

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

2006 Form 990 for the
Year Ended June 30, 2007

Public Disclosure Copy

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)

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
225 N. MICHIGAN AVE. 1700
City or town, state or country, and ZIP + 4
CHICAGO, IL 60601-7633

D Employer identification number 36-3463656
E Telephone number (312) 335-8700
F Accounting method: Cash [X] Accrual [] Other (specify) []

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [X] Yes [] No

H(b) If "Yes," enter number of affiliates 61

H(c) Are all affiliates included? [] Yes [X] No (If "No," attach a list. See instructions.) STMT 2 & 7

H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

I Group Exemption Number 9334

M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.ALZ.ORG

J Organization type (check only one) [X] 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 100,182,660.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 3 columns: Description, Sub-rows, and Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 96,996,496 and total expenses is 88,164,434.

COPY FOR PUBLIC INSPECTION

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ 1,058,147. noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,058,147.	1,058,147.	STMT 19	
23	Specific assistance to individuals (attach schedule) STMT 21	931,231.	931,231.		
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) . STMT 25	8,205,512.	6,081,879.	890,994.	1,232,639.
25b	b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) . STMT 33	701,626.	526,219.	70,163.	105,244.
25c	c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	33,659,639.	26,138,254.	2,917,620.	4,603,765.
27	Pension plan contributions not included on lines 25a, b, and c	393,030.	305,750.	40,023.	47,257.
28	Employee benefits not included on lines 25a - 27	3,379,619.	2,566,974.	310,315.	502,330.
29	Payroll taxes	2,894,980.	2,221,403.	277,718.	395,859.
30	Professional fundraising fees	30,894.	3,725.	5,128.	22,041.
31	Accounting fees	409,481.	140,859.	234,063.	34,559.
32	Legal fees	53,646.	35,836.	8,454.	9,356.
33	Supplies	2,046,743.	1,371,090.	162,527.	513,126.
34	Telephone	1,359,440.	1,098,036.	123,985.	137,419.
35	Postage and shipping	1,785,412.	1,249,331.	101,454.	434,627.
36	Occupancy	6,174,589.	4,874,758.	615,537.	684,294.
37	Equipment rental and maintenance	1,307,400.	1,002,568.	126,269.	178,563.
38	Printing and publications	3,519,719.	2,584,168.	120,479.	815,072.
39	Travel	2,004,315.	1,537,420.	183,049.	283,846.
40	Conferences, conventions, and meetings	2,534,667.	1,658,860.	105,187.	770,620.
41	Interest	369,301.	105,872.	172,539.	90,890.
42	Depreciation, depletion, etc. STMT 34	1,106,341.	815,815.	169,571.	120,955.
43	Other expenses not covered above (itemize): STMT 36				
43a	a -----	10,700,594.	7,783,979.	1,086,698.	1,829,917.
43b	b -----				
43c	c -----				
43d	d -----				
43e	e -----				
43f	f -----				
43g	g -----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	84,626,326.	64,092,174.	7,721,773.	12,812,379.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 2,161,622. ; (ii) the amount allocated to Program services \$ 1,046,618.;
 (iii) the amount allocated to Management and general \$ 23,499. ; and (iv) the amount allocated to Fundraising \$ 1,091,505.

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 37

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<p>a <u>RESEARCH - CHAPTER PASS THROUGH FROM DONORS TO FURTHER THE RESEARCH OF ALZHEIMER'S DIESEASE BY PROVIDING FUNDING FOR STUDIES EXPLORING DISEASE CHARACTERISTICS, CAUSES, AND PROBABLE THERAPIES</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>1,478,391.</p>
<p>b <u>RESPITE CARE - CHAPTER EXPENSES RELATED TO PROVIDING RESPITE PROGRAMS FOR ALZHEIMER'S PATIENTS. RESPITE CARE SERVICES ARE OFFERED THROUGH COMMUNITY ORGANIZATIONS, AGENCIES OR RESIDENTIAL CARE FACILITIES. THE MOST COMMON RESPITE CARE SERVICES ARE IN-HOMECARE AND ADULT DAY CENTERS.</u></p> <p>(Grants and allocations \$ <u>1,989,378.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>1,989,378.</p>
<p>c <u>PROGRAM SERVICES - CHAPTER EXPENSES RELATED TO PROVIDING SERVICES AND EDUCATION FOR ALZHEIMER'S PATIENTS, FAMILIES, CAREGIVERS, AND PROFESSIONALS.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>60,624,405.</p>
<p>d</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>64,092,174.</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash - non-interest-bearing	20,102,523.	45	22,883,000.	
	46 Savings and temporary cash investments	4,436,703.	46	4,678,949.	
	47a Accounts receivable	47a 3,558,087.			
	b Less: allowance for doubtful accounts	47b	47c	3,558,087.	
	48a Pledges receivable	48a 8,837,672.			
	b Less: allowance for doubtful accounts	48b 4,334.	48c	8,833,338.	
	49 Grants receivable	6,069,147.	49	1,926,116.	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	1,643,846.	50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		182,983.	52	151,750.
	53 Prepaid expenses and deferred charges		1,113,908.	53	1,047,745.
	54a Investments - publicly-traded securities STMT 38 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		36,821,865.	54a	40,481,403.
	b Investments - other securities STMT 40 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		NONE	54b	923,370.
	55a Investments - land, buildings, and equipment: basis	55a 85,661.			
	b Less: accumulated depreciation (attach schedule) STMT 38	55b 2,104.	266,899.	55c	83,557.
	56 Investments - other (attach schedule) STMT 41		2,586,339.	56	NONE
	57a Land, buildings, and equipment: basis	57a 9,252,320.			
	b Less: accumulated depreciation (attach schedule) STMT 38	57b 3,338,398.	4,119,968.	57c	5,913,922.
	58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 7)		5,348,473.	58	410,614.
	59 Total assets (must equal line 74). Add lines 45 through 58		86,249,136.	59	90,891,851.
	Liabilities	60 Accounts payable and accrued expenses	7,360,866.	60	5,486,344.
		61 Grants payable	117,720.	61	674,079.
		62 Deferred revenue	1,114,521.	62	581,685.
63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
64a Tax-exempt bond liabilities (attach schedule)			64a		
b Mortgages and other notes payable (attach schedule)		741,427.	64b	1,803,746.	
65 Other liabilities (describe <input type="checkbox"/> STMT 38)		3,660,794.	65	2,024,840.	
66 Total liabilities. Add lines 60 through 65		12,995,328.	66	10,570,694.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	55,806,000.	67	60,839,470.	
	68 Temporarily restricted	11,396,493.	68	15,111,101.	
	69 Permanently restricted	6,051,315.	69	4,370,586.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).		73	80,321,157.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74	90,891,851.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a
b Amounts included on line a but not on Part I, line 12:		
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify): _____	b4	
Add lines b1 through b4		b
c Subtract line b from line a		c
d Amounts included on Part I, line 12, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____	d2	
Add lines d1 and d2		d
e Total revenue (Part I, line 12). Add lines c and d		e

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a
b Amounts included on line a but not on Part I, line 17:		
1 Donated services and use of facilities	b1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify): _____	b4	
Add lines b1 through b4		b
c Subtract line b from line a		c
d Amounts included on Part I, line 17, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____	d2	
Add lines d1 and d2		d
e Total expenses (Part I, line 17). Add lines c and d		e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 25				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 551
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'SEE STATEMENT 33'.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization
81a Enter direct and indirect political expenditures. (See line 81 instructions.)
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 1,520,540.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts 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?		
84 b		N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85 a		N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85 b		N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 b	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>NONE</u> ; section 4912 ▶ <u>NONE</u> ; section 4955 ▶ <u>NONE</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ <u>EACH CHAPTER FILES IN THEIR RESPECTIVE STATES</u>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	STMT 45
91 a	The books are in care of ▶ <u>ALZHEIMER'S ASSOCIATION</u> Telephone no. ▶ <u>312-335-8700</u>		
	Located at ▶ <u>225 N. MICHIGAN AVE, FLOOR 17 CHICAGO, IL</u> ZIP + 4 ▶ <u>60601-7633</u>		
b	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)?	91b	X
	If "Yes," enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | NONE

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 48					3,546,500.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					443,425.
94 Membership dues and assessments					23,760.
95 Interest on savings and temporary cash investments			14	1,323,997.	
96 Dividends and interest from securities			14	1,073,704.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	31,307.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	605,719.	
100 Gain or (loss) from sales of assets other than inventory			18	-27,563.	
101 Net income or (loss) from special events			01	151,012.	
102 Gross profit or (loss) from sales of inventory					97,849.
103 Other revenue: a					
b MISCELLANEOUS	900004	1,600.	01	800,546.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,600.		3,958,722.	4,111,534.
105 Total (add line 104, columns (B), (D), and (E))					8,071,856.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 49

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

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

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No
N/A

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Michelle Helton Date: 5/15/08

Type or print name and title: Michelle D. Helton, Director of Financial Operations

Paid Preparer's Use Only

Preparer's signature: Anthony Aron Date: 5/15/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP Preparer's SSN or PTIN (See Gen. Inst. X): P00541710

175 W. JACKSON BLVD. STE. 2000 EIN: 36-6055558

CHICAGO, IL 60604 Phone no.: 312-856-0200

Form 8868 (Rev. 4-2007)

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

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization Alzheimer's Association	Employer identification number 361 3463656
	Number, street, and room or suite, no. if a P.O. box, see instructions. 225 N. Michigan Ave. Suite 1700	For IRS use only
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago, IL 60601	

- Check type of return to be filed (file a separate application for each return):
- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

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

- 4 I request an additional 3-month extension of time until May 15, 2008.
- 5 For calendar year 2007, or other tax year beginning 7/1, 2007 and ending 6/30, 2007.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension:
Need additional time to assemble financial information from members of the group to complete return.

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

Signature and Verification

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

Signature [Signature] Title Dir Chapter Acctg Date 1/21/08

- Notice to Applicant. (To Be Completed by the IRS)**
- We have approved this application. Please attach this form to the organization's return.
 - We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
 - We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
 - We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
 - Other.....

By: _____ Date _____

Director

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 3-month extension—check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (3 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Alzheimer's Association	Employer identification number 3613463656
	Number, street, and room or suite no. If a P.O. box, see instructions. 225 N Michigan Ave Suite 1700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago IL 60601	

- Check type of return to be filed (file a separate application for each return):
- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

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

• If the organization does not have an office or place of business in the United States, check this box 9334

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9334. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until Feb 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20.....or

▶ tax year beginning July 1, 2006, and ending June 30, 2007

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ <u> </u>
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ <u> </u>
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <u> </u>

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary information - (See separate instructions.)
▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 50				
Total number of other employees paid over \$50,000 . . . ▶		60		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 51		
Total number of others receiving over \$50,000 for professional services . . . ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 52		
Total number of other contractors receiving over \$50,000 for other services . . . ▶		NONE

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>849,962.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2 a	X
b Lending of money or other extension of credit?	2 b	X
c Furnishing of goods, services, or facilities?	2 c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>SEE STMT 25</u>	2 d	X
e Transfer of any part of its income or assets?	2 e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <u>STMT 53</u>	3 a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3 b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3 c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4 a	X
b Did the organization make any taxable distributions under section 4966?	4 b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4 c	
d Enter the total number of donor advised funds owned at the end of the tax year ► _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	55,752,634.	52,976,453.	48,909,742.	43,090,689.	200729518.
16 Membership fees received	17,674.	79,878.	121,271.	141,971.	360,794.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	36,353,132.	39,619,825.	35,452,646.	26,531,811.	137957414.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,848,610.	365,215.	1,833,643.	944,614.	5,992,082.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 54 4,232,407.	537,707.	440,474.	400,134.	5,610,722.
23 Total of lines 15 through 22	99,204,457.	93,579,078.	86,757,776.	71,109,219.	350650530.
24 Line 23 minus line 17.	62,851,325.	53,959,253.	51,305,130.	44,577,408.	212693116.
25 Enter 1% of line 23.	992,045.	935,791.	867,578.	711,092.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 4,253,862.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 212693116.
d Add: Amounts from column (e) for lines: 18 5,992,082. 19 _____					26d 11,602,804.
22 5,610,722. 26b _____					
e Public support (line 26c minus line 26d total) ▶					26e 201090312.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 94.5448 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2005) _____ (2004) _____ (2003) _____ (2002) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____ c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ d Add: Line 27a total. and line 27b total ▶					27c
e Public support (line 27c total minus line 27d total) ▶					27d
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	X		
c Media advertisements	X		
d Mailings to members, legislators, or the public	X		30,998.
e Publications, or published or broadcast statements	X		25,781.
f Grants to other organizations for lobbying purposes	X		17,356.
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		46,920.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		575,324.
i Total lobbying expenditures (Add lines c through h.)	X		153,583.
			849,962.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 55**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
(i) Cash		
(ii) Other assets		X
51a(i)		X
a(ii)		X
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule of Contributors

2006

Supplementary Information for
 line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

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

Organization type (check one):

Filers of:

Section:

- | | | |
|--------------------|-------------------------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> | 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> | 527 political organization |
| Form 990-PF | <input type="checkbox"/> | 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> | 501(c)(3) taxable private foundation |

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

General Rule -

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 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 \$5,000 or 2% of the amount on line 1 of these forms. (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 check the box in the heading of their Form 990, 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).

