



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



Form **990**Department of the Treasury
Internal Revenue Service**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)

OMB No 1545-0047

2009Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning**and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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		D Employer identification number
		ALLIANCE FOR RETIRED AMERICANS		52-2277805
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
		815 16TH STREET, NW		202-637-5399
City or town, state or country, and ZIP + 4		G Gross receipts \$ 7,002,518.		
WASHINGTON, DC 20006-4103		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer: EDWARD F. COYLE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
815 16TH STREET, NW, WASHINGTON, DC 20006		If "No," attach a list (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: WWW.RETIREDAMERICANS.ORG		L Year of formation: 2000 M State of legal domicile: DC		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	67	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	67	
	5 Total number of employees (Part V, line 2a)	39	
	6 Total number of volunteers (estimate if necessary)	67	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 6,295,487. Current Year: 6,561,362.
		9 Program service revenue (Part VIII, line 2g)	106,410. 153,300.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,516. 6,943.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		324,667. 280,913.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,734,080. 7,002,518.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		187,432. 215,370.	
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)		3,178,354. 3,194,576.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		54,960. 56,052.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 844,076.			
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,192,406. 3,161,539.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,613,152. 6,627,537.	
	19 Revenue less expenses. Subtract line 18 from line 12	120,928. 374,981.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 501,529. End of Year: 845,442.
		21 Total liabilities (Part X, line 26)	1,272,878. 1,241,810.
		22 Net assets or fund balances. Subtract line 21 from line 20	<771,349.> <396,368.>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer	Date 4/13/10	
	EDWARD F. COYLE EXECUTIVE DIRECTOR		
Paid Preparer's Use Only	Preparer's signature	Date 4/5/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's identifying number (see instructions)	
CALIBRE CPA GROUP PLLC		EIN ▶	
1850 K STREET, N.W.		Phone no. ▶ (202) 331-9880	
WASHINGTON, DC 20006			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

913

11

SCANNED MAY 26 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 2,248,992. including grants of \$) (Revenue \$)
 GOVERNMENT AND POLITICAL AFFAIRS: RESEARCHES, ANALYZES, TRACKS, ADVISES AND EDUCATES THE ALLIANCE, ITS MEMBERS AND MEMBERS OF CONGRESS ON FEDERAL LEGISLATIVE AND POLICY MATTERS AFFECTING SENIORS AND RETIREES, INCLUDING BUT NOT LIMITED TO SOCIAL SECURITY AND MEDICARE, AS WELL AS ANALYZE, ADVISE AND WORK WITH STATE ALLIANCES ON STATE AND LOCAL LEGISLATIVE AND REGULATORY MATTERS. ISSUES ANALYTICAL REPORTS ON SUCH LEGISLATIVE, POLICY AND POLITICAL ISSUES AFFECTING THE ALLIANCE CONSTITUENCY.

4b (Code) (Expenses \$ 434,745. including grants of \$) (Revenue \$)
 COMMUNICATIONS: ADVISES ON PUBLIC RELATIONS FOR THE ALLIANCE INCLUDING CREATING PUBLIC RELATIONS CAMPAIGNS TO PROMOTE THE ALLIANCE. WRITES, EDITS, PREPARES AND DISTRIBUTES NEWS RELEASES, WEEKLY NEWS ADVISORIES, INFORMATION BROCHURES AND PUBLICATIONS, AND PRESS KITS. HANDLES ALL MEDIA CONTACTS TO PROMOTE ALLIANCE. PROVIDES MEDIA ASSISTANCE TO STATE ALLIANCES, INCLUDING EDITING AND DESIGNING STATE ALLIANCE NEWSLETTERS.

