

Return of Organization Exempt From Income Tax

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

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning **7/01/04**, and ending **6/30/05**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ALZHEIMER'S DISEASE AND RELATED DISORDER ASSOCIATION, INC.		D Employer identification no. 62-1860364
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4205 HILLSBORO PIKE 216		E Telephone number 615-292-4938
		City or town, state or country, and ZIP + 4 NASHVILLE TN 37215		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.ALZMIDSOUTH.ORG****J** Organization type
(check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," att. a list. See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No**I** Group Exemption Number ▶ **9334****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,148,137****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

R Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	229,284	
	b Indirect public support	1b	135,493	
	c Government contributions (grants)	1c	15,699	
	d Total (add lines 1a through 1c) (cash \$ 380,476 noncash \$)	1d	380,476	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	41,844	
	3 Membership dues and assessments	3	3,550	
	4 Interest on savings and temporary cash investments	4	8,648	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7			
E Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities (B) Other		
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	8d			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a	713,467	
	b Less: direct expenses other than fundraising expenses	9b	92,800	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	620,667	
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	152		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,055,337		
A Net Assets	13 Program services (from line 44, column (B))	13	952,638	
	14 Management and general (from line 44, column (C))	14	54,275	
	15 Fundraising (from line 44, column (D))	15	185,752	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	1,192,665	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-137,328	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	495,451	
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	358,123		

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non- cash \$ _____)	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members	24				
25	Compensation of officers, directors, etc.	25	81,600	62,016	4,896	14,688
26	Other salaries and wages	26	457,711	347,860	27,463	82,388
27	Pension plan contributions	27	9,972	7,579	598	1,795
28	Other employee benefits	28	44,235	33,619	2,654	7,962
29	Payroll taxes	29	42,370	32,201	2,542	7,627
30	Professional fundraising fees	30				
31	Accounting fees	31	3,700	2,812	222	666
32	Legal fees	32	6,551	5,618	233	700
33	Supplies	33	39,313	30,908	1,947	6,458
34	Telephone	34	23,182	22,084	270	828
35	Postage and shipping	35	54,575	49,761	608	4,206
36	Occupancy	36	70,239	53,654	4,246	12,339
37	Equipment rental and maintenance	37	18,758	14,487	972	3,299
38	Printing and publications	38	71,322	62,171	798	8,353
39	Travel	39	29,890	25,739	377	3,774
40	Conferences, conventions, and meetings	40	63,436	53,359	326	9,751
41	Interest	41	3,449	2,659	197	593
42	Depreciation, depletion, etc. (attach schedule)	42	12,997	9,878	780	2,339
43	Other expenses not covered above (itemize):a	43a				
b	SEE STATEMENT 1	43b	159,365	136,233	5,146	17,986
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,192,665	952,638	54,275	185,752

Joint Costs. Check ☐ if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No
 If "Yes," enter (i) the aggregate amount of these joint costs\$; (ii) the amount allocated to Program services \$;
 (iii) the amount allocated to Management and general\$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ► SEE STATEMENT 2 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
a	SEE STATEMENT 3	
	(Grants and allocations \$)	952,638
b		
	(Grants and allocations \$)	
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	952,638

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a PROGRAM SERVICE REVENUE					41,844
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					3,550
95 Interest on savings and temporary cash investments			14	8,648	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					620,667
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS					50
c SALE OF BOOKS					102
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		8,648	666,213
105 Total (add line 104, columns (B), (D), and (E))					674,861

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 5

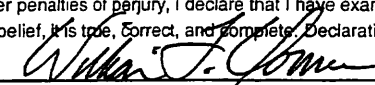
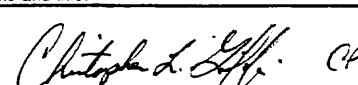
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.			
	 Signature of officer William F. Youree EXECUTIVE DIRECTOR		Date 11-18-05	
Paid Preparer's Use Only	Preparer's signature  Christopher L. Laff CPA		Date 11/17/05	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 BLANKENSHIP CPA GROUP, PLLC 109 WESTPARK DRIVE, SUITE 430 BRENTWOOD, TN 37027-5032		EIN 45-0491842	Preparer's SSN or PTIN (See Gen. Instr. W) P00080291
			Phone no. 615-373-3771	

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Supplementary Information-(See separate instructions.)

2004

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**ALZHEIMER'S DISEASE AND RELATED
DISORDER ASSOCIATION, INC.**

Employer identification number

62-1860364

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. ben. plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

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

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a Sale, exchange, or leasing of property?
 b Lending of money or other extension of credit?
 c Furnishing of goods, services, or facilities?
 d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2a X

2b X

2c X

2d X

SEE STATEMENT 6

- e Transfer of any part of its income or assets?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

- b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

- b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,

and state ►

- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)

(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	PREVIOUSLY REPORTED ON GROUP RETURN				0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22					0
24 Line 23 minus line 17					0
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 0

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c

d Add: Amounts from column (e) for lines: 18 _____ 19 _____
22 _____ 26b _____ 26d

e Public support (line 26c minus line 26d total) 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." N/A
Do not file this list with your return. Enter the sum of such amounts for each year:
(2003) _____ (2002) _____ (2001) _____ (2000) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A
(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____
17 _____ 20 _____ 21 _____ 27c

d Add: Line 27a total _____ and line 27b total _____ 27d

e Public support (line 27c total minus line 27d total) 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check a

if the organization belongs to an affiliated group.