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE STATEMENT 8	71,442,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SEE STATEMENT 8	7,464,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SEE STATEMENT 8	10,017,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FEDERAL 990

ALL INFORMATION PROVIDED IN THE ATTACHMENTS AND ON THE RETURN ARE FROM
THE INDIVIDUAL CHAPTERS' AUDITED FINANCIAL STATEMENTS.

Alzheimer's Association
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334

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

ST	EIN	CHP #	NAME	ADDRESS	CITY	ZIP
CA	94-2897949	20	Northern California and Northern Nevada	2065 West El Camino Real, Suite C	Mountain View	94040
CO	84-0908354	24	Colorado	455 Sherman Street, Suite 500	Denver	80203-3532
CT	42-1540769	28	Connecticut	96 Oak Street	Hartford	06106
FL	59-2008883	33	Southeast Florida	700 S. Dixie Hwy, Suite 107	West Palm Beach	33401
FL	36-3487166	37	Central and North Florida	988 Woodcock Rd, Suite 200	Orlando	32803
GA	58-1492046	46	Georgia	1925 Century Blvd., Suite 10	Atlanta	30345
HI	99-0212360	53	Aloha	1050 Ala Moana Blvd.	Honolulu	96814-4906
IL	37-1224417	58	Central Illinois	606 W. Glen Avenue	Peoria	61614
IL	36-3102348	59	Greater Illinois	4709 Golf Road, Suite 1015	Skokie	60076
IN	35-1747836	67	Greater Indiana	9135 North Meridian Street, Suite B-4	Indianapolis	46260
IA	42-1298350	69	Big Sioux	502 11th Street	Sioux City	51105
IA	42-1333384	73	East Central Iowa	1570 42nd Street NE	Cedar Rapids	52402
ID	20-5107941	75	Central and Western Kansas	347 South Laura	Wichita	67211
KY	36-4497854	78	Greater Kentucky and Southern Indiana	3703 Taylorsville Road	Louisville	40220
LA	72-1038780	81	Louisiana	429 Murray Street, Suite 701	Alexandria	71303
ME	01-0428502	82	Maine	163 Lancaster St., Suite 160B	Portland	04101
MD	52-1219428	83	Greater Maryland	1850 York Road, Suite D	Timonium	21093
MA	04-2731194	87	Massachusetts	311 Arsenal Street	Watertown	02472
KS	48-0934474	100	Heart of America	3846 West 75th Street	Prairie Village	66208
MO	43-1344786	101	Mid Missouri	1121 Business Loop 70 East	Columbia	65201
MO	43-1485251	103	Southwest Missouri	1500 South Glenstone	Springfield	65804
MT	81-0452297	105	Montana	3010 11th Avenue North	Billings	59101
NE	48-0931989	108	Great Plains	5601 S. 27th Street, Suite 201	Lincoln	68512

Alzheimer's Association
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334

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

ST	EIN	CHP #	NAME	ADDRESS	CITY	ZIP
NE	47-0648438	109	Midlands	7101 Newport Avenue	Omaha	68152
NY	36-3487171	117	Central New York	441 West Kirkpatrick Street	Syracuse	13204-1361
NY	14-1695487	118	Valley/Rockland/Westchester, NY	2 Jefferson Plaza, Suite 103	Poughkeepsie	12601-4027
NY	11-2637292	120	Long Island	3281 Veterans Memorial Highway	Ronkonkoma	11779
NY	13-3277408	121	New York City	360 Lexington Avenue, 5th Floor	New York	10017
NY	16-1159941	123	Rochester	435 East Henrietta Road	Rochester	14620
NY	16-1181599	128	Western New York	2805 Wehrle Drive, Suite 6	Williamsville	14221
OH	34-1454446	135	Greater East Ohio Area	1815 West Market Street, Suite 301	Akron	44313
OH	34-1311175	139	Cleveland Area	12200 Fairhill Road	Cleveland	44120
OH	31-0996236	140	Central Ohio	3380 Tremont Road	Columbus	43221
OH	31-1031867	143	Miami Valley	3797 Summit Glen Drive, Suite G100	Dayton	45449
OH	34-1423768	144	Northwest Ohio	2500 North Reynolds Road	Toledo	43615-2820
OK	73-1183372	147	Oklahoma/Arkansas	6465 South Yale, Suite 206	Tulsa	74136-7810
OR	93-0813252	148	Oregon	1311 N.W. 21st Avenue	Portland	97209
PA	23-2280056	156	Delaware Valley	100 N. 17th Street, 2nd Floor	Philadelphia	19103
RI	05-0445962	159	Rhode Island	245 Waterman Street, Suite 306	Providence	02906
SC	57-0874488	160	Palmetto	2999 Sunset Boulevard, Suite 102	West Columbia	29169
SC	57-0792592	161	Upstate South Carolina	521 N. McDuffie Street	Anderson	29621-5528
SD	32-0151779	162	South Dakota	1000 N West Ave Suite 250	Sioux Falls	57104
TX	74-2286105	169	Capital of Texas	3429 Executive Center Drive	Austin	78731
TX	75-2041194	172	Greater Dallas	7610 Stemmons Freeway, Suite 600	Dallas	75247-4228
TX	04-3631046	173	STAR	4400 N. Mesa, Suite 9	El Paso	79902
TX	74-2198685	174	Houston & Southeast Texas	2909 W. Holcombe	Houston	77025

Alzheimer's Association
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334

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

ST	EIN	GHP #	NAME	ADDRESS	CITY	ZIP
TX	75-1984152	177	North Central Texas	101 Summit Avenue	Fort Worth	76102
UT	87-0397943	178	Utah	845 E. 4800 S., Suite 120	Salt Lake City	84107
VA	54-1309570	181	Central and Western Virginia	1807 Seminole Trail, Suite 204	Charlottesville	22901
VA	54-1204329	182	Southeastern Virginia	#20 Interstate Corporate Center	Norfolk	23502
VA	52-1196162	184	National Capital Area	11240 Waples Mill Road	Fairfax	22030
VA	54-1263555	185	Greater Richmond	4600 Cox Road	Glen Allen	23060
WA	91-1075926	190	Western and Central Washington State	12721 30th Avenue NE, Suite 101	Seattle	98125
WV	36-3487172	191	West Virginia	1111 Lee Street, East	Charleston	25301
WI	39-1493227	194	Greater Wisconsin	2900 Curry Lane Suite A	Green Bay	54311
MS	64-0786327	205	Mississippi Chapter	1900 Dunbarton Drive, Suite I	Jackson	39216
TN	62-1860364	208	Mid South	4205 Hillsboro Pike, Suite 216	Nashville	37215
TN	62-1439601	212	Northeast/Southeast Tennessee	735 Broad Street, Suite 300	Chattanooga	37402
WI	39-1679333	214	South Central Wisconsin	517 N. Segoe, Suite 301	Madison	53705
IA	42-1520582	232	Greater Iowa	1730 28th Street	West Des Moines	50266
WA	91-1409620	233	Inland Northwest	601 W. Maxwell, Suite 4	Spokane	99201

Alzheimer's Disease and Related Disorders Association

**Attachments to Fiscal Year Ended June 30, 2006 IRS Group Return
EIN #36-343463656 GEN #9334**

Copies of the authorizations provided by each of 62 chapters for inclusion in the Group IRS 990 return are on file in the National Office.

A blank copy of the authorization form has been included

IRS Authorization

Alzheimer's Association
FISCAL YEAR 2007 IRS 990 AUTHORIZATION

Chapter Name:
Chapter Address:

Zip Code:
Chapter Federal Employer I.D. No.

Check one of the two Authorizations below:

I am the President of the above Alzheimer's Association Chapter, and I have been empowered to authorize and request the National Alzheimer's Association to include us in the IRS 990 Group Return for the fiscal year ended June 30, 2007.

I hereby declare under the penalties of perjury that the authorization and associated financial information used for the preparation of Form 990 has been examined by me and to the best of my knowledge is true, correct and complete and made in good faith.

I have included the 2007 Audit, Review or Compilation Report with all Supporting Schedules.

I am the President of the above Alzheimer's Association Chapter, and I DO NOT elect the National office of the Alzheimer's Association to include us in the IRS 990 Group Return for the fiscal year ended June 30, 2007.

I have included the 2007 Audit, Review or Compilation Report with all Supporting Schedules.

I have included a signed copy of the "Filed 990".

Signed _____
President Date

Print Name _____

I hereby certify that the President is authorized to execute the above and did so.

Signed _____
Secretary Date

Print Name _____

Alzheimer's Association
Year Ended June 30, 2007
EIN #36-3463656
GEN #9334

Listing of Chapters of the Alzheimer's Association
Filing Individually - Not included in Group 990

ST	EIN	CHP #	NAME	ADDRESS	CITY	ZIP
AZ	86-0402582	6	Desert Southwest	1028 E. McDowell Road	Phoenix	85006-2622
CA	95-3718119	012	Los Angeles, Riverside and San Bernardino Counties	5900 Wilshire Blvd., Suite 1100	Los Angeles	90036
CA	95-3702013	017	Orange County	17771 Cowan, Suite 200	Irvine	92614
CA	95-3565388	019	San Diego	4950 Murphy Canyon Road	San Diego	92123
CA	77-0006745	21	California Central Coast	2024 De La Vina St.	Santa Barbara	93105
FL	59-2378435	038	Florida Gulf Coast	9365 U.S. Hwy. 19 N., Suite B	Pinellas Park	33782
ID	82-0389209	054	Greater Idaho	1111 S Orchard St Suite 200	Boise	83705
MI	38-2378032	090	Greater Michigan	20300 Civic Center Drive	Southfield	48076
MI	38-2380738	097	Michigan Great Lakes	107 Aprill Drive, Suite 1	Ann Arbor	48103
MN	41-1361624	099	Minnesota-Dakotas	4550 W. 77th Street, Suite 200	Minneapolis	55435
MO	43-1237069	104	St. Louis	9374 Olive Boulevard	St. Louis	63132-3214
NJ	22-2603592	113	Greater New Jersey	400 Morris Avenue, Suite 251	Denville	07834
NM	85-0287820	115	New Mexico	9500 Montgomery N. E. Ste., 209	Albuquerque	87111
NY	14-1634958	116	Northeastern New York	85 Watervliet Avenue	Albany	12206-2083
NC	56-1501117	129	Eastern North Carolina	400 Oberlin Road, Suite 220	Raleigh	27605-1351
NC	56-1440727	130	Western Carolina	3800 Shamrock Drive	Charlotte	28215-3220
OH	31-1067991	138	Greater Cincinnati	644 Linn Street, Suite 1026	Cincinnati	45203
PA	25-1510692	157	Greater Pennsylvania	3544 North Progress Avenue	Harrisburg	17110
TN	62-1206312	164	Eastern Tennessee	2200 Sutherland Avenue	Knoxville	37919
VT	03-0286299	179	Vermont and New Hampshire	338 River Street	Montpelier	05601
WI	39-1350965	195	Southeastern Wisconsin	6130 W. National Avenue	Milwaukee	53214

Alzheimer's Association
Year Ended June 30, 2007
EIN #36-3463656
GEN #9334
Schedule for 990 Part I, Line 1d
Lines 1b, 1c, 1d, 1e