4c (Code) (Expenses \$ 1,576,483. including grants of \$) (Revenue \$)
 FIELD MOBILIZATION: CHARTERS NEW STATE ALLIANCES TO AFFILIATE WITH THE NATIONAL ALLIANCE BY ORGANIZING AND MOBILIZING RETIREES AND SENIORS IN THOSE STATES LOCATING AND CREATING ORGANIZATIONAL LEADERS AND STRUCTURES, INCLUDING BYLAWS AND INITIAL FOUNDING CONVENTIONS. SUPPORTS AND WORKS DAILY WITH EXISTING 30 STATE ALLIANCES, THEIR DIVERSE OFFICERS, BOARDS AND MEMBERS BY PROVIDING STAFF, GRANTS PROGRAM FUNDING, ADVICE, MEETINGS AND INFORMATIONAL MATERIALS ON ISSUES OF CONCERN TO RETIREES AND SENIORS. COORDINATES ALLIANCE WORK WITH STATE ALLIANCES. IDENTIFIES AND TRAINS NEW SENIOR LEADERS, MOBILIZES ALLIANCE, SENIOR AND COMMUNITY ACTIVISTS, EDUCATE MEMBERS ON LEGISLATIVE ISSUES THAT IMPACT SENIORS.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 4,260,220.

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)? <i>If "Yes," complete Schedule A</i>		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? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	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	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
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? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Form 990 (2009)

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	28	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	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	39	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 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
b	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
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	67	
b Enter the number of voting members that are independent	67	
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	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME**

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: **SUZANNE ELNAHAL, DIRECTOR OF F&A - 202-637-5399**
815 16TH STREET, NW, WASHINGTON, DC 20006

Form 990 (2009)

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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			
RUBEN BURKS SECRETARY/TREASURER	0.20	X		X				0.	0.	0.
JUDITH G. CATO EXECUTIVE VP	20.00	X		X				0.	0.	0.
GEORGE J. KOURPIAS PRESIDENT	0.20	X		X				0.	0.	0.
RICHARD L. TRUMKA EXECUTIVE VP	0.20	X		X				0.	0.	0.
JAMES ANDREWS EXECUTIVE BOARD	0.20	X						0.	0.	0.
CHARLIE ARVILL EXECUTIVE BOARD	0.20	X						0.	0.	0.
WALLACE BALDWIN JR. EXECUTIVE BOARD	0.20	X						0.	0.	0.
OWEN BIEBER EXECUTIVE BOARD	0.20	X						0.	0.	0.
MARGARET BLACKSHERE EXECUTIVE BOARD	0.20	X						0.	0.	0.
ELMER BLANKENSHIP EXECUTIVE BOARD	0.20	X						0.	0.	0.
JOHN BLOCH EXECUTIVE BOARD	0.20	X						0.	0.	0.
JO ETTA BROWN EXECUTIVE BOARD	0.20	X						0.	0.	0.
R. THOMAS BUFFENBARGER EXECUTIVE BOARD	0.20	X						0.	0.	0.
JOHN CARR EXECUTIVE BOARD	0.20	X						0.	0.	0.
BRIGITTE CASTELLANO EXECUTIVE BOARD	0.20	X						0.	0.	0.
WILLIAM G. CEA EXECUTIVE BOARD	0.20	X						0.	0.	0.
JIM CENTNER EXECUTIVE BOARD	0.20	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL F. COLE EXECUTIVE BOARD	0.20	X						0.	0.	0.
MARIA C. CORDONE EXECUTIVE BOARD	0.20	X						0.	0.	0.
JOHN DORAN EXECUTIVE BOARD	0.20	X						0.	0.	0.
BRUCE DUNTON EXECUTIVE BOARD	0.20	X						0.	0.	0.
LUIS DURAN EXECUTIVE BOARD	0.20	X						0.	0.	0.
C.L. "CONNIE" ENTREKIN EXECUTIVE BOARD	0.20	X						0.	0.	0.
SHANE FOX EXECUTIVE BOARD	0.20	X						0.	0.	0.
DAVE FRIESNER EXECUTIVE BOARD	0.20	X						0.	0.	0.
LEO W. GERARD EXECUTIVE BOARD	0.20	X						0.	0.	0.
RON GETTELFINGER EXECUTIVE BOARD	0.20	X						0.	0.	0.
1b Total								941,341.	0.	324,643.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

