

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## **Return of Private Foundation**

# or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Fo	· cale	ndar	year 2008, or t	tax year beginning		11/1/2008	, ar	nd ending	10.	/31/2009		
G	Chec	k áll t	hat apply:	Initial return	Fi	nal return	An	nended return		Address change	Name cha	inge
U	se the	IRS	Name of foundati	ion					A E	mployer Identification nu	mber	
_	labe		<b>ALZHEIMERS</b>	RESEARCH ASSO	CIATIO	N, INC			23-7	438025		
C	therv		Number and stree	et (or P O box number if ma	ıl ıs not de	elivered to street a	address)	Room/suite	ВТ	elephone number (see pag	ge 10 of the instruction	ns)
	prin or typ		c/o L. WOLLIN	N 866 UN PLAZA				508	212-	785-2610		
		ecific	City or town, state	e, and ZIP code					C If	exemption application is pe	ending, check here	▶ 🔲
In	struct	tions.	NEW YORK			NY		10017	D 1.	Foreign organizations, che	eck here I	►Ī
Н	Chec	k type	e of organizatio	on: X Section 501(c)	(3 <u>)</u> exe	mpt private fo	oundatio	on	2.	Foreign organizations me	eting the 85% test,	_
	Sec	tion 49	947(a)(1) none:	xempt charitable trust		Other taxable	private	foundation	_ ا	check here and attach cor		▶ 🔲
$\overline{}$	Fair	marke	t value of all as	ssets at end J Acco	unting i	method [	₹ Cash	Accrual	E If private foundation status was terminate under section 507(b)(1)(A), check here			▶ □
			m Part II, col (	(c),	ther (sp	ecify)	_ 			the foundation is in a 60-m		_
	line 1	16) 🕨	· \$	207,278 (Part I, c	olumn (e	d) must be on c	ash bas	is)	ur	check here		
Pa	rt I	Anal	ysis of Reven	ue and Expenses (The	e total of	(a) Revenue	e and	(b) Not invoctm	ont.	(a) Advicted not	(d) Disbursemer for chantable	nts
				(c), and (d) may not necessar		expenses	per	(b) Net investm	ient	(c) Adjusted net income	purposes	
		tne am	nounts in column (a)	) (see page 11 of the instruct	ions))	books			·		(cash basis only	y)
	1	Contri	butions, gifts, grants	s, etc , received (attach sche	dule)		21,514		-			
	2	Check	. ▶☐ if the founda	ation is not required to attacl	h Sch B	Property of		. 6 2			` ' '	, 1,
	3		_	nd temporary cash invest	ments		0		0		······································	
	4		ends and interest	t from securities .	•		5,151		5,151			
		Gross			•	<del>  ,                                   </del>	F	· (	0	,	<del>                                     </del>	<del></del>
ē			ental income or (	· · · ————	0	·, ' ' '	-7,948	, ,				<del></del> ;
Revenue		-		n sale of assets not on lir	0		<del>-7,940</del>		,		,	<del></del>
$\Xi$	7		sales price for all a	ne (from Part IV, line 2)		2		<u>'                                    </u>	0			<del></del>
ea ,,√K	8		hort-term capital			·-····································		1.5		0		<del></del>
ଷ	9		ne modifications	_							3 3	
			sales less returns a	1	0	<del> </del>		. ,		······································	, ,	<del>- 1,43</del>
NOS			Cost of goods s	<del></del>	0					. ′		
	c	Gross	s profit or (loss) (	(attach schedule)			0		- "" '		`. ` :	\
Ш	11	Other	income (attach	schedule) .			0		0			,
Z.	12	Total	. Add lines 1 thre	ough 11			18,717		5,151	0	سائن ۔	
SCAMNED senses	13	Comp	pensation of offic	Production of the state of the	etc.		0					
S <sub>S</sub>	14	Other	employe <u>e s</u> a <u>lari</u>	ies and wages	1							
<b>6</b>	15	Pensi	ion plans, emplo	yee benefits .								
Exp	16 a			regy@Z G Z NIII	015	ļ	0		0	<del></del>	<del>                                       </del>	0
9	, r		unting fees attac		1		0		0			0
美	_ c	Other	r professional fee		1		3,987		500	0	<u> </u>	0
Administrativ	17	micic	·31				86		0	0		0
Ë	18		•	see page 14 of the instruction	s)		00		0			<del></del>
Ξ	19 20		pancy .	schedule) and depletion		<del></del>	2,500		<u> </u>		<u></u>	<del></del>
Ad	21		el, conferences, a	and me⊇tings			4,010				4	,010
Þ	22		ng and publication			*	1,0,10			··	<del>                                     </del>	10
ᅙ	23		r expenses (attac				9,056	<del></del>	0	0	7	7,736
i.	24		•	administrative expense	es.	-						
Ta t	1		ines 13 through 2	· ·			19,639		500	<u> </u>	11	,746
Operating and	25		ributions, gifts, gr				25,932					,932
Ō	26		_	bursements. Add lines 24 ar	nd 25		45,571		500	0	37	7,678
	27	Subtr	act line 26 from	line 12								
	a	Exces	s of revenue over	expenses and disburseme	ents		26,854					
				me (if negative, enter -0-	)				4,651			
	_ c	: Adjus	sted net income	e (if negative, enter -0-)						<u> </u>		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. (HTA)

Form **990-PF** (2008)

Form 990-PF (2008)