CH #	Chapter Name	Direct Public Support 1b	Indirect Public Support 1c	Gov't Contributions 1d	Total Contributions 1e
20	Northern California	\$3,085,158.00	\$222,846.00	\$862,978.00	\$4,170,982.00
24	Colorado	\$1,620,634.00	\$115,800.00	\$245,306.00	\$1,981,740.00
28	Connecticut	\$1,561,222.00	\$199,054.00	\$95,163.00	\$1,855,439.00
33	Southeast Florida	\$734,123.00	\$689,934.00	\$176,171.00	\$1,602,228.00
37	C & N Florida	\$298,460.00	\$87,570.00	\$207,120.00	\$593,150.00
46	Georgia	\$1,611,845.00	\$0.00	\$368,585.00	\$1,980,430.00
53	Aloha Chapter	\$68,747.00	\$249,660.00	\$138,571.00	\$456,978.00
58	Central Illinois	\$559,760.00	\$39,412.00	\$59,298.00	\$658,470.00
59	Greater Illinois	\$1,948,030.00	\$0.00	\$870,480.00	\$2,818,510.00
67	Greater Indiana	\$852,176.00	\$85,404.00	\$0.00	\$937,580.00
69	Big Sioux	\$77,463.00	\$63,283.00	\$85,716.00	\$226,462.00
73	E C Iowa	\$232,822.00	\$49,479.00	\$22,755.00	\$305,056.00
75	Central and Western Kansas	\$124,379.00	\$0.00	\$41,022.00	\$165,401.00
78	Greater Kentucky and Southern Indiana	\$252,882.00	\$162,962.00	\$0.00	\$415,844.00
81	Louisiana	\$220,886.00	\$63,614.00	\$73,750.00	\$358,250.00
82	Maine Chapter	\$232,370.00	\$109,245.00	\$0.00	\$341,615.00
83	Greater Maryland Chapter	\$793,326.00	\$0.00	\$540,778.00	\$1,334,104.00
87	Massachusetts	\$2,101,346.00	\$147,998.00	\$0.00	\$2,249,344.00
100	Heart of America	\$356,353.00	\$281,381.00	\$0.00	\$637,734.00
101	Mid Missouri	\$61,419.00	\$31,404.00	\$210,270.00	\$303,093.00
103	SW Missouri	\$59,903.00	\$135,123.00	\$183,327.00	\$378,353.00
104	St Louis	\$1,007,844.00	\$271,591.00	\$301,302.00	\$1,580,737.00
105	Montana	\$58,488.00	\$64,113.00	\$0.00	\$122,601.00
108	Great Plains Chapter	\$119,240.00	\$89,378.00	\$0.00	\$208,618.00
109	Midlands Chapter	\$226,064.00	\$99,936.00	\$33,444.00	\$359,444.00
117	Central New York	\$254,213.00	\$47,548.00	\$324,772.00	\$626,533.00
118	Hudson Valley	\$579,713.00	\$498,357.00	\$142,809.00	\$1,220,879.00
120	Long Island	\$730,483.00	\$0.00	\$182,983.00	\$913,466.00
121	NYC Chapter	\$2,843,563.00	\$0.00	\$226,877.00	\$3,070,440.00
123	Rochester	\$254,702.00	\$803,377.00	\$164,871.00	\$1,222,950.00
128	Western New York	\$210,323.00	\$74,827.00	\$131,461.00	\$416,611.00
135	Greater East Ohio	\$272,134.00	\$442,280.00	\$0.00	\$714,414.00
139	Cleveland	\$758,377.00	\$66,627.00	\$391,860.00	\$1,216,864.00
140	Central Ohio	\$769,184.00	\$183,334.00	\$0.00	\$952,518.00
143	Miami Valley	\$182,486.00	\$41,295.00	\$190,282.00	\$414,063.00
144	Northwest Ohio	\$162,959.00	\$242,011.00	\$0.00	\$404,970.00
147	Oklahoma & Arkansas	\$1,503,626.00	\$0.00	\$215,858.00	\$1,719,484.00
148	Oregon	\$653,284.00	\$10,000.00	\$0.00	\$663,284.00
156	Delaware Valley	\$1,103,295.00	\$112,448.00	\$470,179.00	\$1,685,922.00
159	Rhode Island	\$145,062.00	\$31,502.00	\$187,400.00	\$363,964.00
160	Palmetto Chapter	\$49,252.00	\$3,687.00	\$500,000.00	\$552,939.00
161	South Carolina	\$172,889.00	\$368,037.00	\$0.00	\$540,926.00
162	South Dakota Office	\$98,883.00	\$0.00	\$0.00	\$98,883.00
169	Capital of Texas	\$148,670.00	\$0.00	\$205,040.00	\$353,710.00
172	Greater Dallas	\$1,165,116.00	\$0.00	\$110,115.00	\$1,275,231.00
173	Star	\$386,856.00	\$0.00	\$449,285.00	\$836,141.00
174	Houston & Southeast TX	\$1,091,060.00	\$0.00	\$0.00	\$1,091,060.00
177	North Central Texas	\$556,166.00	\$109,261.00	\$234,402.00	\$899,829.00
178	Utah	\$84,503.00	\$29,298.00	\$173,100.00	\$286,901.00
181	Central & Western Virginia	\$1,289,992.00	\$49,747.00	\$44,770.00	\$1,384,509.00
182	Southeastern Virginia	\$345,216.00	\$168,057.00	\$43,320.00	\$556,593.00
184	National Capital	\$1,485,666.00	\$256,007.00	\$121,563.00	\$1,863,236.00
185	Greater Richmond	\$254,538.00	\$140,719.00	\$102,397.00	\$497,654.00
190	Western & Central WA	\$703,564.00	\$5,000.00	\$98,479.00	\$807,043.00
191	West Virginia	\$156,859.00	\$55,848.00	\$127,802.00	\$340,509.00
194	Greater Wisconsin	\$402,210.00	\$31,072.00	\$337,188.00	\$770,470.00
205	Mississippi	\$136,127.00	\$73,896.00	\$0.00	\$210,023.00
208	Mid South	\$396,140.00	\$97,771.00	\$77,552.00	\$571,463.00
212	Northeast/Southeast TN	\$94,701.00	\$15,135.00	\$0.00	\$109,836.00
214	South Central Wisconsin	\$122,089.00	\$148,085.00	\$245,320.00	\$515,494.00
232	Greater Iowa	\$416,772.00	\$100,302.00	\$0.00	\$517,074.00
233	Inland Northwest	\$96,591.00	\$0.00	\$0.00	\$96,591.00
	Contributions From Special Events over and above Revenue	\$33,100,000.00			\$33,100,000.00
		\$71,442,204.00	\$7,464,715.00	\$10,017,721.00	\$88,924,640.00

Alzheimer's Association
Year Ended June 30, 2007
EIN #36-3463656
GEN #9334
Schedule for 990 Part I, Line 7

CH #	Chapter Name	Other Investment Income 7
53	Aloha Chapter	\$23,321.00
69	Big Sioux	\$5,102.00
78	Greater Kentucky and Southern Indiana	\$5,809.00
82	Maine Chapter	\$311.00
105	Montana	\$2,371.00
108	Great Plains Chapter	\$6,443.00
117	Central New York	\$19,935.00
118	Hudson Valley	\$21,550.00
123	Rochester	\$87,702.00
139	Cleveland	\$98,481.00
143	Miami Valley	\$54,531.00
148	Oregon	\$58,293.00
159	Rhode Island	\$40,529.00
182	Southeastern Virginia	(\$1,479.00)
185	Greater Richmond	\$9,582.00
190	Western & Central WA	\$53,080.00
191	West Virginia	\$18,724.00
194	Greater Wisconsin	\$80,905.00
205	Mississippi	\$2,589.00
232	Greater Iowa	\$17,940.00
		\$605,719.00

Alzheimer's Association
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334

Schedule for 990 Part I, Line 8
 Lines A8a, A8b, A8c, B8a, B8b, B8c

Chapter #	Chapter Name	Gross Sales Securities 8a	Expenses Securities 8b	Net Securities 8c	Gross Sales Other 8a	Expenses Other 8b	Net Other 8c	Net Sale of Assets 8d
28	Connecticut	\$0.00	\$0.00	\$0.00	\$0.00	\$19,560.00	(\$19,560.00)	(\$19,560.00)
135	Greater East Ohio	\$0.00	\$0.00	\$0.00	\$0.00	\$8,003.00	(\$8,003.00)	(\$8,003.00)
		\$0.00	\$0.00	\$0.00	\$0.00	\$27,563.00	(\$27,563.00)	(\$27,563.00)

ALZHEIMER'S ASSOCIATION
Year Ended June 30, 2007
EIN #36-3463656
GEN #9334
Schedule for 990 Part I
Lines #9a, 9b, 9c, 10a, 10b, 10c

Chapter #	Chapter Name	Special Events Gross Revenue 9a	Special Events Expense 9b	Special Events Net Income 9c	Book and Video Sales 10a	Book and Video Expenses 10b	Book and Video Gross Profit 10c
20	Northern California	\$2,001,789.00	\$0.00	\$2,001,789.00	\$12,665.00	\$19,193.00	(\$6,528.00)
24	Colorado	\$1,837,293.00	\$158,465.00	\$1,678,828.00	\$3,902.00	\$3,545.00	\$357.00
28	Connecticut	\$533,083.00	\$0.00	\$533,083.00	\$0.00	\$0.00	\$0.00
33	Southeast Florida	\$244,094.00	\$0.00	\$244,094.00	\$136.00	\$0.00	\$136.00
37	C & N Florida	\$463,840.00	\$69,770.00	\$394,070.00	\$2,317.00	\$1,010.00	\$1,307.00
46	Georgia	\$2,336,990.00	\$606,009.00	\$1,730,981.00	\$3,799.00	\$0.00	\$3,799.00
53	Aloha Chapter	\$235,443.00	\$26,581.00	\$208,862.00	\$0.00	\$0.00	\$0.00
58	Central Illinois	\$395,986.00	\$0.00	\$395,986.00	\$11,758.00	\$7,172.00	\$4,586.00
59	Greater Illinois	\$1,535,163.00	\$45,077.00	\$1,490,086.00	\$17,028.00	\$0.00	\$17,028.00
67	Greater Indiana	\$994,127.00	\$0.00	\$994,127.00	\$614.00	\$0.00	\$614.00
69	Big Sioux	\$345,458.00	\$100,485.00	\$244,973.00	\$33.00	\$0.00	\$33.00
73	E C Iowa	\$358,540.00	\$67,097.00	\$291,443.00	\$255.00	\$0.00	\$255.00
75	Central and Western Kansas	\$154,582.00	\$0.00	\$154,582.00	\$304.00	\$0.00	\$304.00
78	Greater Kentucky and Southern Indiana	\$604,240.00	\$0.00	\$604,240.00	\$3,203.00	\$2,139.00	\$1,064.00
81	Louisiana	\$104,186.00	\$0.00	\$104,186.00	\$605.00	\$0.00	\$605.00
82	Maine Chapter	\$413,439.00	\$30,270.00	\$383,169.00	\$10,822.00	\$0.00	\$10,822.00
83	Greater Maryland Chapter	\$1,029,188.00	\$171,284.00	\$857,904.00	\$0.00	\$0.00	\$0.00
87	Massachusetts	\$2,092,128.00	\$88,933.00	\$2,003,195.00	\$24,361.00	\$0.00	\$24,361.00
100	Heart of America	\$488,615.00	\$63,477.00	\$425,138.00	\$18,937.00	\$16,619.00	\$2,318.00
101	Mid Missouri	\$187,795.00	\$0.00	\$187,795.00	\$0.00	\$0.00	\$0.00
103	SW Missouri	\$312,341.00	\$27,933.00	\$284,408.00	\$2,730.00	\$1,719.00	\$1,011.00
104	St Louis	\$489,452.00	\$0.00	\$489,452.00	\$5,084.00	\$3,609.00	\$1,475.00
105	Montana	\$43,995.00	\$0.00	\$43,995.00	\$1,030.00	\$809.00	\$221.00
108	Great Plains Chapter	\$300,249.00	\$0.00	\$300,249.00	\$0.00	\$0.00	\$0.00
109	Midlands Chapter	\$189,687.00	\$10,387.00	\$179,300.00	\$2,366.00	\$2,579.00	(\$213.00)
117	Central New York	\$312,488.00	\$73,497.00	\$238,971.00	\$0.00	\$0.00	\$0.00
118	Hudson Valley	\$472,250.00	\$51,652.00	\$420,598.00	\$3,233.00	\$4,558.00	(\$1,325.00)
120	Long Island	\$268,179.00	\$0.00	\$268,179.00	\$0.00	\$0.00	\$0.00
121	NYC Chapter	\$2,066,209.00	\$153,901.00	\$1,912,308.00	\$24,234.00	\$13,635.00	\$10,599.00
123	Rochester	\$194,100.00	\$0.00	\$194,100.00	\$5,135.00	\$3,072.00	\$2,063.00
128	Western New York	\$448,525.00	\$117,646.00	\$330,879.00	(\$616.00)	\$540.00	(\$1,156.00)
135	Greater East Ohio	\$283,012.00	\$0.00	\$283,012.00	\$0.00	\$0.00	\$0.00
139	Cleveland	\$552,709.00	\$93,669.00	\$459,040.00	\$1,925.00	\$0.00	\$1,925.00
140	Central Ohio	\$464,977.00	\$0.00	\$464,977.00	\$111.00	\$0.00	\$111.00