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

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	3161848.				
	c Fundraising events	1c					
	d Related organizations	1d	1201255.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2198259.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			6,561,362.			
Program Service Revenue	2 a MEETINGS	Business Code	900099	153,300.	153,300.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			153,300.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,943.			6,943.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			137,465.			137,465.
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less. rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MAILING LIST RENTAL		900099	86,858.			86,858.	
b REIMB. EXEMPT EXPENSES		900099	53,105.	53,105.			
c OTHER INCOME		900099	3,485.	3,485.			
d All other revenue							
e Total. Add lines 11a-11d			143,448.				
12 Total revenue. See instructions.			7,002,518.	209,890.	0.	231,266.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	215,370.	215,370.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	421,441.	97,553.	320,693.	3,195.
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	1,791,547.	1,058,521.	527,835.	205,191.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	380,077.	223,791.	110,586.	45,700.
9 Other employee benefits	441,149.	245,365.	143,889.	51,895.
10 Payroll taxes	160,362.	88,161.	56,739.	15,462.
11 Fees for services (non-employees)				
a Management				
b Legal	14,374.	12,524.	1,850.	
c Accounting	36,500.		36,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	56,052.			56,052.
f Investment management fees				
g Other	333,251.	272,947.	38,322.	21,982.
12 Advertising and promotion	3,931.	3,931.		
13 Office expenses	61,359.	39,985.	19,316.	2,058.
14 Information technology	50,127.	27,683.	19,440.	3,004.
15 Royalties				
16 Occupancy				
17 Travel	186,240.	166,612.	17,616.	2,012.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	263,778.	258,046.	5,732.	
20 Interest	7,600.		7,227.	373.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,314.		8,314.	
23 Insurance	91,416.	73,146.	18,270.	
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 PRINTING	1,090,283.	774,212.	90,636.	225,435.
b POSTAGE	701,557.	480,435.	63,077.	158,045.
c MAILING LIST RENTAL	196,298.	139,628.	28,202.	28,468.
d CONTRIBUTIONS & DUES	79,364.	72,975.	5,297.	1,092.
e MISCELLANEOUS	37,147.	9,335.	3,700.	24,112.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,627,537.	4,260,220.	1,523,241.	844,076.
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	2,032,182.	1,391,426.	186,100.	454,656.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	80,653.	1	1,363.
	2 Savings and temporary cash investments	143,502.	2	590,302.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	130,563.	4	129,435.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 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		8	
	9 Prepaid expenses and deferred charges	124,518.	9	101,713.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 149,743.		
	b Less: accumulated depreciation	10b 141,109.	8,298.	10c 8,634.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,995.	15	13,995.
16 Total assets. Add lines 1 through 15 (must equal line 34)	501,529.	16	845,442.	
Liabilities	17 Accounts payable and accrued expenses	723,174.	17	769,334.
	18 Grants payable		18	
	19 Deferred revenue		19	2,205.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	549,704.	25	470,271.
	26 Total liabilities. Add lines 17 through 25	1,272,878.	26	1,241,810.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	<771,349.>	27	<428,493.>
	28 Temporarily restricted net assets		28	32,125.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	<771,349.>	33	<396,368.>	
34 Total liabilities and net assets/fund balances	501,529.	34	845,442.	

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2009

Open to Public
Inspection

▶ **Complete if the organization is described below.**

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

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

ALLIANCE FOR RETIRED AMERICANS

Employer identification number

52-2277805

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
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.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
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 similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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 1. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALLIANCE FOR RETIRED AMERICANS

Employer identification number

52-2277805

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a 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, 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 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 | | |
| (ii) related organizations | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		92,703.	87,090.	5,613.
e Other		57,040.	54,019.	3,021.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,634.

Schedule D (Form 990) 2009

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶**Total.** (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15.)**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.)

932053
02-01-10

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,002,518.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,627,537.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	374,981.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	374,981.

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	7,183,831.
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	177,927.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	3,386.
e	Add lines 2a through 2d	2e	181,313.
3	Subtract line 2e from line 1	3	7,002,518.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment 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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,002,518.

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

1	Total expenses and losses per audited financial statements	1	6,811,810.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	177,927.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	6,346.
e	Add lines 2a through 2d	2e	184,273.
3	Subtract line 2e from line 1	3	6,627,537.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment 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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,627,537.