		Attached schedules and amounts in the description column	Beginning of year	End o	f year
Par	Ш	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	21,005		
- 1	2	Savings and temporary cash investments	128,277	85,118	85,118
Ì	3	Accounts receivable   0			
	_	Less: allowance for doubtful accounts	0	0	0
	4	Pledges receivable ▶ 0			
		Less: allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
		instructions)	<u> </u>	0	0
- 1	7	Other notes and loans receivable (attach schedule)			
ध		Less allowance for doubtful accounts	<u> </u>	0	0
Assets	8	Inventories for sale or use			
¥۱	9	Prepaid expenses and deferred charges			<del></del>
	10 a	Investments—U.S. and state government obligations (attach schedule)	0	20,000	20,000
	t	nvestments—corporate stock (attach schedule)	79,083	99,643	96,425
l	(	Investments—corporate bonds (attach schedule)	0	0	C
	11	Investments—land, buildings, and equipment basis		<u> </u>	
		Less accumulated depreciation (attach schedule)	0	0	
	12	Investments—mortgage loans			
	13 Investments—other (attach schedule)		0	0	
	14	Land, buildings, and equipment: basis		<u> </u>	
		Less accumulated depreciation (attach schedule)	0	0	
	15	Other assets (describe )	5,735	5,735	5,7 <u>35</u>
	16	Total assets (to be completed by all filers—see the			
		ınstructions. Also, see page 1, ıtem I)	234,100	210,496	207,278
	17	Accounts payable and accrued expenses .			
ß	18	Grants payable			
tie	19	Deferred revenue		3,250	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	•
iat	21	Mortgages and other notes payable (attach schedule)	0	0	· , , , , , , , , , , , , , , , , , , ,
_	22	Other liabilities (describe	0	0	
	23	Total liabilities (add lines 17 through 22)	0	3,250	5
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			**
nces	24	Unrestricted .			•
la	25	Temporarily restricted .			
Ö	26	Permanently restricted			
nd		Foundations that do not follow SFAS 117, check here			
Fu		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds	234,100	207,246	•
Net Assets or Fund Bala	28	Paid-in or capital surplus, or land, bldg, and equipment fund .			
se	29	Retained earnings, accumulated income, endowment, or other funds			
AS	30	Total net assets or fund balances (see page 17 of the			
et,		instructions)	234,100	207,246	
Ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	234,100	210,496	
Pai	t III	Analysis of Changes in Net Assets or Fund Balances			
_		net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with		<del></del>
		of-year figure reported on prior year's return)		[ 1 ]	234,100
		amount from Part I, line 27a		2	-26,854
		r increases not included in line 2 (itemize)		3	(
4	Add I	ines 1, 2, and 3		4	207,246
		eases not included in line 2 (itemize)		5	C
		net assets or fund balances at end of year (line 4 minus line 5)—Part II. c	olumn (b), line 30	6	207 246

23-7438025

Capital Gains and	LOSSES for Tax on inve	sunent inco		<del>,                                      </del>	<del></del>	
	kind(s) of property sold (e.g., real esta , or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr )
1a SCHEDULP ATTACHED - ST			Ρ	VARIOUS		10/31/2009
b '						
<u>c</u>	<del></del>		<del>                                      </del>			
_d				ļ <u>.</u>	<b></b> }-	
	<del></del>		_ <del></del>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale		(h) Gain or (e) plus (f) n	ninus (g)
a 84,311	0		92,259			-7,948
b 0	0 0		0	<u> </u>		0
d 0	0		0	<del> </del>		0
e 0	0		0			0
Complete only for assets shown	ng gain in column (h) and owned	by the founda	<u>_</u>	() (	Sains (Cot. /t	n) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	ess of col (i)	col (I		ss than -0-) or
a 0	0		0			-7,948
<b>b</b> 0	0		0			0
<b>c</b> 0	0		0			0
<b>d</b> 0	0		0			0
e 0	0		0	<del>  _ , </del>		0
2 Capital gain net income or (r		ilso enter in P enter -0- in P		2		-7,948
3 Net short-term capital gain o	, , , , , , , , , , , , , , , , , , , ,			<b>├</b>		-7,940
If gain, also enter in Part I, li	• •	, ,	• •			
instructions). If (loss), enter -	0- in Part I, line 8	<u> </u>		3		0
Part V Qualification Under	er Section 4940(e) for Re	duced Tax	on Net Investm	ent Incom	е	
If section 4940(d)(2) applies, lea Was the foundation liable for the If "Yes," the foundation does not	e section 4942 tax on the dis qualify under section 4940(	e). Do not co	mplete this part.			
<del></del>	unt in each column for each	year, see pag	e 18 of the instruc	tions before	<u>-</u>	_ <del></del>
(a) Base period years	(b)		(c)			(d) ution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distribution	ns Net value	e of nonchantable-use a	ssets		ded by col (c))
2007		9,493		3,374		0.066211
2006		5,195		3,628		0.136519
2005		3,982		0,769		0 069287
2004 2003		5,480 0,715		3,988 5,721		0.055360 0.100402
2003		0,7 10[	100	0,721	T	0.100402
2 Total of line 1, column (d) .				. 2		0.427779
3 Average distribution ratio for				у	1	
the number of years the four	ndation has been in existenc	e if less than	5 years	. 3	<del> </del>	0 085556
4 Enter the net value of nonch	arıtable-use assėts for 2008	from Part X,	line 5 .	. 4	ļ ———	183,294
5 Multiply line 4 by line 3				. 5	<del> </del>	15,682
6 Enter 1% of net investment i	ncome (1% of Part I, line 27	b)		6		47
7 Add lines 5 and 6				7_	<u> </u>	15,729
8 Enter qualifying distributions If line 8 is equal to or greater the Part VI instructions on pa	than line 7, check the box in		1b, and complete	that part us	sing a 1%	37,678 tax rate. See

Pa	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pa	ge 1	8 of the	e inst	ructi	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1					
	Date of ruling letter: (attach copy of ruling letter if necessary—see instructions)	- 1			1	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	Ĩ1			47	
	here . ▶ 🗓 and enter 1% of Part I, line 27b	$\neg$				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					
	of Part I, line 12, col. (b)	l				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0	
3	Add lines 1 and 2	3			47	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			_47	
6	Credits/Payments.					
	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 0					ļ.
	Exempt foreign organizations—tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) . 6c 100					
_	Backup withholding erroneously withheld	~ - <u></u> -			400	
7	Total credits and payments Add lines 6a through 6d	7 8			100	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0	
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	_		<u> </u>	
11	Enter the amount of line 10 to be Credited to 2009 estimated tax   53  Refunded	11			_ 33	
	t VII-A Statements Regarding Activities		L			
					Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			1	res	
	participate or intervene in any political campaign?			1a_		X
Ľ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			46		V
	instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				į	25.4
	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		•			,
·	(1) On the foundation.   \$\( \) \\$ (2) On foundation managers   \$\( \) \\$			. '		Z
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					بر ایر -
-	on foundation managers. • \$			ļ' ļ		•
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			,		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
t	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	Χ_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T			1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1		
	By language in the governing instrument, or			}		
	By state legislation that effectively amends the governing instrument so that no mandatory directions					
_	that conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), at	nd Pa	art XV	7	Х	<u> </u>
8 8	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ► DE					
	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			8b	v	
Δ	General (or designate) of each state as required by General Instruction G? If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			60	X	
9	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on page 27)	2		ĺ		-
	18 M/a a R an malata Dart VIV	ſ		9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			<u> </u>		<del>  ^</del>
. •	their names and addresses			10		Х
	area names and addresses			000		<u></u>

