERNMENT STREET, ALEXANDRIA, LA 71302

MAINE, 01-0428502 82

170 U.S. ROUTE 1, FALMOUTH, ME 04105

GREATER MARYLAND, 52-1219428 83

1850 YORK ROAD, SUITE D, TIMONIUM, MD 21093

Name of the organization	ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number	36-3463656
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HEART OF AMERICA, 48-0934474 100

3846 WEST 75TH STREET, PRAIRIE VILLAGE, KS 66208

MID MISSOURI, 43-1344786 101

2400 BLUFF CREEK DRIVE, COLUMBIA, MO 65201

SOUTHWEST MISSOURI, 43-1485251 103

1500 SOUTH GLENSTONE, SPRINGFIELD, MO 65804

MONTANA, 81-0452297 105

3010 11TH AVENUE NORTH, BILLINGS, MT 59101

GREAT PLAINS, 48-0931989 108

5601 S. 27TH STREET, SUITE 201, LINCOLN, NE 68512

MIDLANDS, 47-0648438 109

1941 SOUTH 42ND STREET, OMAHA, NE 68105

CENTRAL NEW YORK, 36-3487171 117

441 WEST KIRKPATRICK STREET, SYRACUSE, NY 13204-1361

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

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

LONG ISLAND, 11-2637292 120

3281 VETERANS MEMORIAL HIGHWAY, RONKONKOMA, NY 11779

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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NEW YORK CITY, 13-3277408 121

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

ROCHESTER, 16-1159941 123

435 EAST HENRIETTA ROAD, ROCHESTER, NY 14620

WESTERN NEW YORK, 16-1181599 128

2805 WEHRLE DRIVE, SUITE 6, WILLIAMSVILLE, NY 14221

GREATER EAST OHIO AREA, 34-1454446 135

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

CLEVELAND AREA, 34-1311175 139

23215 COMMERCE PARK DRIVE, BEACHWOOD, OH 44122

CENTRAL OHIO, 31-0996236 140

3380 TREMONT ROAD, COLUMBUS, OH 43221

MIAMI VALLEY, 31-1031867 143

3797 SUMMIT GLEN DRIVE, SUITE G100, DAYTON, OH 45449

NORTHWEST OHIO, 34-1423768 144

2500 NORTH REYNOLDS ROAD, TOLEDO, OH 43615-2820

OKLAHOMA/ARKANSAS, 73-1183372 147

6465 SOUTH YALE, SUITE 206, TULSA, OK 74136-7810

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
--	--

OREGON, 93-0813252 148

1650 NORTHWEST NAITO PARKWAY, PORTLAND, OR 97209

DELAWARE VALLEY, 23-2280056 156

399 MARKET STREET, PHILADELPHIA, PA 19106

SOUTH DAKOTA, 32-0151779 162

1000 N WEST AVE SUITE 250, SIOUX FALLS, SD 57104

CAPITAL OF TEXAS, 74-2286105 169

3429 EXECUTIVE CENTER DRIVE, AUSTIN, TX 78731

GREATER DALLAS, 75-2041194 172

4144 NORTH CENTRAL EXPRESSWAY, DALLAS, TX 75204

STAR, 04-3631046 173

4687 NORTH MESA, EL PASO, TX 79912

HOUSTON & SOUTHEAST TEXAS, 74-2198685 174

2242 WEST HOLCOMBE BLVD., HOUSTON, TX 77030

NORTH CENTRAL TEXAS, 75-1984152 177

101 SUMMIT AVENUE, FORT WORTH, TX 76102

VERMONT AND NEW HAMPSHIRE, 03-0286299 179

172 NORTH MAIN STREET, BARRE, VT 5641

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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CENTRAL AND WESTERN VIRGINIA, 54-1309570 181