Part XIV Supplemental Information

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INCOME OF CONSOLIDATED AFFILIATES

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF CONSOLIDATED AFFILIATES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public
Inspection

Name of the organization

ALLIANCE FOR RETIRED AMERICANS

Employer identification number

52-2277805

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☒ Mail solicitations e ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations f ☐ Solicitation of government grants
c ☐ Phone solicitations g ☐ Special fundraising events
d ☐ In-person solicitations

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name 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
		Yes	No			
INTEGRATED DIRECT MARKETING LLC	CONSULT ON DIRECT MAIL PROGRAM		X	2,796,572.	87,500.	2,709,072.
IMAGE WORKS CREATIVE GROUP INC.	GRAPHIC & ART DESIGN DIRECT MAIL		X	0.	20,750.	<20,750.>
HARGROVE GROUP	FUNDRAISING STRATEGY CONSULTAN		X	0.	7,000.	<7,000.>
Total				2,796,572.	115,250.	2,681,322.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				()

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				()

9 Enter the state(s) in which the organization operates gaming activities: _____**a** Is the organization licensed to operate gaming activities in each of these states?**b** If "No," explain _____**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?**b** If "Yes," explain _____**11** Does the organization operate gaming activities with nonmembers?**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALLIANCE FOR RETIRED AMERICANS

Employer identification number
52-2277805

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA ALLIANCE FOR RETIRED AMERICANS - 1387 GREENRIDGE TRAIL - LITHONIA, GA 30038	20-2614511	501(C)(3)	23,437.	0.			TO GROW MEMBERSHIP THROUGH THE PROVISION OF FIELD ORGANIZING STAFF.
ARIZONA ALLIANCE FOR RETIRED AMERICANS - 1180 WEST VERA LANE - TEMPE, AZ 85284	20-0648869	501(C)(4)	25,000.	0.			TO GROW MEMBERSHIP THROUGH THE PROVISION OF FIELD ORGANIZING STAFF.
NORTH CAROLINA ALLIANCE FOR RETIRED AMERICANS - 775 BIGTREE DRIVE - LEWISVILLE, NC 27023	56-1279608	501(C)(3)	25,000.	0.			TO GROW MEMBERSHIP THROUGH THE PROVISION OF FIELD ORGANIZING STAFF.
CONNECTICUT ALLIANCE FOR RETIRED AMERICANS - 80 BARKSDALE ROAD - WEST HARTFORD, CT 06117	20-2098794	501(C)(3)	25,000.	0.			TO GROW MEMBERSHIP THROUGH THE PROVISION OF FIELD ORGANIZING STAFF.
IOWA ALLIANCE FOR RETIRED AMERICANS - 2000 WALKER ST., SUITE A - DES MOINES, IA 50317	26-2574350	501(C)(4)	18,750.	0.			TO GROW MEMBERSHIP THROUGH THE PROVISION OF FIELD ORGANIZING STAFF.
MD/DC ALLIANCE FOR RETIRED AMERICANS - 1000 NEW HAMPSHIRE AVENUE - SILVER SPRING, MD 20903	20-0034479	501(C)(4)	14,365.	0.			TO GROW MEMBERSHIP BY PROVISION OF FIELD ORGANIZING STAFF.
2 Enter total number of section 501(c)(3) and government organizations							5.
3 Enter total number of other organizations							5.

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

Schedule I (Form 990) 2009

Part III

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

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

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

SCHEDULE I, PART I, LINE 2: GRANT FUNDS ARE AWARDED TO ONLY TO STATE

ALLIANCES TO HELP THEM GROW THEIR MEMBERSHIP THROUGH THE PROVISION OF FIELD

ORGANIZING STAFF ON THE GROUND IN THEIR STATE. EXPENDITURES ARE MONITORED

THROUGH DIRECT PAYMENT TO THE FIELD ORGANIZING STAFF.