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		<u>X</u>
	Website address ► N/A			
14	The books are in care of ► LONNIE WOLLIN Telephone no ► 212-785-26	10		
	Located at ► ZIP+4 ► 07632			· <u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	· 🗆
	and enter the amount of tax-exempt interest received or accrued during the year			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			$\neg \neg$
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			1
	a disqualified person?			Ì
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1		.
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			}
	if the foundation agreed to make a grant to or to employ the official for a period			1
	after termination of government service, if terminating within 90 days ) . Yes X No			1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			أحجم
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	N/A	<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
_	that were not corrected before the first day of the tax year beginning in 2008?	1c		_ <del>X_</del> ;
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			1
•	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d	i.	-	į
а	and 6e, Part XIII) for tax year(s) beginning before 2008?	-		•
	if "Yes," list the years ≥ 20 , 20 , 20 , 20	İ		، د
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	-		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			,
	to all years listed, answer "No" and attach statement—see page 20 of the instructions )	2b	N/A	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			-4
	<b>▶</b> 20, 20, 20			, -
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			, , i
	enterprise at any time during the year?  Yes X No			
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation			,
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			1
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	,		]
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		- , ; , ,	
4-	If the foundation had excess business holdings in 2008 )	3b	N/A	<del></del> -
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			- J- J
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b		X

ĿС	T VIEB Statements Regarding Activitie	55 IU	A AMICH LOTH	1 47	ZU Way De Ke	<u>qui</u>	rea (continuea)					
5a	During the year did the foundation pay or incur any									ļ	l	
	(1) Carry on propaganda, or otherwise attempt to						Yes	X	No			
	(2) Influence-the outcome of any specific public e			955),	or to carry			<del></del> 1	- 1		l	ì
	on, directly or indirectly, any voter registration	n drive	€?				Yes	<u>u</u>	No		i	1
	(3) Provide a grant to an individual for travel, stud	dy, or	other similar pur	pose	s? .		Yes	X	No			Ì
	(4) Provide a grant to an organization other than	a cha	antable, etc , orga	nıza	tion described			_			1	1
	in section 509(a)(1), (2), or (3), or section 494	40(d)(	2)? (see page 22	of th	ne instructions)		Yes	X	No	ļ		
	(5) Provide for any purpose other than religious,								ł	1	1	
	educational purposes, or for the prevention o	f crue	ity to children or a	anım	ials?		·Yes	X	No	ı		
b	If any answer is "Yes" to 5a(1)-(5), did any of the t								-			
	Regulations section 53 4945 or in a current notice	regard	ding disaster assi	stan	ce (see page 22 o	of the	e instructions)? .	i	ļ.	5b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here											
C	If the answer is "Yes" to question 5a(4), does the fo			tion	from the			$\overline{}$	İ			1
	tax because it maintained expenditure responsibilit If "Yes," attach the statement required by Regulation			(d)		•	L Yes	Ш	No			į
62	Did the foundation, during the year, receive any fur				nav				- 1	1		{
va	premiums on a personal benefit contract?	, u		,,	· · ·		Yes	X	No			ļ
h	Did the foundation, during the year, pay premiums,	direc	tly or indirectly. o	naı	personal benefit o	ontr:		لنت		6b		X
-	If you answered "Yes" to 6b, also file Form 8870		,,, .	,					İ			
7a	At any time during the tax year, was the foundation	a pa	rty to a prohibited	tax	shelter transactio	n?.	Yes	$ \mathbf{x} $	No			1
	If yes, did the foundation receive any proceeds or h	-	•				on?	Т.	. [	7b		
	art VIII Information About Officers,							Paid	Emp	oloy	ees,	
	and Contractors											
1	List all officers, directors, trustees, founda	ation	managers and	d th	eir compensati	ion	(see page 22 of t	he i	nstru	ction	s).	
	(a) Name and address		Title, and average nours per week		) Compensation f not paid, enter		(d) Contributions to employee benefit plans		(e) E	Expens	se acco	unt,
	(a) Name and address		voted to position		-0-)		d deferred compensation		ot	her all	owance	s
SC	HEDULE ATTACHED											
			.00		0		_ <del> </del>	_0				0
												_
		-	.00	-	0		·	의				0
			00									^
		-	00		0			- 9	<del></del>			0
		1	.00		٥			ام				0
	Compensation of five highest-paid employ	VEES		)SP	included on li	ne 1	—see page 23 of	f the	instr	uctio	ns)	
_	If none, enter "NONE."	,000	(outor than the		moladed on m		ooo pago 20 o			400.	, <b>.</b>	
			(b) Title, and avera	ige			(d) Contributions to					
(a	Name and address of each employee paid more than \$50,	000	hours per week		(c) Compensation	on .	employee benefit plans and deferred				se acco owance	
			devoted to position	n			compensation					
NC	NE	. <u></u> [										
				00		0		의				0
								ا۔				_
				00		0		의				0
				00				اء				_
				.00	<del></del>	0		-0				0
				00		_						0
				.00		0		0				0
		·		.00		0		o				0
To	al number of other employees paid over \$50,	000		.00			<u> </u>			<u> </u>	<u> </u>	0
	ai number of other employees paid over \$50,0	<del></del>		•				<u>.                                    </u>	· ·	<u> 00</u>	n-PF	(2008)
									FOI	111 J	· • - i · i -	(2000)

FOR	n 990-PF (2008	ALZHEIMERS RESEARCH ASSOCIAT	ION, INC. 23-7438025		_ Page /
F	art VIII	Information About Officers, Directors, Trustees, Found Contractors (continued)	oundation Managers, Highly Paid	1 Employee	es,
3	Five highe	st-paid ihdependent contractors for professional services (see p	age 23 of the instructions). If none, ente	r "NONE."	
	(a) l	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compe	nsation
NŌ	NE				0
					0
					0
					0
			i		0
Total number of others receiving over \$50,000 for professional services				0	
_				<b>-</b>	
				Expen	ses
1					
2					
3 -					
4					
-		Summary of Program-Related Investments (see page 2			
De	scribe the two l	argest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amou	ınt
1					
2					
AII 3		related investments See page 24 of the instructions			

Total. Add lines 1 through 3 . . .