1160 PEPSI PLACE, CHARLOTTESVILLE, VA 22901

SOUTHEASTERN VIRGINIA, 54-1204329 182

6350 CENTER DRIVE, NORFOLK, VA 23502

NATIONAL CAPITAL AREA, 52-1196162 184

3701 PENDER DRIVE, FAIRFAX, VA 22030

GREATER RICHMOND, 54-1263555 185

4600 COX ROAD, GLEN ALLEN, VA 23060

WEST VIRGINIA, 36-3487172 191

1111 LEE STREET, EAST, CHARLESTON, WV 25301

GREATER WISCONSIN, 39-1493227 194

2900 CURRY LANE SUITE A, GREEN BAY, WI 54311

SOUTHEASTERN WISCONSIN, 39-1350965 195

6130 W. NATIONAL AVENUE, MILWAUKEE, WI 53214

MISSISSIPPI CHAPTER, 64-0786327 205

1900 DUNBARTON DRIVE, JACKSON, MS 39216

MID SOUTH, 62-1860364 208

4205 HILLSBORO PIKE, SUITE 216, NASHVILLE, TN 37215

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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SOUTH CENTRAL WISCONSIN, 39-1679333 214

517 N. SEGOE, SUITE 301, MADISON, WI 53705

GREATER IOWA, 42-1520582 232

1730 28TH STREET, WEST DES MOINES, IA 50266



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 and Related Disorders Association

Employer identification number

36-3463656

Statement of Program Service Accomplishment Descriptions

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,  
to accelerate advances 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  
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  
around the globe from all sectors to hasten progress.

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

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

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

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

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

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

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

Safety Services - Chapters provide nationwide programs, such

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

as Safe Return/Medic Alert and Comfort Zone, which address the safety needs of persons with the disease and their caregivers

Early Stage Programming - addresses the unique needs of individuals in the early stages of Alzheimer's or a related dementia.

Chapters address Early Stage needs through a variety of education, awareness, and engagement opportunities designed to help individuals and families cope with the diagnosis and empowered them to make decisions regarding their future and make the most of life following their diagnosis.

Pt VI-A, Line 2 51 of 55 Chapters answered no. The following answered yes

East Central Iowa Chapter- 2 Board Members are Related

Greater Maryland Chapter- The Board Treasurer is related to another Board Member who is also a member of the finance committee

Heart of America Chapter-Two Board Members were related by marriage

Southeastern Wisconsin Chapter- Two Board Members are sisters

Part VI-A Line 10 The Chapter data for the return was compiled from Chapters' financial statements & accompanying documentation. This was reviewed and compiled by National staff. The return was further reviewed by Grant Thornton. The group 990 was not

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

reviewed by individual Chapter's Boards.

Part VI-A Line 12c 52 of 55 Chapters answered yes.

Northern California and Northern Nevada Chapter-

Board members sign the conflict of interest form annually.

employment and policies and procedures are known and are

available

Colorado Chapter-Discussion at Board and Staff meetings and

Review and discussion of completed forms by Executive

Committee

Connecticut Chapter- The Board of Directors must execute a

conflict of interest declaration, accord to our policy,

annually. This is the method used to monitor and enforce.

Southeast Florida Chapter- A conflict of interest form is

submitted to officers, directors, key employees annually.

It is also completed by prospective board members.

Any disclosure regarding conflicts of interest would be

brought to the board for review and discussion.

Central and North Florida Chapter- Conflict of Interest

Statements are signed

Georgia Chapter- 1. There is a conflict of interest policy

2. It is described in the Employee Manual.

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

3. Conflicts of interest are prohibited in the Board of Governor's job description. 4. Each employee and each member of the Board of Governors is required to sign a disclosure regarding conflicts of interest at the beginning of each fiscal year.

Aloha Chapter- Annually, they review and affirm that they disclose any conflicts of interest

Central Illinois Chapter- Finance Committee reviews and then is presented to Board

Greater Illinois Chapter- All members of the Board of Directors are required to submit a compliance form each year at the Annual Meeting; these forms are reviewed by the Board Chair and the Chair of the Board Governance Committee. They notify the President/CEO and the CFO of any potential conflicts.