SCHEDULE I-1

(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALLIANCE FOR RETIRED AMERICANS

Employer identification number
52-2277805

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI ALLIANCE FOR RETIRED AMERICANS - 3301 HOLLENBERG DRIVE - BRIDGETON, MO 63044	75-3094765	501(C)(4)	19,355.	0.			TO GROW MEMBERSHIP BY PROVISION OF FIELD ORGANIZING STAFF.
NEVADA ALLIANCE FOR RETIRED AMERICANS - 2808 PAMELA PLACE - MINDEN, NV 89423	73-1660312	501(C)(3)	21,875.	0.			TO GROW MEMBERSHIP BY PROVISION OF FIELD ORGANIZING STAFF.
NEW MEXICO ALLIANCE FOR RETIRED AMERICANS - 1202 PENNSYLVANIA NE - ALBUQUERQUE, NM 87110	20-0902971	501(C)(3)	19,792.	0.			TO GROW MEMBERSHIP BY PROVISION OF FIELD ORGANIZING STAFF.
SOUTH CAROLINA ALLIANCE FOR RETIRED AMERICANS - P.O. BOX 39 - SWANSEA, SC 29160	26-2587900	501(C)(4)	22,795.	0.			TO GROW MEMBERSHIP BY PROVISION OF FIELD ORGANIZING STAFF.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALLIANCE FOR RETIRED AMERICANS

Employer identification number

52-2277805

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e g , maid, chauffeur, chef)

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

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

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

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2009

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

[illegible]

Part III Supplemental Information

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

PART I, LINE 1B: WE HAVE A WRITTEN POLICY REGARDING REIMBURSEMENT OF
BUSINESS RELATED EXPENSE (ALL ITEMS IN 1A ABOVE ARE NOT ALLOWED AS BUSINESS
RELATED EXPENSES UNLESS NEGOTIATED AS PART OF EMPLOYMENT CONTRACT OR
RELOCATION AGREEMENT).

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.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

ALLIANCE FOR RETIRED AMERICANS

Employer Identification number

52-2277805

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			
HELEN GIBSON EXECUTIVE BOARD	0.20	X						0.	0.	0.
VAL J. HALAMANDARIS EXECUTIVE BOARD	0.20	X						0.	0.	0.
GREGORY C. HAMBLET EXECUTIVE BOARD	0.20	X						0.	0.	0.
JOSEPH T. HANSEN EXECUTIVE BOARD	0.20	X						0.	0.	0.
DOUG HART EXECUTIVE BOARD	0.20	X						0.	0.	0.
JOYCE HERMANSTORFER EXECUTIVE BOARD	0.20	X						0.	0.	0.
JAMES P. HOFFA EXECUTIVE BOARD	0.20	X						0.	0.	0.
BILL HOLAYTER EXECUTIVE BOARD	0.20	X						0.	0.	0.
ROSARIO HOLGUIN EXECUTIVE BOARD	0.20	X						0.	0.	0.
FRANK HURT EXECUTIVE BOARD	0.20	X						0.	0.	0.
REV. LOUIS B. JONES, II EXECUTIVE BOARD	0.20	X						0.	0.	0.
JERRY LA POINT EXECUTIVE BOARD	0.20	X						0.	0.	0.
LINDA LASH EXECUTIVE BOARD	0.20	X						0.	0.	0.
LINDELL K. LEE EXECUTIVE BOARD	0.20	X						0.	0.	0.
KEVIN LYNCH EXECUTIVE BOARD	0.20	X						0.	0.	0.
BARBARA MATTESON EXECUTIVE BOARD	0.20	X						0.	0.	0.
EDWARD J. MCELROY JR. EXECUTIVE BOARD	0.20	X						0.	0.	0.
GERALD W. MCENTEE EXECUTIVE BOARD	0.20	X						0.	0.	0.
DAVE MEINELL EXECUTIVE BOARD	0.20	X						0.	0.	0.
JOHN NEWMAN EXECUTIVE BOARD	0.20	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

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.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the Organization