Form **990-PF** (2008)

23-7438025 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes. '		
a	Average monthly fair market value of securities	1a	86,960
Ь	Average of monthly cash balances	1b	99,125
C	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	186,085
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	186,085
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	2,791
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	183,294
6	Minimum investment return. Enter 5% of line 5	6	9,165
Par		perati	ng
	foundations and certain foreign organizations check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	9,165
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	47
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,118
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	9,118
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	łł	
	line 1	7	9,118
Par	XII Qualifying Distributions (see page 25 of the instructions)		
	All Qualitying Distributions (see page 20 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	37,678
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	37,678
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	47
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	37,631
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation	
	qualifies for the section 4940(e) reduction of tax in those years		

Part	XIII Undistributed Income (see page 26 of	the instructions)		-	
1	Distributable amount for 2008 from Part XI,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
_	line 7				9,118
2	Undistributed income, if any, as of the end of 2007:		,		
<b>a</b>	Enter amount for 2007 only			0	
_	Total for prior years: 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2008:				
<b>a</b>	From 2003	7			
þ	From 2004	4			
C	From 2005 1,972	4			
d	From 2006	7			
е	From 2007				-
f	Total of lines 3a through e	20,745		•	
4	Qualifying distributions for 2008 from Part				
	XII, line 4: <b>&gt;</b> \$37,678				
а	Applied to 2007, but not more than line 2a			0	
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		. 0		
C	Treated as distributions out of corpus (Election		1		-
	required—see page 26 of the instructions)	0			
d	Applied to 2008 distributable amount				9,118
е	Remaining amount distributed out of corpus	28,560	•		
5	Excess distributions carryover applied to 2008	0			(
	(If an amount appears in column (d), the	5	-		
	same amount must be shown in column (a) )		- 1		. ` '
6	Enter the net total of each column as indicated below:	,			-
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	49,305			_
b	Prior years' undistributed income Subtract	-	:		, ,
	line 4b from line 2b		o		•
С	Enter the amount of prior years' undistributed	: -		-	
	income for which a notice of deficiency has	٠ <u>.</u>			. , ,
	been issued, or on which the section 4942(a)				
	tax has been previously assessed	, ,			
d	Subtract line 6c from line 6b Taxable				- *
	amount—see page 27 of the instructions	,	0	-	_
е	Undistributed income for 2007. Subtract line			· · · · · · · · · · · · · · · · · · ·	<del></del>
	4a from line 2a Taxable amount—see page 27 of the	i ·			r
	instructions	j ,		ol	
f	Undistributed income for 2008 Subtract				<del></del>
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2009				C
7	Amounts treated as distributions out of		·····		
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
	the instructions)				
8	Excess distributions carryover from 2003	· · · · · · · · · · · · · · · · · · ·			
•	not applied on line 5 or line 7 (see page 27 of the				
	instructions)	5,391			
9	Excess distributions carryover to 2009.	0,091	<del></del>		
•	Subtract lines 7 and 8 from line 6a	43,914		į	
10		43,914			
-	Analysis of line 9.	ĺ			
a	Excess from 2004 582				
D	Excess from 2005 1,972				
C	Excess from 2006 . 10,312				
đ	Excess from 2007 2,488				
Δ.	Excess from 2008 28 560	1		1	

	foundation, and the ruling is effective for 2008, enter			▶	N/A	
	Check box to indicate whether the foundation is a p Enter the lesser of the adjusted net	private operating found	dation described in		4942(J)(3) or	4942(j)(5)
<b>2 a</b>	income from Part I or the minimum	Tax year	·····	Pnor 3 years		(e) Total
	investment return from Part X for each	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
	year listed	0	0	0	0	
	85% of line 2a	0	0	. 0	0	
С	Qualifying distributions from Part XII, line 4 for each year listed	o	o	o	lo	C
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities.  Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon.	0	0		0	
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	0	0	0	(
C	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					(
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) .					(
	(3) Largest amount of support from an exempt organization					(
	(4) Gross investment income					
Pa	1 XV Supplementary Information (Cor assets at any time during the year)				00 or more in	
1	Information Regarding Foundation Manag			<u>*</u> .	<del></del>	
а	List any managers of the foundation who have conbefore the close of any tax year (but only if they ha				ne foundation	
NO						
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				tion of the	
<u>NO</u>	NE					
2	Information Regarding Contribution, Gran		-	-		
	Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation ma under other conditions, complete items 2a, b, c, ar	akes gifts, grants, etc				ons
a	The name, address, and telephone number of the	person to whom appli	cations should be a	ddressed		
b	The form in which applications should be submitted	d and information and	materials they sho	uld include	· · · · · · · · · · · · · · · · · · ·	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year SCHEDULE ATTACHED	N/A	PUBLIC		25,932
				0
				0
				0
				0
				O
				0
				o
				C
				C
				C
				C
				C
				C
			:	C
				C
Total		· · · · · · ·	<b>▶</b> 3a	25,932
<b>b</b> Approved for future payment				
				C
				C
				O
				O
				0
				0
	1			0
				0
Total		1	. <b>▶ 3</b> b	0

	A Analysis of Income-Producing Acti	Unrelated bus	iness income	Excluded by section	n 512 513 or 514	(-)
	s amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of the instructions)
a			0		0	C
b			0		. 0	C
			0		0	C
d			0		0	C
_					0	
f			0		0	C
g Fee	s and contracts from government agencies					
2 Membe	ership dues and assessments					
3 Interest	t on savings and temporary cash investments					
4 Dividen	ds and interest from securities					
5 Net ren	ital income or (loss) from real estate		_		-	
a Deb	ot-financed property					
b Not	debt-financed property					
6 Net ren	ital income or (loss) from personal property					
7 Other in	nvestment income .					
8 Gain or	(loss) from sales of assets other than inventory				0	
9 Net inc	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	evenue: a		C		0	
_			C		0	C
			C		0	
					0	C
е			C		0	
12 Subtota	al Add columns (b), (d), and (e)	-	C		0	C
	Add line 12, columns (b), (d), and (e)				13	C
<u> </u>	B Relationship of Activities to the Ac Explain below how each activity for which income the accomplishment of the foundation's exempt	complishment le is reported in colu	ımn (e) of Part X	VI-A contributed in		
	page 28 of the instructions )					
				-		
					<del></del>	
			<del></del>			

# Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	in sect	e organization directly ion 501(c) of the Code zations?								Yes	No
а	Transf	ers from the reporting	foundation to	a noncharitable ex	cempt organiz	ation of:				1 1	}
	(1) Ca	ısh							1a(1)		X
	(2) Ot	her assets							1a(2)		X
b	Other	transactions:									
	(1) Sa	les of assets to a none	charitable exe	mpt organization					1b(1)		X
		irchases of assets from							1b(2)		X
		ental of facilities, equip							1b(3)		X
		eimbursement arrange							1b(4)	$\Box$	X
		ans or loan guarantee							1b(5)		X
		erformance of services							1b(6)		X
С		g of facilities, equipme							1c		X
		inswer to any of the at	_							ket	
	value o	of the goods, other ass n any transaction or sl	sets, or service	es given by the re	porting founda	ation. If the	he foundation red	eived less th	nan fair m	narket	t d
(a)	Line no	(b) Amount involved	(c) Name o	of nonchantable exempt	organization	(d) Des	scription of transfers, t	ransactions, and	I sharing arr	angem	ents
		0									
		0									
		0									
		0									
		0									
		0									
		0				1					
		0									
		0									
		0									
		0									
		0				I					
		0									
		0									
		0									
		0							-		
	describ	foundation directly or in sed in section 501(c) on "complete the following."	of the Code (o						Yes X	] No	
		(a) Name of organization		(b) Type	of organization		(c) Desc	cription of relatio	nship		
							ļ		<del></del>		
				<del></del>			<del> </del>				
		<del></del>									
		er penalties of perjury, I decla									
ď			· Wa	Chi		<u>  6                                  </u>	22/10 TE	REASURER			
5	<b>▼</b> Sig	nature of officer or trustee			C	ate 8	Title	e			
Sign Here					Date			Preparer	's identifying		
E S	ري.						Check (f		see Signati		
ž	돌혈준	Preparer's		ŀ			self-employed ▶	page 30	of the instru	ctions)	
-,	Paid Preparer's Use Only	signature					L	<u>.                                    </u>			
	£ 3	Firm's name (or yours if						EIN ►	<u> </u>		_
		self-employed), address, and ZIP code	<b>/</b>					Phone no		***	
-	لــــــــــــــــــــــــــــــــــــــ	and En Ovde		<del></del>				i none no	- 00/	- DE	

# Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2008

Name of the organization **Employer identification number** ALZHEIMERS RESEARCH ASSOCIATION, INC. 23-7438025 Organization type (check one): Section: Filers of: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** [X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF).

Schedule B	(Form 990, 990-EZ, or 990-PF) (2008)		Page 1 of 1 of Part I
	organization IERS RESEARCH ASSOCIATION, INC.		Employer identification number 23-7438025
Part I	Contributors (see instructions)		
(a) No.	. (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DAVID SILVERSTEIN  MANHASSETT NY  Foreign State or Province  Foreign Country	\$7,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country.	\$0.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Occupation (Complete Part II of there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	runio, audioso, una en . 7	7.55.452.0 33.11.134.13113	Person

Foreign State or Province
Foreign Country

(Complete Part II if there is a noncash contribution )

Noncash

Line	16c (990-PF) - Other Fees				
		3,987	500	0	0
				1	(d) Disbursements
1		(a) Revenue and			for chantable
	Name of organization or	expenses per	(b) Net investment	(c) Adjusted net	purposes
	person providing service	books	income	income	(cash basis only)
	BOOKKEEPING	3,487			
2	INVESTMENT ADVISORY	500	500		
3					
4					
5					<u> </u>
6					
7					
8					
9					
10_				<u> </u>	LJ

Line 18 (990-PF) - Taxes

		86	0	0	
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20				
2	Tax on investment income	61			
3	State Franchise Tax	25			
4					
5					
6					
7					
8					
9					
10					

Line	23 (990-PF) - Other Expenses	9,056	0	0	7,736
		Revenue and			Disbursements
ł		expenses	Net investment	Adjusted net	for charitable
	Description	per books	income	income	purposes
1	Amortization. See attached statement	0	0	0	0
2	SECRETARIAL SERVICES	450			
3	PARKING	24			
4	ADVERTISING	4,500			4,500
5	LODGING	3,236			3,236
6	DELAWARE REP FEE	260			
7	POSTAGE	208			
8	OFFICE EXPENSE				
9	EQUIPMENT LEASE	377			
10	BANK CHARGE	1			
11					
12					
13					

5,735

Part	II, Line 15 (990-PF) - Other Assets	5,735	5,735	
		(a) Beginning	(b) Ending	(c) Fair r
1	Description	balance	balance	valu
1	1	5,735	5,735	

1		(a) Beginning	(b) Ending	(c) Fair market
L	Description	balance	balance	value
1		5,735	5,735	5,735
2	•			
3	•			
4				
5				
6				
7				
8				
9				
10				