Greater Indiana Chapter- The Secretary of the Board of Directors discusses the need to disclose any conflict of interest with the entire Board at the beginning of each fiscal year. Each member signs that he either has no conflict of interest or discloses any that he might have. All are instructed to contact the Executive Director if his/her status changes.

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Big Sioux Chapter- The Board of Directors is asked to read  
and sign the written conflict of interest policy each year.

East Central Iowa Chapter- Both the Board of Directors and  
staff members are required to review the policy and  
complete a disclosure form on an annual basis and to  
update the disclosure form if circumstances change.

Central and Western Kansas Office- Every year the board  
members are presented with the "conflict of interest" policy  
They are asked to review the document and confirm that  
everything still applies. Then the members sign the document

Greater KY and Southern IN- The board of directors as well  
all employees are required to complete a conflict of interest  
policy annually. The policy must be signed and dated.

The conflict of interest forms for board members are review  
by the President/CEO and filed with the board files.

Key employees (all employees) are reviewed by the VP of  
Finance and filed in personnel files.

Louisiana Chapter- The full governing board annually  
has a board agenda item and full discussion of conflict of  
interest

Maine Chapter- Executive Director distributes written forms  
annually that require the officer, director, trustee or key

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

employee to disclose any conflict of interest in specific detail. This is also discussed with any potential board member at the initial meeting held with the ED and/or another Board member

Greater Maryland Chapter- Policy is part of Board Handbook and is given to all new members which is covered during orientation. COI forms are completed annually and updated as applicable.

Heart of America Chapter-Conflict of interest issues are discussed in interviews before a board member is appointed or a staff member hired.

Mid-Missouri Chapter- each new fiscal year current board members are required to sign an annual conflict of interest statement. New board members sign a form when they begin their term and annually after that.

Southwestern Missouri Chapter- Done each yr. prior to election of officers. All members are instructed to report any known or possible conflicts of interest to the chairperson of the Board and the CEO

Great Plains Chapter- All interested persons shall be required to file with the Association a disclosure statement prior to such individual commencing his or her service

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

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

Midlands Chapter- Conflict of interest is discussed prior to service on the Board of Directors and is assessed annually by way of a signed statement from each member of the Board

Central New York Chapter-Annual review of officers, director or trustees and key employee by revisiting policies

Hudson Valley/Rockland/Westchester, NY Chapter- Members of the Board of Directors, all volunteers and all staff are required to sign the conflict of interest policy on an annual basis. Reminders to update the conflict of interest policy, in the event of a change, are given on a regular basis.

Long Island Chapter- Employee Handbook, National Operations Manual, Board Policy and Conflict of Interest Policy Packet

New York City Chapter- All board member prospects must sign the conflict of interest policy, before they are invited to join the Board. Additionally, all current officers, directors, trustees and key employees are required to sign



Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

the policy each year. They are also required to disclose immediately any interests that could give rise to conflicts should these occur during the year

Rochester Chapter-Annually, the Board members are required to submit conflict of interest statements. The individual is required to notify the Organization if a conflict occur prior to the next required submission of the conflict of interest statement.

Western New York Chapter- Policy reviewed annually with Board of Directors and advise that they are required to disclose any conflicts. They must abstain from voting if a conflict presents itself.

Greater East Ohio Area Chapter- Annually, the board of trust completes conflict of interest statement.

Central Ohio Chapter- Once a year, each board member reviews and signs the conflict of interest statement. The statement are reviewed by the Executive Committee.

Pt. VI-A, Line 15a+b 51 of 55 Chapters answered yes. The following answered yes

Big Sioux Chapter- Compensation is determined by the Executive Committee. They review the compensation received by other executives in the local community to ensure the

Name of the organization

Alzheimer's Disease and Related Disorders Association

Employer identification number

36-3463656

Executive Director compensation is maintained at adequate levels. The Executive Director follows the same guidelines for determining compensation of other officers or key employees of the organization.

Capital of Texas Chapter- Salary data from approximately 70 other chapters in Alzheimer's Association network were obtained and verified thru Guidestar records.