ALLIANCE FOR RETIRED AMERICANS

Employer Identification number
52-2277805

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			
TOM PAPPAS EXECUTIVE BOARD	0.20	X						0.	0.	0.
CARL "HANDS" PAULLETT EXECUTIVE BOARD	0.20	X						0.	0.	0.
ART PULASKI EXECUTIVE BOARD	0.20	X						0.	0.	0.
JEFF RECHENBACH EXECUTIVE BOARD	0.20	X						0.	0.	0.
STEVE REGENSTREIF EXECUTIVE BOARD	0.20	X						0.	0.	0.
EDGAR ROMNEY EXECUTIVE BOARD	0.20	X						0.	0.	0.
JACK RYAN EXECUTIVE BOARD	0.20	X						0.	0.	0.
ED SCRIBNER EXECUTIVE BOARD	0.20	X						0.	0.	0.
JAMES STARR EXECUTIVE BOARD	0.20	X						0.	0.	0.
FRANK STELLA EXECUTIVE BOARD	0.20	X						0.	0.	0.
ANDREW L. STERN EXECUTIVE BOARD	0.20	X						0.	0.	0.
KENNETH STEVENS EXECUTIVE BOARD	0.20	X						0.	0.	0.
PETEE TALLEY EXECUTIVE BOARD	0.20	X						0.	0.	0.
JOE THIBODEAU EXECUTIVE BOARD	0.20	X						0.	0.	0.
ELEANOR TILSON EXECUTIVE BOARD	0.20	X						0.	0.	0.
NANCY B. TRUE EXECUTIVE BOARD	0.20	X						0.	0.	0.
CAROLYN J. WILLIAMS EXECUTIVE BOARD	0.20	X						0.	0.	0.
JOSLYN N. WILLIAMS EXECUTIVE BOARD	0.20	X						0.	0.	0.
BARBARA J. EASTERLING PRESIDENT	20.00	X		X				0.	0.	0.
RAY MYERS EXECUTIVE BOARD	0.20	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

(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.**

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

ALLIANCE FOR RETIRED AMERICANS

Employer Identification number

52-2277805

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

[illegible]

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

Schedule J-2 (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALLIANCE FOR RETIRED AMERICANS

Employer identification number

52-2277805

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.

MEMBERS HAVE THE RIGHT TO ELECT THE PRESIDENT AND SECRETARY TREASURER.

THEY ALSO HAVE THE RIGHT TO VOTE FOR CHANGE IN THE ORGANIZATIONS'S POLICIES
AT IT'S CONVENTION HELD EVERY FOUR YEARS.

FORM 990, PART VI, SECTION A, LINE 7A: EVERY 4 YEARS, THE MEMBERS ELECT
THE PRESIDENT AND SECRETARY TREASURER IN THE ALLIANCE CONVENTION.

FORM 990, PART VI, SECTION A, LINE 8B: THE COMMITTEES DO NOT HAVE
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THE COMMITTEES REPORT TO
THE GOVERNING BODY, AND MAKE RECOMMENDATIONS TO THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 10B: THE ALLIANCE HAS RIGOROUS CRITERIA
IN CHARTERING STATE ORGANIZATIONS AND COMMUNICATES WITH ALL STATE ALLIANCES
ON AN ANNUAL BASIS REGARDING GENERAL GOVERNANCE, ALLIANCE POLICIES, IRS AND
OTHER LEGAL MATTERS OF RELEVANCE AS WELL CONDUCTING AT LEAST QUARTERLY
MEETINGS WITH STATE ORGANIZATION PRESIDENTS AND CONTACT THROUGHOUT ON AN AS
NEEDED BASIS.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE OF THE ALLIANCE
MEETS WITH THE INDEPENDENT CPA/AUDITOR TO REVIEW THE AUDITED FINANCIAL
STATEMENTS AND THE 990 FORM IN DETAIL. THE AUDIT COMMITTEE REPORTS TO THE
ALLIANCE'S GOVERNING BODY THE RESULTS OF THIS REVIEW EITHER AT THE
ORGANIZATION'S ANNUAL BOARD MEETING OR IN WRITING TO MEMBERS OF THE
EXECUTIVE COMMITTEE OF THE BOARD, DEPENDING ON THE WHEN THE FORM 990 HAS
BEEN COMPLETED AND PREPARED FOR FILING.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