	PART II line 10b		
	1 AKT II IIIIC 10D	Column (b)	Column (c)
Shares	Descriptions	Cost	FMV
200	AT&T	5,019	513
300	AMERICAN ELECTRIC POWER CO INC	9,009	906
200	Amylin Pharmaceuticals	8,333	220
100	Cameron International	6,886	739
100	Cameron International	0	
200	Corning Inc	4,725	292
100	Fedex	10,942	726
100	General Electric		142
		3,520	
200 100	MSFT PEP	9,231 5,205	554 605
3	PUT SPY OPTION NOV -09 \$99	585	38
300	S&P	28,050	3106
100	TEVA	4,666	504
100	Texas Instruments	3,472	234
		99,643	85,86
C Positio	ns AS OF 10/31/08		
C Positio		Column (a)	
	PART II line 10b	Column (a)	
Shares	PART II line 10b Descriptions	Cost	
Shares 200	PART II line 10b Descriptions AT&T	Cost 5,019	
Shares 200 300	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC	5,019 9,009	
Shares 200 300 200	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC  Amylin Pharmaceuticals	5,019 9,009 8,333	
Shares 200 300 200 100	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC  Amylın Pharmaceuticals  Cameron International	5,019 9,009 8,333 6,886	
Shares 200 300 200 100	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC  Amylin Pharmaceuticals  Cameron International  Cameron International	Cost 5,019 9,009 8,333 6,886 0	
Shares 200 300 200 100 100 200	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC  Amylın Pharmaceuticals  Cameron International  Cameron International  Corning Inc	Cost 5,019 9,009 8,333 6,886 0 4,725	
Shares  200  300  200  100  100  200  200  200	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC  Amylin Pharmaceuticals  Cameron International  Cameron International  Corning Inc  DOW CHEMICAL CO.	Cost 5,019 9,009 8,333 6,886 0 4,725 4,910	
Shares 200 300 200 100 100 200 200 100 200 100	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC  Amylın Pharmaceuticals  Cameron International  Cameron International  Corning Inc  DOW CHEMICAL CO.  Fedex	Cost 5,019 9,009 8,333 6,886 0 4,725 4,910 10,942	
Shares  200  300  200  100  200  200  200  200	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC  Amylin Pharmaceuticals  Cameron International  Cameron International  Corning Inc  DOW CHEMICAL CO.  Fedex  MSFT	Cost 5,019 9,009 8,333 6,886 0 4,725 4,910 10,942 9,231	
Shares 200 300 200 100 100 200 200 100 200 100 200 100	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC  Amylin Pharmaceuticals  Cameron International  Cameron International  Corning Inc  DOW CHEMICAL CO.  Fedex  MSFT  PEP	Cost 5,019 9,009 8,333 6,886 0 4,725 4,910 10,942 9,231 5,205	
Shares  200  300  200  100  200  200  200  100  200  100  200  200  100  200	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC  Amylin Pharmaceuticals  Cameron International  Cameron International  Corning Inc  DOW CHEMICAL CO.  Fedex  MSFT  PEP  SOUTHERN CO	Cost 5,019 9,009 8,333 6,886 0 4,725 4,910 10,942 9,231 5,205 6,685	
Shares 200 300 200 100 100 200 200 100 200 100 200 100	PART II line 10b  Descriptions  AT&T  AMERICAN ELECTRIC POWER CO INC  Amylin Pharmaceuticals  Cameron International  Cameron International  Corning Inc  DOW CHEMICAL CO.  Fedex  MSFT  PEP	Cost 5,019 9,009 8,333 6,886 0 4,725 4,910 10,942 9,231 5,205	

		OUGDT		RT IV, line 1a					0.:
Trada Data	Security	SHORT	tion Desc	rintian		Ougstitu	Sales Price	Cost Boois	Gain or (Loss)
Trade Date	Security	transac	uon Desc	ription		Quantity	Sales Price	Cost Basis	(LOSS)
08/18/09	AFPR7	3 AE	P	FEB-10 \$32 5	0 CALLS (	-3	360		<del></del>
05/19/09		3 AE		MAY-09 \$32 5	·			0	···
08/18/09		3 AE		AUG-09 \$30			<u> </u>	(240)	
03/16/09			-: P	AUG-09 \$30				·	
11/28/2008				T DE NEMOUF		300		(9,770)	<u>-</u>
04/16/09				NEMOURS &		-100	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
10/19/09	<del></del>			NEMOURS &			<del></del>		
01/07/09			UPONT	APR 030 **			<del></del>	0	
11/21/08	<del> </del>	3 DE		APR-09 \$30				<del>}</del>	
10/21/08			HEMICA			200	<del></del>	(4,910)	
09/21/09			HEMICA		OPTION A		<del></del>	<del></del>	
09/21/09			OW	SEP-09 \$21				0	
05/11/09		1	OW	SEP-09 \$21	<del></del>	-2		<del></del>	
03/30/09			UPONT					<del> </del>	
04/21/09	L	3 DI		APR-09 \$30				<del></del>	
04/21/09		3 DI		OCT-09 \$32.5		<del></del>			
10/19/09		3 DI		OCT-09 \$32.5	_ <del></del>			<del></del>	
10/28/08			IERN CO			200		(6,685)	
08/24/09	<del></del>	1	IERN CC		TION ASS			·	
08/24/09	<del> </del>	2 SC		AUG-09 \$31			<del></del>	0	
04/28/09		2 SC		AUG-09 \$31	CALLS (S	<del></del>			
11/07/08				OORS DEPOS			<del></del>	(42,858)	
11/07/08	<del></del>			OORS DEPOS			<del></del>		
I	SWGAM		γ	JAN-09 \$91		<del></del>	<del></del>	(1,155)	
	SWGAM		γ	JAN-09 \$91	CALLS (S	·	<del></del>		
	SWGCL		PΥ	MAR-09 \$90			de	·	
	SWGCV	3 SF	γ	MAR-09 \$100				(210)	
	SWGKQ		γ	NOV-08 \$95				0	
	SWGKQ	3 SF	γ	NOV-08 \$95		1			
	SWGKR	3 SF	γ	NOV-08 \$96				(138)	
	SWGKR	3 SF	γ	NOV-08 \$96	CALLS (S	<del></del>	621		
	SWGKS	3 SF	γ	NOV-08 \$97	CALLS (S	3		(108)	
11/06/08	SWGKS	3 SF		NOV-08 \$97			750		i
11/12/08	SWGKY	3 SF	ÞΥ	NOV-08 \$103	CALLS (	3	T	(39)	
11/04/08	SWGKY	3 SF	PΥ	NOV-08 \$103			678		
<del></del>	SWGSN	5 SF	PΥ	JUL-09 \$92	PUTS (S)	5		(1,370)	
06/26/09	SWGSN	2 SF	ÞΥ	JUL-09 \$92	PUTS (S)	-2	470		
07/06/09	SWGSN	3 SF	γ	JUL-09 \$92	PUTS (S)	-3	1,125	T	
	SWGUS	5 SF	ΡΥ	SEP-09 \$97	PUTS (S			(1,279)	
	SWGUS	5 SF	γ	SEP-09 \$97	PUTS (S	-5	1,161		
08/20/09	SWGVU	5 SF	ΣΥ	OCT-09 \$99	PUTS (S			(1,625)	
	SWGVU	5 SI	PΥ	OCT-09 \$99	PUTS (S	5		(330)	
	SWGVU	5 SF	PΥ	OCT-09 \$99	PUTS (S	-5	330		
	SWGWQ	3 SF	ΣΥ	NOV-08 \$95	PUTS (S	3		(2,325)	
	SZCAG	1 SF	PΥ	JAN-09 \$85	CALL (SZ	1	Ţ	(665)	·
01/06/09		·	PΥ	JAN-09 \$85	CALLS (S	2	1	(1,780)	<u>-</u>
	SZCAG		PΥ	JAN-09 \$85	CALLS (S	-3	1,515		
05/04/09	SZCED	3 SI	ΣΥ	MAY-09 \$82	CALLS (S	<u> </u>		(2,550)	