Local information gathered from RGK Foundation was reviewed.

Jobs tasks and proficiencies were measured.

Written performance review, combined with previous year's performance review were considered and salary was established

Central and North Florida Chapter- Reviewed with National Office and Chronicle of Philanthropy the average salary for comparable size organizations by geographical area with similar responsibilities to determine equitable compensation

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

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

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

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

----- Central Illinois Chapter- Executive Director reviews  
----- staff performance and market comparables-----

----- Central New York Chapter- CEO wage changes are  
----- approved by Board/Executive Comm.-----

----- Central Ohio Chapter- The Finance Committee uses the  
----- Salary Survey conducted by United Way of Central Ohio.-----

----- Cleveland Area Chapter-appointed several members of the  
----- board of trustees to research and make recommendations for  
----- compensation. A couple of members of this committee have HR  
----- backgrounds. Part of our research was contacting the local  
----- Business Volunteers Unlimited (BVU). This organization work  
----- with business volunteers and non-profit boards, providing  
----- training and resources. Part of the information that is  
----- available through BVU is a comparison of executive directors  
----- /CEO's compensation packages for regional non-profits.  
----- The board of trustees used this information along with  
----- other data to determine our executive director compensation.-----

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Colorado Chapter- CEO performance is reviewed by the Executive Committee of the Board, with input from other senior staff members on executive performance.

Vice-Presidents performance are reviewed directly by the CEO

All staff salaries are compared with regional surveys for non-profit compensation for consistency and competitive levels including both salaries and benefits.

Delaware Valley Chapter-

Executive committee reviews and determines President salary.

East Central Iowa Chapter- The Executive Committee serves as

the Chapter's compensation committee. The Executive

Committee reviews employee salaries and historical data.

The full board provides input annually on the performance of

the Chapter's Executive Director.

Georgia Chapter- The compensation package for the President/

/CEO was reviewed thoroughly when the current CEO was

hired in April 2008. Market data was developed to establish

a range for the position which was approved by the CEO

Search Committee. The salary range for the other key staff

was established in 2004 along with a process for determining

annual merit raises based on a combination of the ratio

of current compensation to midpoint of the respective scale

and the employee's review score for the period

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Great Plains Chapter- the board of directors Executive Committee do a yearly evaluation of the CEO and determine the proper compensation. The CEO conducts a yearly performance evaluation of the 3 managerial positions and compensation. The CEO's recommendation of compensation for these positions is presented to the Executive Committee for approval.

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

Greater Illinois Chapter- compensation is determined by Executive Committee of the Board of Directors, who meet to review comparability data and review performance of the CEO. The committee's recommendation is approved by the full Board of Directors, and the Board Chair sends written instructions to the Chapter's HR director. compensation is determined by the Executive Director/CEO, who also reviews performance and comparability data where appropriate. All compensation must fall within the parameters set by the Board of Director as part of the annual budget approval - both total salary expense and percent of increases. Our budget is approved by Board in June; all salary increases are effective on October

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

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

Greater Iowa Chapter- Board approved policies on Executive Compensation and Executive Director succession plan describe process for determining compensation for the incumbent of a new executive director, respectively the Executive Committee of the board reviews management salaries annually

Greater Kentucky and Southern Indiana Chapter- data is derived from similar non-profit organizations for similar job descriptions. Compensation is determined using this information and budgets.

Greater Maryland Chapter- Executive Director is reviewed annually by the board Exec Committee who determine any salary adjustment based on multiple factors, including performance and salaries paid for comparable

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

positions

Greater Richmond Chapter- CEO reviews policy

Greater Wisconsin Chapter-Annual review of wage and salary

for all management and support staff is completed by an

independent group of non profit organizations; board

level review is completed for all position ranges annually

in combination with annual budget process;

Finance/Compensation Committee review all salaries of

management staff; Board President identifies the

salary and related compensation for Chapter Executive.

Heart of America Chapter- All key employees interact with

Board members on a regular basis. Salaries are well within

range for this market. The Executive Committee of the Board

sets the compensation of the Executive Director. We have

never had any employee with compensation over \$100,000.