ALZHEIMER'S ASSOCIATION
Year Ended June 30, 2007
EIN #36-3463656
GEN #9334
Schedule for 990 Part I
Lines #9a, 9b, 9c, 10a, 10b, 10c

Chapter #	Chapter Name	Special Events Gross Revenue 9a	Special Events Expense 9b	Special Events Net Income 9c	Book and Video Sales 10a	Book and Video Expenses 10b	Book and Video Gross Profit 10c
143	Miami Valley	\$272,390.00	\$21,910.00	\$250,480.00	\$0.00	\$0.00	\$0.00
144	Northwest Ohio	\$216,521.00	\$0.00	\$216,521.00	\$1,099.00	\$2,798.00	(\$1,699.00)
147	Oklahoma & Arkansas	\$1,113,226.00	\$0.00	\$1,113,226.00	\$2,201.00	\$0.00	\$2,201.00
148	Oregon	\$364,673.00	\$0.00	\$364,673.00	\$0.00	\$0.00	\$0.00
156	Delaware Valley	\$1,588,260.00	\$150,179.00	\$1,438,081.00	\$0.00	\$0.00	\$0.00
159	Rhode Island	\$241,903.00	\$0.00	\$241,903.00	\$2,269.00	\$0.00	\$2,269.00
160	Palmetto Chapter	\$164,012.00	\$0.00	\$164,012.00	\$1,705.00	\$0.00	\$1,705.00
161	South Carolina	\$233,095.00	\$0.00	\$233,095.00	\$1,575.00	\$0.00	\$1,575.00
162	South Dakota Office	\$80,227.00	\$3,211.00	\$77,016.00	\$0.00	\$0.00	\$0.00
169	Capital of Texas	\$200,199.00	\$0.00	\$200,199.00	\$0.00	\$0.00	\$0.00
172	Greater Dallas	\$1,106,915.00	\$169,232.00	\$937,683.00	\$2,496.00	\$279.00	\$2,217.00
173	Star	\$509,737.00	\$0.00	\$509,737.00	\$0.00	\$3,954.00	(\$3,954.00)
174	Houston & Southeast TX	\$782,695.00	\$53,422.00	\$729,273.00	\$0.00	\$0.00	\$0.00
177	North Central Texas	\$426,450.00	\$0.00	\$426,450.00	\$965.00	\$2,078.00	(\$1,113.00)
178	Utah	\$180,293.00	\$0.00	\$180,293.00	\$0.00	\$0.00	\$0.00
181	Central & Western Virginia	\$362,114.00	\$50,840.00	\$311,274.00	\$0.00	\$0.00	\$0.00
182	Southeastern Virginia	\$229,279.00	\$43,285.00	\$185,994.00	\$2,973.00	\$3,835.00	(\$862.00)
184	National Capital	\$1,103,237.00	\$508,755.00	\$594,482.00	\$0.00	\$0.00	\$0.00
185	Greater Richmond	\$320,895.00	\$0.00	\$320,895.00	\$0.00	\$0.00	\$0.00
190	Western & Central WA	\$1,099,892.00	\$0.00	\$1,099,892.00	\$1,926.00	\$0.00	\$1,926.00
191	West Virginia	\$326,340.00	\$14,801.00	\$311,539.00	\$1,652.00	\$176.00	\$1,476.00
194	Greater Wisconsin	\$627,802.00	\$0.00	\$627,802.00	\$19,199.00	\$29,108.00	(\$9,909.00)
205	Mississippi	\$40,061.00	\$0.00	\$40,061.00	\$15.00	\$0.00	\$15.00
208	Mid South	\$638,445.00	\$0.00	\$638,445.00	\$3,772.00	\$0.00	\$3,772.00
212	Northeast/Southeast TN	\$293,404.00	\$0.00	\$293,404.00	\$984.00	\$513.00	\$471.00
214	South Central Wisconsin	\$347,830.00	\$63,893.00	\$283,937.00	\$12,018.00	\$0.00	\$12,018.00
232	Greater Iowa	\$533,331.00	\$0.00	\$533,331.00	\$9,969.00	\$0.00	\$9,969.00
233	Inland Northwest	\$129,315.00	\$0.00	\$129,315.00	\$0.00	\$0.00	\$0.00
		(\$33,100,000.00)	\$0.00	(\$33,100,000.00)	\$0.00	\$0.00	\$0.00
		\$3,186,673.00	\$3,035,661.00	\$151,012.00	\$220,789.00	\$122,940.00	\$97,849.00

ALZHEIMER'S ASSOCIATION
YEAR ENDED JUNE 30, 2006
EIN #36-3463656
GEN #9334
990 Part I, Line 11
990 Part VII, Line 103b

Chapter #	Chapter Name	Other Revenue 11
20	Northern California	\$40,723.00
24	Colorado	\$2,873.00
28	Connecticut	\$0.00
33	Southeast Florida	\$4,366.00
37	C & N Florida	\$826.00
46	Georgia	\$3,683.00
53	Aloha Chapter	\$241,828.00
58	Central Illinois	\$8,962.00
59	Greater Illinois	\$15,115.00
67	Greater Indiana	\$0.00
69	Big Sioux	\$38.00
73	E C Iowa	\$17,757.00
75	Central and Western Kansas	\$595.00
78	Greater Kentucky and Southern Indiana	\$443.00
81	Louisiana	\$15,174.00
82	Maine Chapter	\$60.00
83	Greater Maryland Chapter	\$29,365.00
87	Massachusetts	\$80,375.00
100	Heart of America	\$7,987.00
101	Mid Missouri	\$1,113.00
103	SW Missouri	\$10,354.00
104	St Louis	\$12,246.00
105	Montana	\$0.00
108	Great Plains Chapter	\$622.00
109	Midlands Chapter	\$8,461.00
117	Central New York	\$2,292.00
118	Hudson Valley	\$4,003.00
120	Long Island	\$19,942.00
121	NYC Chapter	\$0.00
123	Rochester	\$0.00
128	Western New York	\$0.00
135	Greater East Ohio	\$10,867.00
139	Cleveland	\$1,595.00
140	Central Ohio	\$5,140.00
143	Miami Valley	\$3,458.00
144	Northwest Ohio	\$17,283.00
147	Oklahoma & Arkansas	(\$254,637.00)
148	Oregon	\$2,987.00
156	Delaware Valley	\$27,311.00
159	Rhode Island	\$0.00
160	Palmetto Chapter	\$0.00
161	South Carolina	\$102,709.00
162	South Dakota Office	\$0.00
169	Capital of Texas	\$120.00

ALZHEIMER'S ASSOCIATION
 YEAR ENDED JUNE 30, 2006
 EIN #36-3463656
 GEN #9334
 990 Part I, Line 11
 990 Part VII, Line 103b

Chapter #	Chapter Name	Other Revenue 11
172	Greater Dallas	\$63,145.00
173	Star	\$1,715.00
174	Houston & Southeast TX	\$0.00
177	North Central Texas	\$28,571.00
178	Utah	\$3,515.00
181	Central & Western Virginia	\$11,482.00
182	Southeastern Virginia	\$36,981.00
184	National Capital	\$90,681.00
185	Greater Richmond	\$0.00
190	Western & Central WA	\$0.00
191	West Virginia	\$848.00
194	Greater Wisconsin	\$8,159.00
205	Mississippi	\$0.00
208	Mid South	\$265.00
212	Northeast/Southeast TN	\$0.00
214	South Central Wisconsin	\$110,748.00
232	Greater Iowa	\$0.00
233	Inland Northwest	\$0.00
		\$802,146.00

ALZHEIMER'S ASSOCIATION
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334
 Schedule for 990 Part I, Line 16

All Dues Payments made to National Office per our Bylaws

Alzheimer's Association
 225 N Michigan Ave
 Chicago, IL 60601

Chapter #	Chapter Name	Dues to National
24	Colorado	100,440.00
28	Connecticut	114,112.00
33	Southeast Florida	420,826.00
37	C & N Florida	117,680.00
46	Georgia	135,289.00
53	Aloha Chapter	40,683.00
58	Central Illinois	36,562.00
67	Greater Indiana	116,537.00
69	Big Sioux	28,345.00
73	E C Iowa	21,789.00
78	Greater Kentucky and Southern Indiana	98,231.00
81	Louisiana	28,990.00
82	Maine Chapter	43,012.00
87	Massachusetts	142,954.00
100	Heart of America	89,059.00
101	Mid Missouri	19,457.00
103	SW Missouri	24,058.00
104	St Louis	61,512.00
105	Montana	7,212.00
108	Great Plains Chapter	40,313.00
109	Midlands Chapter	22,486.00
117	Central New York	62,370.00
120	Long Island	67,296.00
121	NYC Chapter	232,374.00
123	Rochester	43,067.00
128	Western New York	49,446.00
135	Greater East Ohio	36,536.00
139	Cleveland	104,139.00
143	Miami Valley	43,224.00
144	Northwest Ohio	66,643.00
148	Oregon	66,468.00
156	Delaware Valley	189,013.00
159	Rhode Island	38,360.00
160	Palmetto Chapter	11,544.00
161	South Carolina	77,886.00
162	South Dakota Office	8,347.00
169	Capital of Texas	23,372.00
174	Houston & Southeast TX	109,482.00
177	North Central Texas	54,408.00
178	Utah	45,177.00
181	Central & Western Virginia	32,218.00
182	Southeastern Virginia	38,291.00
185	Greater Richmond	40,171.00
190	Western & Central WA	64,944.00
191	West Virginia	38,233.00
194	Greater Wisconsin	64,285.00

ALZHEIMER'S ASSOCIATION
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334
 Schedule for 990 Part I, Line 16

All Dues Payments made to National Office per our Bylaws

Alzheimer's Association
 225 N Michigan Ave
 Chicago, IL 60601

Chapter #	Chapter Name	Dues to National
205	Mississippi	27,009.00
208	Mid South	101,803.00
212	Northeast/Southeast TN	32,085.00
214	South Central Wisconsin	33,787.00
233	Inland Northwest	26,583.00
		\$ 3,538,108.00

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

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DESCRIPTION

AMOUNT

UNREALIZED GAINS AND LOSSES

367,212.

TOTAL

367,212.
=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
 =====

DESCRIPTION -----	AMOUNT -----
CHANGES IN FUND BALANCE AS A RESULT OF CERTAIN CHAPTERS LEAVING THE NETWORK OR NOT BEING INCLUDED IN THIS YEARS 990, ADDITIONAL CHAPTERS AUTHORIZING NATIONAL TO INCLUDE THEM IN THE IRS 990, AND PRIOR TO PERIOD ADJUSTMENTS TO FUND BALANCES FROM AUDITED FINANCIAL STATEMENTS.	2,131,925.
TOTAL	----- 2,131,925. =====

Alzheimer's Association
Year Ended June 30, 2007
EIN #36-3463656
GEN #9334
Schedule for 990 Part II,
Line #22b