Trade Date	Security	Transaction Des	scription		Quantity	Sales Price	Cost Basis	(Loss)
02/24/09	SZCED	3 SPY	MAY-09 \$82	CALLS (S	-3	855		
- 03/31/09	SZCEJ	3 SPY	MAY-09 \$88	CALLS (S	3		(618)	
05/14/09	SZCEJ	3 SPY	MAY-09 \$88	CALLS (S	3		(447)	
03/27/09	SZCEJ	3 SPY	MAY-09 \$88	CALLS (S		618		
03/31/09	SZCEJ	3 SPY	MAY-09 \$88	CALLS (S	-3	618		
05/04/09	SZCEX	3 SPY	MAY-09 \$76	CALLS (S			(4,305)	
03/03/09	SZCEX	3 SPY	MAY-09 \$76	CALLS (S		795		-
12/31/08	SZCNG	3 SPY	FEB-09 \$85	PUTS (Sa	3		(960)	
01/28/09	SZCNG	3 SPY	FEB-09 \$85	PUTS (S	-3	708		
01/28/09	SZCOB	3 SPY	MAR-09 \$80	PUTS (S			(798)	
01/15/09	SZCOB	3 SPY	MAR-09 \$80	PUTS (S		1,680		
04/21/09	SZCQE	3 SPY	MAY-09 \$83	PUTS (S			(876)	
04/17/09	SZCQE	3 SPY	MAY-09 \$83	PUTS (S				
05/04/09	SZCRI	3 SPY	JUN-09 \$87	PUTS (S			(897)	
05/29/09		3 SPY	JUN-09 \$87	PUTS (S				
03/12/09		3 SPY	JUN-09 \$70	PUTS (S	3		(1,170)	
04/14/09		3 SPY	JUN-09 \$70	PUTS (S)				
06/16/09	SZCSJ	5 SPY	JUL-09 \$88	PUTS (SZ			(820)	
07/06/09		2 SPY	JUL-09 \$88	PUTS (SZ			(306)	
07/14/09		3 SPY	JUL-09 \$88	PUTS (SZ			(90)	
06/15/09		5 SPY	JUL-09 \$88	PUTS (SZ		<del></del>	i	
06/16/09		5 SPY	JUL-09 \$88	PUTS (SZ				
12/03/08		3 SPY	DEC-08 \$80	PUTS (S		l	(665)	
12/12/08		3 SPY	DEC-08 \$80	PUTS (S	3		(264)	
11/26/08		3 SPY	DEC-08 \$80	PUTS (S				
12/03/08		3 SPY	DEC-08 \$80				i	
11/26/08		3 SPY	DEC-08 \$85				(1,182)	
12/12/08		3 SPY	DEC-08 \$85	PUTS (S		684		
10/26/09		2 T		CALLS (TT\			(14)	
05/11/09		CALL AT&T IN			-2	0		
09/17/09		3 UNG	OCT-09 \$16			<del></del>	(30)	
06/26/09		3 UNG	OCT-09 \$16					
09/17/09		3 UNG	OCT-09 \$14				(780)	
06/19/09		3 UNG	OCT-09 \$14			d		
05/11/09			C JAN 030 **			.! <del>_</del>	0	
03/16/09		2 T	JAN-10 \$30 (			i		
		1 GE	JAN-10 \$35		_	0		
	WGEMG	·	L ELEC JAN 03		. 1	0	<del></del>	
08/20/09	5 SPY	OCT-09	\$99 PUTS (S	NGVU)	<u></u>	1,625		<del>-</del> -
11/04/08	3 SPY	NOV-08	\$95 PUTS (S	WGWQ)	L	582		
10/16/09			\$95 PUTS (S)			915	<del> </del>	
02/24/09			D PUTS (AEPQ			930		
				±	-			
				!	· ·	84,311	(92,259)	(7,948)

PART VIII line 1a	TITLE	TITI	<u>.E</u>	COMPENSATION	BENEFITS	EXPENSE ACCT
GARY WOLLIN	DIRECTOR	PRES	P/T	0	0	C
SAN FRANCISCO, CA						
ILANA WILENSKY ATLANTA, GA	DIRECTOR	VP	P/T	0	0	0
ATLANTA, GA		-				
ROBERT WOLLIN NEW YORK, NY	DIRECTOR	VP	P/T			
LONNIE WOLLIN 866 U.N. PLAZA SUITE 508	DIRECTOR	SECY	P/T	0	0	0
NEW YORK, NY 10017						

PART XV 3a			Individual	Recipient			
Name of Charity	City	State	as Recipient	Status	Purpose	Amount	
ALZHEIMER'S ASSOCIATION	Chicago	II	N/A	Public Charity	Educational	11	16,375
AMERICAN INSTITUTE FOR CANCER RESEARCH	λN	MY	N/A	Public Charity	Educational		18
CAMBODIA'S HOPE	NY	M	N/A	Public Charity	Charitable		200
CANAVAN FOUNDATION	New York	M	N/A	Public Charity	Educational		1,000
ENGLEWOOD CLIFFS FIRE DEPARTMENT	Englewood Cliffs	Ñ	N/A	Public Charity	Charitable		20
INTERNATIONAL LONGEVITY CENTER	NY	M	N/A	Public Charity	Educational		200
Joslyn Senior Center	Palm Springs	CA	N/A	Public Charity	Charitable		100
PARKINSON FOUNDATION	Newark	Z	N/A	Public Charity	Educational		20
PEARSON LAKES ART CENTER	Okoboji	Ţ	N/A	Public Charity	Educational		1,500
SALT LAKE POLICE ASSOCIATION	Salt Lake City	UT	N/A	Public Charity	Charitable		25
SALT LAKE VALLEY FIREFIGHTER ASSOCIATION	Salt Lake City	ŢD	N/A	Public Charity	Charitable		20
Suberstein Alzheimer's Institute	NY	M	N/A	Public Charity	Charitable		200
TEMPLE B'NAI ISRAEL	HEWLETT	MY	N/A	Public Charity	Religious		900
Temple Shaaray Tefila	MY	M	N/A	Public Charity	Religious		200
Temple Sınaı	Tenafly	Ñ	N/A	Public Charity	Religious		36
The Arnold P Gold Foundation, inc.	Englewood Cliffs	NJ	N/A	Public Charity	Educational		20
The Israel Project	WASH	DC	N/A	Public Charity	Educational		1,800
UJA of Northern New Jersey	PARAMUS	N	N/A	Public Charity	Charitable		540
WNET	λN	MY	N/A	Public Charity	Educational		408
ALZHEIMER'S ASSOCIATION	Salt Lake City	Ţ.	N/A	Public Charity	Educational		200
J SISTER INTERNATIONAL	BOSTON	MA	N/A	Public Charity	Charitable		78
AVON WALK FOR BREAST CANCER	Rye	MY	N/A	Public Charity	Educational		100
MARCH OF DIMES	White Plains	Ŋ	N/A	Public Charity	Charitable		100
GEORGIA AQUARIUM	ATLANTA	GA	N/A	Public Charity	Educational		178
FIRST GIVING	NY	NY	N/A	Public Charity	Charitable		20
HABITAT FOR HUMANITY	WASH	DC	N/A	Public Charity	Charitable		20
NATIONAL MUSEUM	WASH	DC	N/A	Public Charity	Educational		36
ROTARY CLUB FOUNDATION	NY	MY	N/A	Public Charity	Educational		270
GERARDI FDN 4 ALZHEIMERS	NY	MY	N/A	Public Charity	Educational		200
UTAH FRATERNAL ORDER OF POLICE	Salt Lake City	UT	N/A	Public Charity	Charitable		18
VOLUNTEER AMBUL. OF ENGLEWOOD CLIFFS	Englewood Cliffs	ľ	N/A	Public Charity	Charitable		20
						2	25,932