We have an all volunteer board so compensation of board

members is not an issue

Houston and Southeast Texas Chapter-

An Approval Body composed of individuals without any

conflict of interest, need to approve the compensation

arrangement, based on comparability data that demonstrates

the fair market value of the compensation in question.

The Approval Body needs to document how it reached its

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

decisions, including the data on which it relied.

Hudson Valley/Rockland/Westchester, NY Chapter-

A special committee of the board was formed to determine

compensation. The committee was guided by the Compensation

Profile of New York State Charitable Nonprofits published by

the Council of Community Services of New York State, Inc.,

as well as by salary ranges developed by the national

Alzheimer's Association, using data from a number

of national firms that collect local salary information,

including Abbott-Langer, Towers Perrin, Price Waterhouse

Coopers, and Watson Wyatt. It also consulted the annual

salary survey published by The Non-Profit Times

Long Island Chapter- The executive committee/compensations

committee, conducts a performance review on the Executive

Director/CEO and presents their recommendations to the

AAI Board of Directors. The finance/audit committee

reviews salary recommendations submitted by the Executive

Director/CEO and then makes their recommendations

to the AAI Board for their review and approval.

Louisiana Chapter- Annually the chapter conducts 360

degree employee reviews on the Executive Director and other

key management personnel. The ED annually makes

recommendations to the Board on Key Employee salaries and

the overall increase in salaries. The Executive Committee



Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

n the Board of Directors reviews and recommends the salary of the ED.

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

Miami Valley Chapter- In setting compensation levels, the Chapter reviews local salary surveys and current market conditions. The Board President approves the Executive Director's salary increases. Note - all current directors have been on staff for more than 3 years, and most at 8+ yrs

No significant salary adjustments have been made during that time, other than annual increases of not more than 5%.

Mid South Chapter- The Board appointed a Compensation Committee and this committee performed a review of comparable salaries and these salaries ranges were then approved by the full Board

Midlands Chapter- The compensation of top the management official is determined after an annual written review of performance and service when compared to the job description and comparable salary data from other sources.

Mid-Missouri Chapter- The Board of Directors' Executive Committee gathers information about a salary range for

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

Executive Directors of other Alzheimer's chapters that are of comparable budget size. Also gathered is salary ranges for non-profits in the local community with similar budgets. The Executive Committee is composed of the President, Vice President, Secretary and Treasurer.

The Executive Committee leads the evaluation of the Executive Director's job performance; all board members submit evaluation surveys; the Executive Director completes a self-evaluation; interview with the Executive Director is held to discuss evaluation. The Executive Committee discusses the information, reviews the Executive Director's job performance evaluation, and makes an annual salary recommendation to the entire board. The full board votes on the recommendation and meeting minutes are recorded.

Mississippi Chapter- This process is currently being put into place by the Board of Directors through the creation of a compensation committee.

National Capital Area Chapter- Senior executives compensation must be approved by the Board

New York City Chapter- Board members and all staff were asked to provide written comment on the CEO's performance during the prior fiscal year. The Board's executive committee reviewed the results and also reviewed data relating to salaries of CEOs of other similarly situated

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

non-profit organizations. Relying in part on this info,  
 , the executive committee decided on a recommended  
 compensation amount for the CEO for the upcoming fiscal year.  
 The full Board adopted the recommendation after discussion  
 in an executive session of the Board. The salaries of key  
 management employees were determined through discussions  
 among the CEO and the Board's Co-chairs.

North Central Texas Chapter-The internal affairs committee  
 determines the Executive Director's salary. The executive  
 director with input from the committee including the  
 board president determines salaries of other key employees.

Generally, a raise pool is established as a percentage of  
 total salaries and distributed to all employees.

Approximately every 4 years, outside salary survey  
 information is obtained to determine if salaries are  
 aligned with comparable organizations in our area.