CH#	Chapter Name	Awarded To	Address	City	State	ZIP	Purpose	22	Total 22
20	Northern California and Northern Nevada	Makus Britschgi	2017 California St # 10B	Mountain View	Ca	94040	Respite Care	\$ 1,000.00	
20	Northern California and Northern Nevada	Amy R. Delpoly	1415 5th Ave # 5	San Francisco	Ca	94122	Respite Care	\$ 500.00	
20	Northern California and Northern Nevada	Ansgar Furst	1382 North Loop Dr.	San Jose	Ca	95126	Respite Care	\$ 1,000.00	
20	Northern California and Northern Nevada	Thuy. Vi Nguyen	236 Laurel Pl. #1	San Rafael	Ca	94901	Respite Care	\$ 1,000.00	
20	Northern California and Northern Nevada	Ning Zhuang	Gladstone Institute -1650 Owl	San Francisco	Ca	94158	Respite Care	\$ 1,000.00	
20	Northern California and Northern Nevada	Kaustubh Supkar	60 Olmsted Rd. Apt 109	Palo Alto	Ca	94305	Respite Care	\$ 1,000.00	
20	Northern California and Northern Nevada	Michael Cucciare	965 E. Elcamino Real Apt 63	Sunnyvale	Ca	94087	Respite Care	\$ 500.00	
20	Northern California and Northern Nevada	Josh Wallely	1779 Truk St.	San Francisco	Ca	94115	Respite Care	\$ 500.00	
20	Northern California and Northern Nevada	Ke Zhan	1201 Welch Rd MC5489	Stanford	Ca	94305	Respite Care	\$ 500.00	
33	Southeast Florida	Adam Spira	4150 Clement St. 181_G	San Francisco	Ca	94121	Respite Care	\$ 500.00	\$ 7,500.00
59	Greater Illinois	Broward Homebound Program	201 E. Sample Rd	Pompano Beach	FL	33064	Respite Care	\$ 2,000.00	\$ 2,000.00
87	Massachusetts	See Attached List					Respite Care	\$ 693,000.00	\$ 693,000.00
87	Massachusetts	Various (Safe Return) conference					Respite Care	\$ 3,515.00	
104	St Louis	Contribution to Washington University, ADRC					Respite Care	\$ 4,000.00	\$ 7,515.00
118	Hudson Valley	Rorlich Educational Scholarship	4488 Forest Park Blvd, Suite	St Louis	MO	63108	Respite Care	\$ 500.00	\$ 500.00
118	Hudson Valley	NYS Coalition of Aiz Chapters	Pace University	Pleasantville	NY	10570	Respite Care	\$ 3,653.00	
121	NYC Chapter	New York City Chapter	435 E. Henrietta Road	Rochester	NY	14620	Respite Care	\$ 6,042.00	
121	NYC Chapter	Hunter College Foundation	360 Lexington Avenue, 5th Fl	New York	NY	10017	Respite Care	\$ 1,000.00	\$ 10,695.00
121	NYC Chapter	Aging in New York Fund, Inc.					Respite Care	\$ 1,500.00	
121	NYC Chapter	Junior Committee					Respite Care	\$ 3,500.00	
121	NYC Chapter	Camp Deerpark					Respite Care	\$ 223.00	
121	NYC Chapter	Mahesh Drugs					Respite Care	\$ 650.00	
123	Rochester	Coalition of NYS Alzheimer's Associations					Respite Care	\$ 604.00	\$ 6,477.00
135	Greater East Ohio	Alzheimer Chapters in the State of Ohio	435 E. Henrietta Road	Rochester	NY	14620	Respite Care	\$ 3,705.00	\$ 3,705.00
174	Houston & Southeast TX	Respite	Various				Respite Care	\$ 259,614.00	\$ 259,614.00
182	Southeastern Virginia	Other Grants & Allocations					Respite Care	\$ 2,520.00	
182	Southeastern Virginia	Caring Touch	15397 Merry Cat Lane	Belle Haven	VA	23306	Respite Care	\$ 1,003.00	\$ 3,523.00
182	Southeastern Virginia	Catholic Charities	1802 Ashland Avenue	Norfolk	VA	23509	Respite Care	\$ 7,414.00	
182	Southeastern Virginia	Department of Human Services	3432 Virginia Beach Blvd	Virginia Beach	VA	23452	Respite Care	\$ 5,000.00	
182	Southeastern Virginia	Family Centered Resources	11847 Canon Blvd, Ste 12	Newport News	VA	23606	Respite Care	\$ 5,104.00	
182	Southeastern Virginia	Creative Options/ HN CSB	2501 Washington Avenue, 14	Newport News	VA	23607	Respite Care	\$ 4,704.00	
182	Southeastern Virginia	Jewish Family Services	260 Grayson Road	Virginia Beach	VA	23462	Respite Care	\$ 4,000.00	
182	Southeastern Virginia	M.E. Cox Center	644 N. Lynnhaven Road	Virginia Beach	VA	23452	Respite Care	\$ 4,500.00	
182	Southeastern Virginia	Norfolk Senior Center	7300 Newport Ave, # 100	Norfolk	VA	23505	Respite Care	\$ 3,500.00	
182	Southeastern Virginia	Peninsula Agency on Aging	739 Thimble Shoal Blvd	Newport News	VA	23606	Respite Care	\$ 6,000.00	
182	Southeastern Virginia	Riverside Adult Day Care	1010 Old Danbligh Blvd	Newport News	VA	23602	Respite Care	\$ 5,732.00	

CH#	Chapter Name	Awarded To	Address	City	State	ZIP	Purpose	22	Total 22
182	Southeastern Virginia	Sentara Adult Day Care	3751 Sentara Way	Virginia Beach	VA	23452	Respite Care	\$ 2,964.00	
182	Southeastern Virginia	Sunrise House	1310 Todds Lane	Hampton	VA	23666	Respite Care	\$ 1,200.00	\$ 53,618.00
191	West Virginia	Monongahela Valley Association of Health Centers		Fairmont	WV	26554	Respite Care	\$ 2,000.00	
191	West Virginia	Tender Loving Care Homecare & Hospice		Morgantown	WV	26508	Respite Care	\$ 2,000.00	
191	West Virginia	Hospice Care Corporation		Arthurdale	WV	26520	Respite Care	\$ 2,000.00	
191	West Virginia	United Hospital dba Peoples Hospice		Clarksburg	WV	26301	Respite Care	\$ 2,000.00	
191	West Virginia	Valley Hospice		Wheeling	WV	26003	Respite Care	\$ 2,000.00	\$ 10,000.00
							TOTAL	\$1,058,147.00	\$1,058,147.00

Alzheimer's Association
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334
 Schedule for 990 Part II,
 Line #23

CH#	Chapter Name	Awarded To	Address	City	State	ZIP	Purpose	23	Total 23
24	Colorado	Safe Return enrollment grants					safe return	\$ 1,025.00	
24	Colorado	Respite Care Grants					respite	\$ 10,790.00	\$ 11,815.00
28	Connecticut	Alzheimer's Association Safe Return enrollment					Safe Return	\$ 2,220.00	\$ 2,220.00
37	C & N Florida	Caregivers in Jacksonville area (up to \$50 each)					client supplies	\$ 3,040.00	
37	C & N Florida	Alzheimer's client Safe Return Bracelets					Safe Return	\$ 745.00	\$ 3,785.00
46	Georgia	Various					Safe Return	\$ 9,754.00	\$ 9,754.00
59	Greater Illinois						respite	\$ 5,735.00	\$ 5,735.00
73	E C Iowa	Indigent Families					Safe Return	\$ 425.00	\$ 425.00
78	Greater Kentucky and Southern Indiana	Safe Return and Caregiver Registrations (25)					Safe Return	\$ 1,225.00	\$ 1,225.00
82	Maine Chapter	Safe Return Scholarships					Scholarships	\$ 545.00	\$ 545.00
83	Greater Maryland Chapter	Caregivers not in Respite Program (Cash)					Respite caregiver support	\$ 14,769.00	\$ 14,769.00
100	Heart of America	SEE ATTACHED LIST					caregiver support	\$ 70,104.00	\$ 70,104.00
103	SW Missouri	SAFE RETURN					REGISTRATIONS	\$ 2,197.00	\$ 2,197.00
104	St Louis	Incontinence and nutritional supplies mini-grants					incontinence and nutritional supplies	\$ 9,978.00	
104	St Louis	Adult Education (Empowerment Group) Scholarships					Participation in adult education programs	\$ 180.00	\$ 180.00

CH#	Chapter Name	Awarded To	Address	City	State	ZIP	Purpose	23	Total 23
104	St Louis	Adult Day Care Scholarships					period adult day care	\$ 8,835.00	
104	St Louis	Safe Return Scholarships					Safe return	\$ 15,977.00	\$ 34,970.00
105	Montana	Safe Return Registrations					Safe Return	\$ 320.00	\$ 320.00
109	Midlands Chapter	RESPIRE PROGRAM					RESPIRE	\$ 30,590.00	\$ 30,590.00
121	NYC Chapter	Lost Client Recovery					respite	\$ 7,742.00	
121	NYC Chapter	Client Registration Fees					respite	\$ 42,145.00	
121	NYC Chapter	Home Care					respite	\$ 76,415.00	
121	NYC Chapter	Emergency Assistance					respite	\$ 14,858.00	\$ 141,160.00
135	Greater East Ohio	Patient & Family Services					Safe Return, etc.	\$ 11,133.00	\$ 11,133.00
160	Palmetto						respite	\$ 74,327.00	\$ 74,327.00
161	South Carolina	Numerous Respite Grants					respite	\$ 344,516.00	\$ 344,516.00
162	South Dakota						respite	\$ 160.00	\$ 160.00
172	Greater Dallas	Various payments for family emergencies					Emergency Help	\$ 3,014.00	
172	Greater Dallas	Assistance for Safe Return Enrollment					Safe	\$ 2,770.00	
172	Greater Dallas	Schlegel Scholarship Recipients					Scholarship	\$ 14,000.00	\$ 19,784.00
174	Houston & Southeast TX	Home Instead Senior Care, 6065 Hillcroft, #608, Hou, TX 77081					C/O H Parks	\$ 77.00	
174	Houston & Southeast TX	Choice Home Care, 3201 University Dr E, #350, Bryan, TX 77802					C/O V Stoud	\$ 891.00	
174	Houston & Southeast TX	Choice Home Care, 3201 University Dr E, #350, Bryan, TX 77802					C/O V Thompson	\$ 216.00	
174	Houston & Southeast TX	Choice Home Care, 3201 University Dr E, #350, Bryan, TX 77802					C/O W Dillard	\$ 658.00	
174	Houston & Southeast TX	Home Instead Senior Care, 4413 S Texas, Bryan, TX 77802					C/O M Knesek	\$ 864.00	
174	Houston & Southeast TX	Home Health Unlimited, 10600 Fondren #106, Hou, TX 77096					C/O L Woodward	\$ 1,141.00	
174	Houston & Southeast TX	Kelly Home Services, PO Box 828739, Philadelphia, PA 19182					C/O D Smith	\$ 282.00	
174	Houston & Southeast TX	Home Instead Senior Care, 4413 S Texas, Bryan, TX 77802					C/O B Martin	\$ 801.00	
174	Houston & Southeast TX	From Page 2					respite	\$ 8,883.00	
174	Houston & Southeast TX	Cameo Caregivers					C/O M Houston	\$ 256.00	
174	Houston & Southeast TX	Consider the Lilies, 3708 B West Davis, Conroe, TX 77304					C/O O Parr	\$ 799.00	

CH#	Chapter Name	Awarded To	Address	City	State	ZIP	Purpose	23	Total 23
174	Houston & Southeast TX	Advanced Medical Services, 830 S Mason Rd, Suite B-1, Katy TX 77450					A Rahman	\$ 755.00	
174	Houston & Southeast TX	American Medical Equip, 1841 Old Spanish Trail, Houston TX 77054					C/O M Foster	\$ 587.00	
174	Houston & Southeast TX	Care Essentials Homecare					C/O M Russell	\$ 798.00	
174	Houston & Southeast TX	Allen Medical Equip, P O Box 667425, Houston, TX 77266					C/O J Harris	\$ 402.00	
174	Houston & Southeast TX	Allen Medical Equip, P O Box 667425, Houston, TX 77266					C/O T Stiles	\$ 83.00	
174	Houston & Southeast TX	Allen Medical Equip, P O Box 667425, Houston, TX 77266					C/O Osorio	\$ 802.00	
174	Houston & Southeast TX	Caring Health Services, 2440 Texas Pkwy, #213C, Missouri City, TX 77489					C/O I Potter	\$ 800.00	
174	Houston & Southeast TX	Allen Medical Equip, P O Box 667425, Houston, TX 77266					C/O G Fidler	\$ 701.00	\$ 19,796.00
177	North Central Texas	Counseling services paid by chapter, reimbursed by AAA					counseling	\$ 2,760.00	
177	North Central Texas	Safe return fees paid by chapter, not reimbursed by AAA					safe return	\$ 85.00	
177	North Central Texas	Safe return fees paid by chapter, reimbursed by AAA					safe return	\$ 3,860.00	\$ 6,705.00
181	Central & Western Virginia	Kenyon Sheffer-234 Myrtle Street, Harrisonburg, VA 22802					Pain, Behaviors,	\$ 330.00	
181	Central & Western Virginia	Judith Cleary- 5489 S. Spotswood Trail, Gordonsville, VA 22942					Training	\$ 370.00	
181	Central & Western Virginia	Sue Liberman-108 Brandywine Court, Charlottesville, VA 22901					Understan	\$ 127.00	
181	Central & Western Virginia	Reba Keene- 822 Oakview Drive, Salem, VA 24153					Training	\$ 330.00	
181	Central & Western Virginia	Sue Liberman-108 Brandywine Court, Charlottesville, VA 22901					Activities Training	\$ 110.00	
181	Central & Western Virginia	Sue Liberman-108 Brandywine Court, Charlottesville, VA 22901					Awarenes s Practice	\$ 124.00	
181	Central & Western Virginia	Sue Liberman-108 Brandywine Court, Charlottesville, VA 22901					ation and Improving Building	\$ 247.00	
181	Central & Western Virginia	Ellen Phipps- 674 Hillisdale Drive, Charlottesville, VA 22901					Skills for	\$ 29.00	
181	Central & Western Virginia	Kimberly LaGroome- 214 Old Town Connector, Madison Heights, VA 24572					Dementia Training	\$ 600.00	
181	Central & Western Virginia	Sue Liberman-108 Brandywine Court, Charlottesville, VA 22901					Dementia Training	\$ 702.00	
181	Central & Western Virginia	Judith Cleary- 5489 S. Spotswood Trail, Gordonsville, VA 22942					PCC Training	\$ 330.00	