Check b

if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is-		The lobbying nontaxable amount is-	
Not over \$500,000	20% of the amount on line 40		
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	41	
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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B

Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Federal Statements

FYE: 6/30/2005

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING/PLUBLICITY	7,391	6,206	96	1,089
DUES AND SUBSCRIPTIONS	4,299	3,359	160	780
DUES TO NATIONAL	68,916	52,376	4,135	12,405
GRANT AWARDS	45,955	45,955		
MISCELLANEOUS	15,076	10,787	711	3,578
BOOKS/BROCHURES	17,728	17,550	44	134
TOTAL	\$ 159,365	\$ 136,233	\$ 5,146	\$ 17,986

Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

PROVIDING SUPPORT, EDUCATION, AND GUIDANCE ON ALZHEIMER'S DISEASE TO FAMILIES, CAREGIVERS, AND PATIENTS.

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

INFORMATION AND REFERRAL-PROVIDES ALZHEIMER'S DISEASE, CAREGIVING, AND OTHER INFORMATION TO CALLERS AND VISITORS, PROVIDES REFERRAL TO COMMUNITY RESOURCES, SERVES 2,100.

SUPPORT GROUPS- ORGANIZES AND PROVIDES GUIDANCE TO OVER 100 GROUPS THAT MEET MONTHLY TO ASSIST IN SHARING INFORMATION, HOPE, AND STRESS RELIEF; SERVED 2,400 IN OVER 400 MEETINGS.

EDUCATION-PROVIDED THROUGH WORKSHOPS, IN-SERVICES, CONFERENCES, SEMINARS FOR LAYAND PROFESSIONAL CAREGIVERS; PROVIDE TRAINING ON CAREGIVING OR PEOPLE WITH ALZHEIMER'S DISEASE, HANDLING OF PLANNING ISSUES, DEALING WITH HEALTH AND STRESS AND MANY OTHER RELATED TOPICS; OVER 3,200 TRAINED IN MORE THAN 90 SESSIONS.

PUBLICATIONS-EDUCATIONAL INFORMATION DISTRIBUTED BY NEWSLETTERS AND FREE BROCHURES; OVER 100,000 NEWSLETTER DISTRIBUTED, OVER 10,000 BROCHURES.

Statement 4 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
DONATED SERVICES & MATERIALS	\$ 142,388
TOTAL	\$ 142,388

Statement 5 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93A	PROVIDED COMMUNITY EDUCATION RELATED TO ALZHEIMER'S DISEAS
94	PROVIDED EDUCATIONAL NEWSLETTER RELATE TO ALZHEIMER'S DISE
101	PROVIDED COMMUNITY WITH ALZHEIMER'S INFO AND FUNDS PROGRAM
103B	MISC.COLLECTIONS IN NORMAL COURSE OF ORGANIZATION'S PROG.
103C	BOOKS ON ALZHEIMER'S DISEASE INFO AND FUNDS PROGRAMS

**Statement 6 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp**

BILL YOUREE, KEY EMPLOYEE RECEIVED REIMBURSEMENT OF EXPENSES PRIMARILY
RELATED TO MILEAGE FOR USE OF PERSONAL AUTOMOBILE ON COMPANY BUSINESS.

Federal Statements

62-1860364

FYE: 6/30/2005

Form 990, Part I, Line 1a - Direct Public Support

Description	Cash	Noncash	Total
MEMORIALS AND TRIBUTES	\$ 89,034	\$	\$ 89,034
CORPORATIONS	7,489		7,489
INDIVIDUALS	53,242		53,242
FOUNDATIONS	74,519		74,519
OTHER CONTRIBUTIONS	5,000		5,000
TOTAL	<u>\$ 229,284</u>	<u>\$ 0</u>	<u>\$ 229,284</u>

Form 990, Part I, Line 1b - Indirect Public Support

Description	Cash	Noncash	Total
UNITED WAY	\$ 72,265	\$	\$ 72,265
COMBINED FEDERAL CAMPAIGN	63,228		63,228
TOTAL	<u>\$ 135,493</u>	<u>\$ 0</u>	<u>\$ 135,493</u>

Special Events Direct Expenses

Description	Amount
COLUMN A	\$
MEMORY WALK	
	2,535
	1,106
PROMOTIONAL MATERIALS	31,314
CATERING	278
SPEAKER FEES/ENTERTAINMENT	911
SUBTOTAL	36,144
COLUMN B	
OTHER SPECIAL EVENTS	
OCCUPANCY	5,757
REPAIRS/MAINTENANCE	890
CATERING	32,129
SPEAKER FEES/ENTERTAINMENT	17,880
SUBTOTAL	56,656
TOTAL	<u>92,800</u>

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES
 REPORTED ON FORM 990, PAGE 1, LINE 9B.

Filing Instructions

ALZHEIMER'S DISEASE AND RELATED DISORDER ASSOCIATION, INC.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2005

Date Due: February 15, 2006

Remittance: None is required. Your Form 990 for the tax year ended 6/30/05 shows no balance due. The return should be signed and dated on Page 6 by an officer representing the organization.

Mail To: Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Other: Initial and date the copy of the return, and retain it for your records.

Certified mail with postmarked receipts is recommended for written proof of timely filing/paying. File the postmarked receipt with your copy of the tax return.