ALLIANCE FOR RETIRED AMERICANS

Employer identification number

52-2277805

FORM 990, PART VI, SECTION B, LINE 12C: SAFE HARBOR LETTER IS MAILED
ANNUALLY TO BOARD MEMBERS WITH A LIST OF THE BOARD MEMEBERS.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT OF THE ALLIANCE
EXERCISES GENERAL OVERSIGHT OF THE ALLIANCE AND THIS INCLUDES DETERMINING
THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR
DETERMINES THE COMPENSATION OF KEY EMPLOYEES/HIGHLY COMPENSATED EMPLOYEES
AND DEPARTMENT DIRECTORS AND ALL NON BARGAINING UNIT STAFF. FOR OTHER
BARGAINING UNIT EMPLOYEES, THE ANNUAL COLA SALARIES INCREASES OR STEP
PROGRESSION INCREASES IS NEGOTIATED WITH THE OPEIU LOCAL II UNION
PERIODICALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA
RI, SC, TN, UT, VA, WA, WV, WI, CO, HI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE
THESE DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART I & III, LINE 1

ORGANIZATION'S MISSION STATEMENT

IN RECOGNITION OF THE SIGNIFICANT AND ENDURING CONTRIBUTIONS OF OLDER
AND RETIRED WORKERS TO THE LIFE OF THIS NATION, THE IMPORTANCE OF
MAINTAINING THEIR ACTIVE PARTICIPATION IN ALL ASPECTS OF LOCAL, STATE,
AND NATIONAL AFFAIRS, THE UNIQUE AND COMPLEX ISSUES THAT AFFECT THEIR

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALLIANCE FOR RETIRED AMERICANS

Employer identification number

52-2277805

WELL-BEING, AND THE OFTEN INADEQUATE OPPORTUNITIES FOR PARTICIPATING IN
THE POLICY DECISIONS THAT AFFECT THEM NATIONWIDE, THE ALLIANCE'S
MISSION, IS TO PROMOTE THE SOCIAL WELFARE OF THE PEOPLE OF THE UNITED
STATES, THE CREATION AND MAINTENANCE OF A STRONG AND EFFECTIVE
ORGANIZATION TO REPRESENT THE NEEDS, VIEWS AND INTERESTS OF OLDER AND
RETIRED WORKERS, AND TO GENERATE LIFELONG OPPORTUNITIES FOR ACTIVE
CITIZENSHIP, EDUCATION, AND AWARENESS.

THE ALLIANCE PURSUES THIS MISSION BY PROVIDING OPPORTUNITIES FOR
ADVOCACY, RESEARCH, EDUCATION, AND MOBILIZATION ON THE WIDE RANGE OF
ISSUES THAT AFFECT THE LIVES OF OLDER AND RETIRED WORKERS, SUCH AS, BUT
NOT LIMITED TO, AFFORDABLE AND COMPREHENSIVE MEDICAL CARE, ADEQUATE
RETIREMENT AND INCOME SECURITY, MEANINGFUL EMPLOYMENT, AND AFFORDABLE
AND ADEQUATE HOUSING. THE ALLIANCE STRIVES TO ENSURE THAT THESE ISSUES
REMAIN PROMINENT IN THE FORMULATION AND IMPLEMENTATION OF NATIONAL
POLICY.

SCHEDULE J, PART I, LINE 3

COMPENSATION OF EXECUTIVE DIRECTOR

THE PRESIDENT OF THE ALLIANCE EXERCISES GENERAL OVERSIGHT OF THE
ALLIANCE AND THIS INCLUDES DETERMINING THE COMPENSATION OF THE
EXECUTIVE DIRECTOR.

FORM 990, PART XI, LINE 2B

AUDITED FINANCIAL STATEMENTS

THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE AUDITED ON A

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALLIANCE FOR RETIRED AMERICANS

Employer identification number

52-2277805

CONSOLIDATED BASIS.

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR
REVIEWING THE RESULTS OF THE AUDIT, AND THE AUDITED FINANCIAL
STATEMENTS WITH THE ORGANIZATION'S INDEPENDENT ACCOUNTANT AND
MANAGEMENT. THE AUDIT COMMITTEE REPORTS BACK TO THE GOVERNING BODY THE
RESULTS OF THE AUDIT.

Name of the organization

ALLIANCE FOR RETIRED AMERICANS

Employer identification number
52-2277805

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

[illegible]

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

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