CH#	Chapter Name	Awarded To	Address	City	State	ZIP	Purpose	23	Total 23
181	Central & Western Virginia	Helena E. Bojko - 733 Moffett Branch Road, Churchville, VA 24421					Skills for Dementia Training	\$ 220.00	
181	Central & Western Virginia	Sue Liberman-108 Brandywine Court, Charlottesville, VA 22901					Skills for Dementia	\$ 127.00	
181	Central & Western Virginia	Judith Cleary- 5489 S. Spotswood Trail, Gordonsville, VA 22942					PCC Training	\$ 378.00	
181	Central & Western Virginia	Gwendolyn Delawder - 340 Boardmoor Lane, Broadway, VA 22815					Skills for Dementia Training	\$ 66.00	
181	Central & Western Virginia	Sue Liberman-108 Brandywine Court, Charlottesville, VA 22901					Skills for Dementia	\$ 96.00	
181	Central & Western Virginia	Sue Liberman-108 Brandywine Court, Charlottesville, VA 22901					PCC Training	\$ 202.00	\$ 4,388.00
182	Southeastern Virginia	Respite Assistance to Individuals, "Care Grants"					respite	\$ 8,942.00	
182	Southeastern Virginia	Payments to attend workshops					respite	\$ 90.00	
182	Southeastern Virginia	Safe Return Payments					respite	\$ 90.00	\$ 9,122.00
185	Greater Richmond	Safe return					respite	\$ 1,450.00	\$ 1,450.00
214	South Central Wisconsin	Various AFCSP Candidates					AFCSP	\$ 105,423.00	\$ 105,423.00
232	Greater Iowa						respite	\$ 4,413.00	\$ 4,413.00
233	Inland Northwest	Safe Return Program					respite	\$ 400.00	\$ 400.00
							TOTAL	\$ 931,231.00	Total 23
								\$ 931,231.00	\$ 931,231.00

Alzheimer's Disease and Related Disorders Association

Attachments to Fiscal Year Ended June 30, 2007 IRS Group Return
 EIN #36-343463656 GEN #9334

Line 25-Compensation of current officers,directors,key employees listed in PartV-A

GH	Name	Title	Hours	Salary	Benefits	ExpenseAcct	Total Compensation	Program Service	Management & General	Fundraising
20	William Fisher / CEO	1060 La Avenida,	40	129,780	6,489	0	136,269	101,002	14,797	20,470
20	T. William Melis	President	0	0	0	0	0	0	0	0
20	Herb Williams	Vice President	0	0	0	0	0	0	0	0
20	Carol Kolb	Treasurer	0	0	0	0	0	0	0	0
20	Merry Geil	Secretary	0	0	0	0	0	0	0	0
20	Clifa Atlas	Director	0	0	0	0	0	0	0	0
20	Barbara Bangs	Director	0	0	0	0	0	0	0	0
20	Peter Daley	Director	0	0	0	0	0	0	0	0
20	June Darmanian	Director	0	0	0	0	0	0	0	0
20	Sarah Epstein	Director	0	0	0	0	0	0	0	0
20	Leslie Bishop Franco	Director	0	0	0	0	0	0	0	0
20	Rafael Gonzalez-Ame	Director	0	0	0	0	0	0	0	0
20	Ladson Hinton	Director	0	0	0	0	0	0	0	0
20	Eva Lal-Kir Jones	Director	0	0	0	0	0	0	0	0
20	Grace Lee	Director	0	0	0	0	0	0	0	0
20	Joan Marks	Director	0	0	0	0	0	0	0	0
20	Doug Moorhouse	Director	0	0	0	0	0	0	0	0
20	William Pfann	Director	0	0	0	0	0	0	0	0
20	Kevin Pringle	Director	0	0	0	0	0	0	0	0
20	Edwardo Salaz	Director	0	0	0	0	0	0	0	0
20	Rick Smith	Director	0	0	0	0	0	0	0	0
20	Lisa Sullivan	Director	0	0	0	0	0	0	0	0
20	Howard Wahl	Director	0	0	0	0	0	0	0	0
24	Dick Page		1	0	0	0	0	0	0	0
24	Christopher L. Binkley		2	0	0	0	0	0	0	0
24	Calhoun W. Cox		1	0	0	0	0	0	0	0
24	Elenora Browner		1	0	0	0	0	0	0	0
24	Walt F. DeHaven		1	0	0	0	0	0	0	0
24	Terrie Lee Fontenot		3	0	0	0	0	0	0	0
24	David G. Harris, Esq		2	0	0	0	0	0	0	0
24	Nathan Hooks		2	0	0	0	0	0	0	0
24	Steve Martin		1	0	0	0	0	0	0	0
24	Keith E. Swanson		40	89,539	5,800	0	95,339	70,665	10,352	14,322
24	John		2	0	0	0	0	0	0	0
24	Linda M. Mitchell		50	107,342	7,434	0	114,776	85,071	12,463	17,242
24	David D. Powell, Jr.		1	0	0	0	0	0	0	0
24	Kile Powers		1	0	0	0	0	0	0	0
24	Eugenia		2	0	0	0	0	0	0	0
24	Scott D. Richards		1	0	0	0	0	0	0	0
24	Robert B. Rottman,		2	0	0	0	0	0	0	0
24	Kathy L. Seidel		2	0	0	0	0	0	0	0
24	John M. Tighe		2	0	0	0	0	0	0	0
24	Joseph E. Wyskiel		1	0	0	0	0	0	0	0
24	Randolph Ray		1	0	0	0	0	0	0	0
24	Susan M. Barnhill		4	0	0	0	0	0	0	0
28	RICHARD FISHER,		0	0	0	0	0	0	0	0
28	DENNIS MAGID, ED		37.5	62,135	32	0	62,167	46,078	6,750	9,339
28	PATRICIA CLARK		40	23,269	5	0	23,274	17,251	2,527	3,496
28	MELANIE JORDAN,		37.5	68,227	7,846	0	76,073	56,385	8,260	11,428
28	ERIC RENNIE, VICE-		0	0	0	0	0	0	0	0
28	CAROLE EDELMAN,		0	0	0	0	0	0	0	0
28	STAN KARASINSKI,		40	8,365	0	0	8,365	6,200	908	1,257
28	CHRISTINE		0	0	0	0	0	0	0	0
28	CHARLES BAILEY,		0	0	0	0	0	0	0	0
28	DANIEL WOLLMAN,		0	0	0	0	0	0	0	0
28	JULIA BRONDER,		0	0	0	0	0	0	0	0
28	JAY KEARNS,		0	0	0	0	0	0	0	0
28	KAREN KUHL,		0	0	0	0	0	0	0	0
28	CAROL LENZ,		0	0	0	0	0	0	0	0
28	MAUREEN MAURO,		0	0	0	0	0	0	0	0
28	ROSAIDA MORALES		0	0	0	0	0	0	0	0
28	GEORGE		0	0	0	0	0	0	0	0
28	CHRISTOPHER		0	0	0	0	0	0	0	0
33	Ferri, Samuel -		4	0	0	0	0	0	0	0
33	Pineiro, Enrique -		2	0	0	0	0	0	0	0
33	Kalck, Kathy - Director		3	0	0	0	0	0	0	0
33	Kearson, Patti -		1	0	0	0	0	0	0	0
33	Sadowsky, Dr. Carl -		2	0	0	0	0	0	0	0
33	Karp, Joseph -		2	0	0	0	0	0	0	0
33	Handley, Jan -		2	0	0	0	0	0	0	0
33	Tappen, Dr. Ruth - 1st		2	0	0	0	0	0	0	0
33	Grant-Brown, Grace -		40	0	0	0	0	0	0	0
33	Carson, Dorothy -		40	0	0	0	0	0	0	0
33	Mrozinski, Phillip -		2	0	0	0	0	0	0	0
33	Brown, Ellen - CEO		40	0	0	0	0	0	0	0
37	Medwin Nazif		0	0	0	0	0	0	0	0

Off	Name	Title	Hours	Salary	Benefits	Expense/Acct	Total Compensation	Program Service	Management & General	Fundraising
37	Kenyatta Rivers		0	0	0	0	0	0	0	0
37	Jamie Glavich, Vice		0	0	0	0	0	0	0	0
37	Randy Bryan,		0	0	0	0	0	0	0	0
37	Susan Leger-Krall,		0	0	0	0	0	0	0	0
37	Lynda Everitt		0	0	0	0	0	0	0	0
37	Barry Grey		0	0	0	0	0	0	0	0
37	Robert Morgan		0	0	0	0	0	0	0	0
37	Barbara Newhouse		0	0	0	0	0	0	0	0
37	Harold Watson, CEO		0	73,230	5,118	0	78,348	58,071	8,507	11,769
37	Lori Cabbage		0	0	0	0	0	0	0	0
37	Greg Hess		0	0	0	0	0	0	0	0
37	Wenda Lewis		0	0	0	0	0	0	0	0
37	Rosemary Laird		0	0	0	0	0	0	0	0
46	Bennett Waits,		0	0	0	0	0	0	0	0
46	Lee Robinson,		0	0	0	0	0	0	0	0
46	David Jones		0	0	0	0	0	0	0	0
46	Alan Robertson		0	0	0	0	0	0	0	0
46	Jackie Lenderman		0	0	0	0	0	0	0	0
46	Dave Hasley		0	0	0	0	0	0	0	0
46	Jan Bequeath,	40+	125,566	5,019	0	130,585	96,789	14,180	19,617	0
46	Bruce Flechter		0	0	0	0	0	0	0	0
46	Dan Griggs, VP	40+	67,799	903	0	68,702	50,922	7,460	10,320	0
46	Iola Snow, Secretary		0	0	0	0	0	0	0	0
46	Jennifer Kelley		0	0	0	0	0	0	0	0
46	Peter Armstrong,		0	0	0	0	0	0	0	0
46	Virginia Helms, VP	40+	72,838	2,909	0	75,747	56,143	8,225	11,379	0
46	Dave Houston, VP	40+	89,840	3,590	0	93,430	69,250	10,145	14,035	0
46	Billy Small, Jr.		0	0	0	0	0	0	0	0
46	Lee White		0	0	0	0	0	0	0	0
46	William Sandefur		0	0	0	0	0	0	0	0
53	Candy Ajull, 1st Vice	1	0	0	0	0	0	0	0	0
53	Elaine Slavinsky	40	50,000	0	0	50,000	37,060	5,429	7,511	0
53	David Hamil	40	42,000	0	0	42,000	31,130	4,561	6,309	0
53	Janet Eli, President,	65	75,800	0	0	75,800	56,183	8,231	11,387	0
53	Vicki Wookford,	1	0	0	0	0	0	0	0	0
53	Garret Tom, Board	2	0	0	0	0	0	0	0	0
53	Susan M. Nielsen,	1	0	0	0	0	0	0	0	0
53	Ronald Y.K. Leong,	1	0	0	0	0	0	0	0	0
53	Elizabeth A. Lacy,	2	0	0	0	0	0	0	0	0
53	Michael F.K. Buck,	0	0	0	0	0	0	0	0	0
53	Tricia Medeiros,	2	0	0	0	0	0	0	0	0
53	Brett Flynn, 2nd Vice	1	0	0	0	0	0	0	0	0
53	Thomas P. Brehm,	3	0	0	0	0	0	0	0	0
53	Chris Shirai,	3	0	0	0	0	0	0	0	0
58	Katherine Coyle,	0	0	0	0	0	0	0	0	0
58	Nikki Vulgaris-	40	41,900	0	0	41,900	31,056	4,550	6,294	0
58	Kathy Fuller, Board	0	0	0	0	0	0	0	0	0
58	Dr. William Hall,	0	0	0	0	0	0	0	0	0
58	Brett Tilly, Vice	0	0	0	0	0	0	0	0	0
58	Mike Kraft, Secretary	0	0	0	0	0	0	0	0	0
58	Wanda Aberle, Board	0	0	0	0	0	0	0	0	0
58	Karen Shadid, Board	0	0	0	0	0	0	0	0	0
58	Linda Brantley, Board	0	0	0	0	0	0	0	0	0
58	Linda Buck, Board	0	0	0	0	0	0	0	0	0
58	Andrew Rand, Board	0	0	0	0	0	0	0	0	0
58	Marilyn Schroeder,	0	0	0	0	0	0	0	0	0
58	Susan Wozniak,	0	0	0	0	0	0	0	0	0
58	Adam White, Board	0	0	0	0	0	0	0	0	0
58	Marlen Rush, Former	40	28,878	578	0	29,456	21,833	3,198	4,425	0
58	Kathleen Temple,	0	0	0	0	0	0	0	0	0
58	Larry Lindahl, MD,	0	0	0	0	0	0	0	0	0
58	May Meister, Board	0	0	0	0	0	0	0	0	0
58	Linc Hobson, Board	0	0	0	0	0	0	0	0	0
58	Donna Marcacci,	0	0	0	0	0	0	0	0	0
67	Wanda Lew	40+	76,600	2,298	0	78,898	58,479	8,567	11,852	0
67	Heather Allen	40+	118,837	3,565	0	122,402	90,724	13,291	18,387	0
73	Beverly D. Taylor	Minimal	0	0	0	0	0	0	0	0
73	Stephen C. Nelson	Minimal	0	0	0	0	0	0	0	0
73	Kelly Hauer	45	59,179	7,613	0	66,792	49,506	7,253	10,034	0
73	David C. Kutcher	Minimal	0	0	0	0	0	0	0	0
73	Eric Johnson	Minimal	0	0	0	0	0	0	0	0
73	Joel Schmidt	Minimal	0	0	0	0	0	0	0	0
73	Bev Mccadam	Minimal	0	0	0	0	0	0	0	0
73	Bob Vancura	Minimal	0	0	0	0	0	0	0	0
73	Rick Skogman	Minimal	0	0	0	0	0	0	0	0
73	Constance Arens	Minimal	0	0	0	0	0	0	0	0
73	Anne Salamon	Minimal	0	0	0	0	0	0	0	0
73	Mark Seidl	Minimal	0	0	0	0	0	0	0	0
73	Tim Mullenburg	Minimal	0	0	0	0	0	0	0	0
73	Carolyn Koester	Minimal	0	0	0	0	0	0	0	0
73	Deborah Jones	Minimal	0	0	0	0	0	0	0	0
73	Janice Charles	Minimal	0	0	0	0	0	0	0	0
73	Tiffany O'Donnell	Minimal	0	0	0	0	0	0	0	0
73	Michael P. Smith	Minimal	0	0	0	0	0	0	0	0
75	Suzanne Meeker,	0	0	0	0	0	0	0	0	0
75	Scott Gardner,	0	0	0	0	0	0	0	0	0
75	Doug Stark, Member	0	0	0	0	0	0	0	0	0
75	Mary Beth Steiner,	0	0	0	0	0	0	0	0	0