Northern California and Northern Nevada Chapter-

The compensation of the chapter's CEO and Director of  
 Finance is reviewed and set by the chapter's volunteer  
 Board of Directors. Based upon the expertise of the  
 Board of Directors, they review the performance of the  
 CEO and CFO and in conjunction, use the Center for  
 Non Profit Management for Northern California  
 compensation and salary survey as a guideline.

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

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

Oklahoma & Arkansas Chapter- The Board has set out a Compensation Policy that is monitored by the Personnel Committee. They in turn have established pay grades that coincide with job titles and responsibilities.

Rochester Chapter- In October 2007, the Board of Directors retained a third party human resources management company to conduct a compensation and benefits benchmarking study. The results of that study were used to determine compensation of the employees described in questions 15a and 15b

South Central Wisconsin Chapter- Finance Committee uses the United Way of Dane County Compensation and Benefits Survey results along with their collective knowledge of other area non-profit wage/benefit indicators to determine compensation levels for the Executive Director and key personal.

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

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South Dakota Office- the Executive Director is the only full time paid staff person for the SD Office, and, thus, the only Key Employee. The Executive Committee of the Board of Directors reviews and determines compensation of the Executive Director; and the Board of Directors approves compensation for the Executive Director at a regularly scheduled meeting. Benchmarks for comparable pay are used in the review and determination of compensation.

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Southeast Florida Chapter- Comparability data is obtained and included in the annual operating budget that is reviewed and approved by the Finance Committee, Executive Committee and the Board of Directors.

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Southeastern Virginia Chapter- The Board executive committee in conjunction with the chapter's Finance committee determines the CEO's yearly compensation. A local survey along with a National Office salary assessment of CEO pay in the local area are used as guidepost.

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The Board President, with input from the board members, , conducts an annual performance review of the CEO.

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The Board President notifies the CEO of the recommended salary increase and the Board Treasurer informs the chapter's Finance office of the salary percentage increase.

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Southeastern Wisconsin Chapter- The organization participate

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

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

Southwest Missouri Chapter- The Executive committee of the Board of Directors executes performance evaluations on the President/CEO and the Board of Directors sets the salary. The President/CEO executes the performance evaluations on the three Director positions and sets the salary for these positions as well. All are based on industry standards.

STAR Chapter- The board reviews compensation for the executive director and all key employees. The Board uses outside and independent surveys as comparison tools and does get guidance from National on occasion.

Vermont Chapter-Exec. Director performance reviewed annually by board. Compensation based on performance and comparable wages.

West Virginia Chapter- The Board of Directors has a compensation committee that reviews on an annual basis,

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

the compensation of the Executive Director and other members of the management team. They consult with various & appropriate outside sources to determine adequate & comparable compensation levels for similar positions in the West Virginia area as well as for employees with similar qualifications.

Western New York Chapter- Getting comparative wage data from Accountemps (they publish a booklet) and published information in Business First (a local paper). Performance review by committee and final evaluation by board. Deliberation by executive committee and presentation to board for their approval. Documented in board minutes.

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

Sch.G, pg2, Line 14 2 names listed for line 14

Greater Wisconsin Chapter  
Michael Furguele- 2900 Curry Lane, Suite A  
Green Bay, WI 54311

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

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

----- Janet L. Massey- 4144 N. Central Expressway, Suite 750 -----

----- Dallas, Texas 75204 -----



SCHEDULE R  
(Form 990)

**Related Organizations and Unrelated Partnerships**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

Open to Public  
Inspection

Name of the organization

Employer identification number

Alzheimer's Disease and Related Disorders Association

36-3463656

**Part I Identification of Disregarded Entities**

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Alzheimer's Disease and Related Disorders, Inc., 435 E. Henrietta Road, Rochester, NY 14620	Generate financial support for Supporting Org	NY	501 (c) 3	7	Rochester Chp.
Big D Powderpuff Tackling Alzheimers Inc, 4144 N. Central Expy Suite 750, Dallas TX 75204		TX	501 (c) 3	11d	N/A
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**Part III** Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
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**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust

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

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

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

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

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

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

**Part VI** Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropor- tionate allocations?		(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
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Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

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

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](http://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 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

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

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

Code:	Description:	Safe Return \$33,817
Expenses	0.	Inventory Sales \$115,770
Grants Of	0.	Misc. Program Service Revenue \$58,525
Revenue	208,112.	