(Rev April 2009) Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

	iling for an Automatic 3-Month Extension, complete only Part I and check this box			. <b>▶</b> X				
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).</li> <li>Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.</li> </ul>								
	Automatic 3-Month Extension of Time. Only submit original (no copies need		iled i oili	1 0000.				
•	required to file Form 990-T and requesting an automatic 6-month extension—check the second se	nis box and con	nplete	▶□				
·	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns	004 to request a	n extens	ion of				
of the returns electronically i returns, or a c	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au noted below (6 months for a corporation required to file Form 990-T). However, you c if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 9 composite or consolidated Form 990-T Instead, you must submit the fully completed a por more details on the electronic filing of this form, visit www irs.gov/efile and click on	annot file Form 990-BL, 6069, o ind signed page	8868 r 8870, ç e 2 (Part	group II) of				
**	Name of Exempt Organization	Employer iden	tification	number				
		23-7438025						
1 7	Number, street, and room or suite no. If a P O box, see instructions							
filing your	/o L. WOLLIN 866 UN PLAZA, Room No. 508  City, town or post office, state, and ZIP code For a foreign address, see instructions			<del></del>				
Instructions N	EW YORK	NY	10017					
Check type o	f return to be filed (file a separate application for each return):							
Form 990	Form 990-T (corporation)		For	m 4720				
Form 990		Form 5227						
Form 990	-EZ Form 990-T (trust other than above)		☐ For	m 6069				
X Form 990	and the state of t		=	m 8870				
[X] FUIII 990	FFF FOIII 1041-A			111 00 / U				
Telephone If the organ If this is for is for the whole	are in the care of ► LONNIE WOLLIN 07632  No. ► 212-785-2610 FAX No ►  nization does not have an office or place of business in the United States, check this to a Group Return, enter the organization's four digit Group Exemption Number (GEN) be group, check this box		 	▶☐ If this I attach a				
until is for th	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extermined for the organization of the organi	on named above		dension				
2 If this ta	x year is for less than 12 months, check reason.  Initial return Final return	Change	in accou	inting period				
3 a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,							
	nonrefundable credits. See instructions.	3	8a \$	100				
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta							
	nts made. Include any prior year overpayment allowed as a credit.		ь \$					
	e Due. Subtract line 3b from line 3a Include your payment with this form, or, if require	ed,						
deposit	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	, n						
	). See instructions.		3c \$	100				
-	u are going to make an electronic fund withdrawal with this Form 8868, see Form 845	3-EO and Forn	n 8879-E	0				
for payment in	nstructions							

Form 88	68 (Rev 4-2009)				Page <b>2</b>			
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only P	art II and	check this box	·	► X			
	Only complete Part II if you have already been granted an automatic 3-month extension	n on a pre	eviously filed Fo	m 8868	i.			
<ul><li>If yo</li></ul>	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)							
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the or	ginal (no	copies neede	d)				
Type o	Name of Exempt Organization		Employer identification number					
print	ALZHEIMERS RESEARCH ASSOCIATION, INC		23-7438025					
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	·	For IRS use only					
extended due date f	c/o L. WOLLIN 866 UN PLAZA, Room No. 508							
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
return Se					1			
	type of return to be filed (File a separate application for each return)							
☐ Fo	Form 990 X Form 990-PF Form 1041-A							
H F.	orm 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		Form	8870				
=	Form 990-EZ Form 990-T (trust other than above) Form 5227							
	Do not complete Part II if you were not already granted an automatic 3-month extension on	a previou	usly filed Form 8	368.				
	A LONDIE MOLLIN GTORO							
Telephone No. ▶ 212-785-2610 FAX No. ▶								
	e organization does not have an office or place of business in the United States, check				▶□			
	is is for a Group Return, enter the organization's four digit Group Exemption Number (			If this i	is			
	whole group, check this box			d attach	ı a			
	the names and EINs of all members the extension is for.	JUN	. •	a attack				
	request an additional 3-month extension of time until 9/15/2010							
	calendar year , or other tax year beginning 11/1/2008 , and ending 10/31/2009							
	If this tax year is for less than 12 months, check reason. Initial return Final return More time is required to acquire all inform			_	penou			
	State in detail why you need the extension More time is requested to acquire all information needed to complete							
	and file an accurate return.							
				·				
	Will are lived as in few forms 000 BL 000 BE 000 T 4700 as 6000 and at the depteting	4011						
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative	tax,		•	47			
	less any nonrefundable credits. See instructions		8a	\$	47			
	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					400			
_	amount paid previously with Form 8868		8b	\$	100			
	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, d			_	_			
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instri	uctions	8c	\$	0			
	Signature and Verification							
Under pe	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, a correct, and complete, and that I am authorized to prepare this form	nd to the be	est of my knowledge a	and belief,				
Signatur	e ▶ Treasurer		Date ▶					
			Form	8868 (	Rev 4-2009)			