CH	Name	Title	Hours	Salary	Benefits	Expense Acct	Total Compensation	Program Service	Management & General	Fundraising
75	Kathy McGee,		0	0	0	0	0	0	0	0
75	Dwayne Broddle,		0	0	0	0	0	0	0	0
75	Monica Cissell,		0	0	0	0	0	0	0	0
75	Debbi Elmore, Vice-		0	0	0	0	0	0	0	0
75	Doug Watson, Chair		0	0	0	0	0	0	0	0
75	Marsha Hills,		40	39,100	0	0	39,100	28,981	4,246	5,874
75	Bob Harvey, Member		0	0	0	0	0	0	0	0
78	Terry Smallwood,		0	0	0	0	0	0	0	0
78	David Casey, Board		0	0	0	0	0	0	0	0
78	Janet Cerel, Board		0	0	0	0	0	0	0	0
78	Helen Kientz, Board		0	0	0	0	0	0	0	0
78	Robert Maddox,		0	0	0	0	0	0	0	0
78	Nancy Orr-Rainey,		0	0	0	0	0	0	0	0
78	Shelly Prochaska,		0	0	0	0	0	0	0	0
78	Richard Richter,		0	0	0	0	0	0	0	0
78	Linda Vanderhoff,		37.5+	87,452	9,126	0	96,578	71,583	10,487	14,508
78	Isabel Yates, Board		0	0	0	0	0	0	0	0
78	Linda Blair, Board		0	0	0	0	0	0	0	0
78	Karen Proffitt		0	0	0	0	0	0	0	0
78	Jan Penick, VP		37.5+	51,972	6,548	0	58,521	43,375	6,354	8,791
78	Scott Pitts, Secretary		2	0	0	0	0	0	0	0
78	Susan Pope, Board		2	0	0	0	0	0	0	0
78	Tom Bodkin, Board		2	0	0	0	0	0	0	0
78	DeeAnna Esslinger,		37.5+	47,762	5,689	0	53,451	39,617	5,804	8,029
78	Ellen Kershaw, VP		37.5+	49,468	629	0	50,096	37,131	5,440	7,526
78	Scott Olinger,		2	0	0	0	0	0	0	0
78	Tonya Cox, VP		37.5+	50,179	5,807	0	55,986	41,497	6,079	8,410
81	Willie Mount		0	0	0	0	0	0	0	0
81	Mary Noel		0	0	0	0	0	0	0	0
81	Ed Pennington		0	0	0	0	0	0	0	0
81	Rose Anne St		0	0	0	0	0	0	0	0
81	Kate Sivis		0	0	0	0	0	0	0	0
81	Bob Stephens		40	45,769	0	0	45,769	33,924	4,970	6,875
81	Joseph Donchess		0	0	0	0	0	0	0	0
81	Lydia Lambert		0	0	0	0	0	0	0	0
81	Ray Yandle		0	0	0	0	0	0	0	0
81	Warren Hebert		0	0	0	0	0	0	0	0
81	Joni Jeurgens		0	0	0	0	0	0	0	0
81	Patricia DeMichele		0	0	0	0	0	0	0	0
81	Laurel Bertrand		0	0	0	0	0	0	0	0
81	Ricky Bonin		0	0	0	0	0	0	0	0
82	Lori Desjardins, At		0	0	0	0	0	0	0	0
82	J. Scott Hersey, At		0	0	0	0	0	0	0	0
82	Mary Brant, Executive		40	31,298	1,346	0	32,644	24,196	3,545	4,904
82	Karen Stram,		0	0	0	0	0	0	0	0
82	Sherrie Bergman,		0	0	0	0	0	0	0	0
82	Carol Calcagni,		0	0	0	0	0	0	0	0
82	Frank Parker,		0	0	0	0	0	0	0	0
82	Amy Cotton, At Large		0	0	0	0	0	0	0	0
82	Manlyn Paige,		0	0	0	0	0	0	0	0
82	Dr. Jabbar Fazeli, At		0	0	0	0	0	0	0	0
82	Michael Bierley, At		0	0	0	0	0	0	0	0
82	Elizabeth Weaver,		40	57,000	0	0	57,000	42,248	6,189	8,563
82	Gail Richardson Gee,		0	0	0	0	0	0	0	0
82	Susan Braziel,		40	56,307	4,991	0	61,298	45,434	6,656	9,208
82	John Wasileski, At		0	0	0	0	0	0	0	0
82	Kathryn Pears,		25	32,920	0	0	32,920	24,400	3,575	4,945
82	Jennifer Schumacher,		0	0	0	0	0	0	0	0
82	Laurne Trenholm,		35	57,200	4,677	0	61,877	45,863	6,719	9,295
83	Allen Robinson, Board		2	0	0	0	0	0	0	0
83	Benjamin R.		40	53,470	6,290	0	59,760	44,294	6,489	8,977
83	Verna Jones, Board		2	0	0	0	0	0	0	0
83	Mary Catherine		40	82,480	5,495	0	87,975	65,207	9,553	13,216
83	Elaine Weaver, Board		2	0	0	0	0	0	0	0
83	Carl Tuerk, Board		5	0	0	0	0	0	0	0
83	John Schulze, Board		2	0	0	0	0	0	0	0
83	Donna Gaver, Board		2	0	0	0	0	0	0	0
83	Renee Wooding,		5	0	0	0	0	0	0	0
83	Eric Nichols, Board		5	0	0	0	0	0	0	0
83	Robert Reitz, Board		5	0	0	0	0	0	0	0
83	Otho Thompson,		5	0	0	0	0	0	0	0
83	RaeAnn Butler, Board		2	0	0	0	0	0	0	0
83	Sylvia Mackey, Board		2	0	0	0	0	0	0	0
83	Melinda Fitting, Board		2	0	0	0	0	0	0	0
83	Howard Pollinger,		2	0	0	0	0	0	0	0
83	Karen Kauffman,		2	0	0	0	0	0	0	0
83	Chad Malkus, Board		2	0	0	0	0	0	0	0
83	Mark McElwee, Board		2	0	0	0	0	0	0	0
83	Marsden McGuire,		2	0	0	0	0	0	0	0
83	Cathy Neuman, Board		2	0	0	0	0	0	0	0
83	Robert Parks, Board		2	0	0	0	0	0	0	0
83	Craig Cash, Board		2	0	0	0	0	0	0	0
87	Jeffrey Berry, Vice		2	0	0	0	0	0	0	0
87	James Wessler,		40	115,303	4,777	0	120,080	89,003	13,039	18,039
87	Paul Donovan, Clerk,		2	0	0	0	0	0	0	0
87	Mary Ann Marino,		2	0	0	0	0	0	0	0
87	Elizabeth Prins,		40	76,708	7,426	0	84,134	62,360	9,136	12,639
87	Paul Stuka, Treasurer,		2	0	0	0	0	0	0	0