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

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

- Wisconsin
- Texas

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

Colorado Chapter- Program staff suggest recipients, clients complete application forms Applications forms and eligibility reviewed by Program Director and approved by Vice-President of Programs.

a

Georgia Chapter- The Association keeps a schedule for each restricted purpose grant or contribution received. The restricted fund amount is declined as funds are spent for the restricted purpose until the funds are totally spent.

a

Greater Dallas- 1) RJ Roper Caregiver Award recognizes the value of caring for the caregiver Nomination for outstanding caregivers is solicited from various health care communities which outlines the criteria necessary to be considered for the award A committee then chooses the winners based on the applicants' compelling stories. The number of awards is based on the number of sponsorships received. Each award amount is \$1,000.  
2) Respite recipients must meet financial need requirements in order to qualify for the program. The maximum amount per recipient is \$125 per month for a 24 month period  
3) Emergency financial assistance is occasionally provided to individuals or families, on the recommendation by one of the managers of family services. This assistance is generally low-dollar amounts that are intended to assist the family with an extraordinary circumstance. For example, the Association provided funds to offset the purchase and installation of a hot water heater which had ruptured unexpectedly to a family that could not afford the expense.

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

a

Greater Illinois Chapter- Organizations must submit written reports of funds used, including amounts, dates, and description of services. The due date of these reports is tied to the due date of the Chapter to the originator of the grant.

a

Greater Maryland Chapter- The chapter is bound by the requirements of the State of Maryland Respite Program Grant when determining eligibility.

a

Heart Of America Chapter- Reimbursement model. Grantees presents paid receipts for services i.e. respite service, purchase of briefs, medicines to treat the disease

a

Hudson Valley/Rockland/Westchester, NY Chapter- We pay dues to the Coalition - The amount of dues is voted on each year by the chapters that comprise the Coalition (the 7 NYS Alzheimer's chapters).

a

Mississippi Chapter- The Chapter has acted as a pass-through grantor for the Department of Mental Health ("DMH") and therefore the Chapter follows similar procedures as DMH. DMH has a limited resources to provide grants and they selected the MS Chapter to receive funds to support respite centers in the state in the areas of "payroll", equipment and other. The Chapter provided the administrative work with regard to handling grants.

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

Continued

a North Central Texas Chapter- Eligibility for services received by clients is determined via an evaluation and home visit. Records are maintained of contact, services provided, services billed and paid.

a Northern California and Northern Nevada Chapter- Chapter records all grant awards and respite payments on separate ledgers.

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

Southeastern Virginia Chapter- Through the chapter's Marie F. Poyner Respite Care Program, we contract with licensed agencies that provide respite care services to our local Alzheimer's families. Through a Request for Proposal process, licensed in-home respite providers and adult day care centers estimate the need in the areas they serve and request grant funding from the chapter to provide assistance to low-income families. Grant awards are made through allocations and funds are disbursed by the chapter on a reimbursement basis after services are rendered. Each respite agency receiving grant allocations from the chapter provides monthly reports denoting the amount of respite services provided to families in financial need. The respective agency is responsible for determining the financial need and conducts a UAI on each client. Each agency utilizes a sliding fee scale to determine the amount of subsidy provided.

a Care Grants made directly to individuals mainly in rural communities (up to \$1,000) are allocated through an application and interview process. Again, funds are provided after services are rendered. Care grant families submit monthly reports indicating the number of hours of service provided.

Southeastern Wisconsin- The Chapter paid the expense for the Medic Alert services directly for the assistance granted to the grantee.

a Western New York- Respite grants: clients must obtain services through a licensed agency and are limited to \$400 per client. Grant amounts are paid directly to the agency providing the service.