CH	Name	Title	Hours	Salary	Benefits	Expense Acct	Total Compensation	Program Service	Management & General	Fundraising
100	Patricia Coleman,		40+	62,000	0	0	62,000	45,954	6,732	9,314
100	C. Michelle Niedens,		40+	57,000	0	0	57,000	42,248	6,189	8,563
100	Debra R. Brook,		40+	89,190	0	0	89,190	66,107	9,685	13,398
101	Armon Yanders, BOD		2	0	0	0	0	0	0	0
101	Joetta Coen, Program		40	49,360	0	0	49,360	36,585	5,360	7,415
101	Linda Newkirk,		40	52,000	7,248	0	59,248	43,914	6,433	8,900
101	Juda Schell, BOD		1	0	0	0	0	0	0	0
101	Donna Rice, BOD		3	0	0	0	0	0	0	0
101	Phillip Orscheln, BOD		1	0	0	0	0	0	0	0
101	David Oliver, BOD		1	0	0	0	0	0	0	0
101	Rachel Keller, BOD		1	0	0	0	0	0	0	0
101	Bill Grace, BOD		1	0	0	0	0	0	0	0
101	George Carney, BOD		1	0	0	0	0	0	0	0
101	Peter Koukola, BOD		2	0	0	0	0	0	0	0
101	Leah Beth Simon,		2	0	0	0	0	0	0	0
101	Kat Cunningham,		2	0	0	0	0	0	0	0
101	Libby Connor,		40	43,672	5,206	0	48,878	36,228	5,307	7,342
101	Myra Aud, BOD		1	0	0	0	0	0	0	0
103	LOIS ZERRER,		10	0	0	0	0	0	0	0
103	PATTY INGLE,		50	57,400	1,717	0	59,117	43,817	6,419	8,881
103	MICHAEL		10	0	0	0	0	0	0	0
103	JEROME LISK,		10	0	0	0	0	0	0	0
103	SUSAN SOMER-		10	0	0	0	0	0	0	0
103	BROOKE LIGGETT,		10	0	0	0	0	0	0	0
103	KAREN THOMAS,		10	0	0	0	0	0	0	0
103	JACK C CLIMER,		10	0	0	0	0	0	0	0
104	Joan D'Amrose,		40	109,110	4,752	0	113,862	84,394	12,364	17,104
105	Ann Groff, Director		1	0	0	0	0	0	0	0
105	Keirston Holm,		0	0	0	0	0	0	0	0
105	Suzanne Belsler,		40	32,629	1,931	0	34,560	25,616	3,753	5,192
105	Scott Gardner,		1	0	0	0	0	0	0	0
105	Emily Stenson,		1	0	0	0	0	0	0	0
105	Karen Townsend-		1	0	0	0	0	0	0	0
105	Cindy Johnson		1	0	0	0	0	0	0	0
105	C J Dahle, Director		1	0	0	0	0	0	0	0
105	Betty Bischel, Director		1	0	0	0	0	0	0	0
105	Jackie Olsen,		2	0	0	0	0	0	0	0
105	Kristin Olsen,		6	0	0	0	0	0	0	0
105	Tami Johnson, Vice		1	0	0	0	0	0	0	0
105	Allen E. Walton,		22	0	0	0	0	0	0	0
105	Kelly Donovan,		1	0	0	0	0	0	0	0
105	Sue Steichen, Director		1	0	0	0	0	0	0	0
108	Karen K. Noel,		40+	60,000	3,601	0	63,601	47,141	6,906	9,554
108	Mary Rauner, Board		0	0	0	0	0	0	0	0
108	Wanda Huls, Board		0	0	0	0	0	0	0	0
108	Chris Gillespie, Board		0	0	0	0	0	0	0	0
108	Laura Fuller, Board		0	0	0	0	0	0	0	0
108	Jim Cook, Board		0	0	0	0	0	0	0	0
108	Arthur Anderson,		0	0	0	0	0	0	0	0
108	Rich Bailey, Board		0	0	0	0	0	0	0	0
108	Mike Bousquet, Board		0	0	0	0	0	0	0	0
108	Teresa Sticher Fritz,		40+	33,850	1,347	0	35,197	26,088	3,822	5,287
108	Margaret Small,		0	0	0	0	0	0	0	0
108	Kyle Sitzman, Board		0	0	0	0	0	0	0	0
108	John Hanigan, Board		0	0	0	0	0	0	0	0
108	Rennie Walt, Board		0	0	0	0	0	0	0	0
109	Gary DeVoss, MD		0	0	0	0	0	0	0	0
109	Duane Gross,		0	0	0	0	0	0	0	0
109	Verne Welch		0	0	0	0	0	0	0	0
109	Kristine Sullivan		0	0	0	0	0	0	0	0
109	Brenda Bergman-		0	0	0	0	0	0	0	0
109	John Sharp		0	0	0	0	0	0	0	0
109	Robert Dick		0	0	0	0	0	0	0	0
109	Larry Guenter, Vice		0	0	0	0	0	0	0	0
109	Wood Hull, Chair		0	0	0	0	0	0	0	0
109	Katy Coziahr,		0	0	0	0	0	0	0	0
109	Ryan Clark, Secretary		0	0	0	0	0	0	0	0
109	Roger Brumback, MD		0	0	0	0	0	0	0	0
109	Debra Marks Conley		0	0	0	0	0	0	0	0
109	Kerry Heinrich		0	0	0	0	0	0	0	0
109	Florence Brown		0	0	0	0	0	0	0	0
117	Keith Rung		0	0	0	0	0	0	0	0
117	Dr. John Smarrelli		0	0	0	0	0	0	0	0
117	Cathy James		0	59,108	1,773	0	60,881	45,125	6,611	9,146
117	Dr. Ed Schoenheit		0	0	0	0	0	0	0	0
117	Paulette Nickerson		0	0	0	0	0	0	0	0
117	Dr. Christina		0	0	0	0	0	0	0	0
117	Paul Stepien		0	0	0	0	0	0	0	0
117	Scott Harris		0	0	0	0	0	0	0	0
117	Edward F. Smith		0	0	0	0	0	0	0	0
117	Janet Haynes		0	0	0	0	0	0	0	0
117	Helen Druce		0	0	0	0	0	0	0	0
117	James Seeley		0	0	0	0	0	0	0	0
117	Andrea Zurbregg		0	0	0	0	0	0	0	0
117	Ellen Somers		0	0	0	0	0	0	0	0
117	Roslyn Billford		0	0	0	0	0	0	0	0
117	Dr. Marian Schoenheit		0	0	0	0	0	0	0	0
117	Larry Malfitano		0	0	0	0	0	0	0	0

CH	Name	Title	Hours	Salary	Benefits	Expense/Act	Total Compensation	Program Service	Management & General	Fundraising
117	Sally Berry		0	0	0	0	0	0	0	0
117	Martin Manning		0	0	0	0	0	0	0	0
118	Alison DaMore		35	59,792	10,329	0	70,121	51,973	7,614	10,534
118	Jennifer		35	62,012	9,007	0	71,019	52,639	7,712	10,669
118	Elaine Sproat		35	80,885	12,679	0	93,564	69,349	10,160	14,055
118	Meg Boyce		35	56,727	9,988	0	66,715	49,449	7,244	10,022
120	Maryann Ragona,		40	85,000	0	0	85,000	63,002	9,230	12,769
121	Lou-Elken Barkan		40	200,000	10,000	0	210,000	155,651	22,803	31,546
121	Carol Berne		40	150,000	7,500	0	157,500	116,738	17,102	23,660
121	Jed Levine		40	118,250	5,913	0	124,163	92,029	13,482	18,652
121	May Woei		40	96,750	4,838	0	101,588	75,296	11,031	15,261
123	Teresa A. Galbier -		40	82,092	3,770	0	85,862	63,640	9,323	12,898
123	Charlie Runyon -		1	0	0	0	0	0	0	0
123	Richard Mueller -		1	0	0	0	0	0	0	0
123	Stewart C. Putnam -		1	0	0	0	0	0	0	0
123	Victoria G. Hines -		1	0	0	0	0	0	0	0
128	Linda W. Sabo		37.5+	66,908	0	0	66,908	49,592	7,265	10,051
135	Pamela		40	75,219	0	0	75,219	55,752	8,168	11,299
135	Vince Tersigni		0	0	0	0	0	0	0	0
135	Rex Ferry		0	0	0	0	0	0	0	0
135	Irv Reisberg, MD		0	0	0	0	0	0	0	0
135	Robert Pacanovsky		0	0	0	0	0	0	0	0
135	Doug Mackay		0	0	0	0	0	0	0	0
135	D. Joseph Fleming		0	0	0	0	0	0	0	0
135	Abigail Sweeney		0	0	0	0	0	0	0	0
135	Linda Cowan		0	0	0	0	0	0	0	0
135	Vivian Bear		4	0	0	0	0	0	0	0
135	Neal Colby		0	0	0	0	0	0	0	0
139	Peggy Szpatura,		40	56,735	6,567	0	63,302	46,919	6,874	9,509
139	Nancy Douglas,		40	62,075	9,265	0	71,340	52,877	7,746	10,717
139	Sean Shacklett,		40	63,000	3,435	0	66,435	49,241	7,214	9,980
139	Mary Schwendeman,		40	101,792	15,933	0	117,725	87,257	12,783	17,685
140	Michelle Chippas		40	0	0	0	0	0	0	0
140	John Burkhardt, MD		2	0	0	0	0	0	0	0
140	Joanie Johnson		2	0	0	0	0	0	0	0
140	Gary Dowdy		4	0	0	0	0	0	0	0
140	Kirk Stasiter		2	0	0	0	0	0	0	0
140	Patrick Kelly		4	0	0	0	0	0	0	0
140	James Karsatos		2	0	0	0	0	0	0	0
140	Patricia Henderson		24	43,068	3,472	0	46,540	34,495	5,054	6,991
140	James Flynn		4	0	0	0	0	0	0	0
140	Mark Kelly		2	0	0	0	0	0	0	0
140	Myron Leff		2	0	0	0	0	0	0	0
140	Pamela Liebert		2	0	0	0	0	0	0	0
140	Micheal Louge		2	0	0	0	0	0	0	0
140	Sean Perkins		2	0	0	0	0	0	0	0
140	John Petro		2	0	0	0	0	0	0	0
140	John Vorys		2	0	0	0	0	0	0	0
140	Chuck White		2	0	0	0	0	0	0	0
140	Gregory Comfort		2	0	0	0	0	0	0	0
143	Arthur Taylor		1	0	0	0	0	0	0	0
143	Beth Hutter		1	0	0	0	0	0	0	0
143	Claudia Jones, Ohio		2	0	0	0	0	0	0	0
143	Connie Kennett		1	0	0	0	0	0	0	0
143	Meenakshi Patel		1	0	0	0	0	0	0	0
143	Donald Rineer, VP		2	0	0	0	0	0	0	0
143	Judith Fowler, Assoc		37.5	58,380	3,029	0	61,409	45,516	6,668	9,225
143	John Sullivan		2	0	0	0	0	0	0	0
143	Judith F. Turner,		37.5	74,827	3,886	0	78,713	58,342	8,547	11,824
143	Cynthia Wagner, VP		3	0	0	0	0	0	0	0
143	Wanda Willis		3	0	0	0	0	0	0	0
143	Janele Forbes,		2	0	0	0	0	0	0	0
143	Micki Fitzgerald, VP		1	0	0	0	0	0	0	0
143	Steve Arnold, VP		3	0	0	0	0	0	0	0
143	Teresa Thomas,		37.5	53,118	5,413	0	58,531	43,383	6,356	8,793
143	Jim Stahler, President		3	0	0	0	0	0	0	0
143	Wayne Hanson		0	0	0	0	0	0	0	0
143	Eric VanVymen,		37.5	55,327	4,773	0	60,100	44,546	6,526	9,028
147	Rev Linda Brinkworth		4	0	0	0	0	0	0	0
147	Sally Hood		4	0	0	0	0	0	0	0
147	Charles Harding		4	0	0	0	0	0	0	0
147	Sue Griffin		4	0	0	0	0	0	0	0
147	Harry Sheline		4	0	0	0	0	0	0	0
147	Charles Cole III		4	0	0	0	0	0	0	0
147	Letita Jackson		4	0	0	0	0	0	0	0
147	Jewell Dallas Bruner		4	0	0	0	0	0	0	0
147	David Dearman		4	0	0	0	0	0	0	0
147	Don Betts		4	0	0	0	0	0	0	0
147	Marcia Graham VP		40	0	0	0	0	0	0	0
147	David F Rose VP		40	0	0	0	0	0	0	0
147	Tonda Ames VP		40	0	0	0	0	0	0	0
147	Judi A VerHoef		40	0	0	0	0	0	0	0
147	Stephen O Colaw		4	0	0	0	0	0	0	0
147	Catherine Welsh		4	0	0	0	0	0	0	0
147	Craig Silberg		4	0	0	0	0	0	0	0
147	Kenneth Steen		4	0	0	0	0	0	0	0
147	Margaret Swimmer		4	0	0	0	0	0	0	0
147	Charles Kendall		4	0	0	0	0	0	0	0

CH	Name	Title	Hours	Salary	Benefits	Expense Acct	Total Compensation	Program Service	Management & General	Fundraising
147	Betty Wood		4	0	0	0	0	0	0	0
147	Beth Rengel		4	0	0	0	0	0	0	0
147	Steve Remchuk		4	0	0	0	0	0	0	0
147	Tom Palmer		4	0	0	0	0	0	0	0
147	Jackie Kouri		4	0	0	0	0	0	0	0
147	Kirk Olson		4	0	0	0	0	0	0	0
147	Marilee Monnot		4	0	0	0	0	0	0	0
147	Richard Litzinger		4	0	0	0	0	0	0	0
147	Bill Lissau		4	0	0	0	0	0	0	0
148	Tracy Madsen		40	47,478	6,126	0	53,604	39,731	5,821	8,052
148	Julia Fitzgerald		0	0	0	0	0	0	0	0
148	Patrick Gillette MD		0	0	0	0	0	0	0	0
148	Laurence Green		0	0	0	0	0	0	0	0
148	Tori Harms, Secretary		0	0	0	0	0	0	0	0
148	Ruth Layton, Director		0	0	0	0	0	0	0	0
148	Mary Edmeades		0	0	0	0	0	0	0	0
148	Judy McKeller		40	75,000	6,093	0	81,093	60,106	8,805	12,182
148	Elizabeth Eckstrom		0	0	0	0	0	0	0	0
148	Mark Donham		0	0	0	0	0	0	0	0
148	Dave Rianda, Vice		0	0	0	0	0	0	0	0
156	Wendy L. Campbell		37.5	121,607	5,580	0	127,187	94,270	13,811	19,106
161	Ben Mustian -		5	0	0	0	0	0	0	0
161	Thomas Van		10	0	0	0	0	0	0	0
161	Melissa Johnson		5	0	0	0	0	0	0	0
161	Carroll Campbell, III -		5	0	0	0	0	0	0	0
161	Lykes S. Henderson -		5	0	0	0	0	0	0	0
161	Gail C. Marion - VP of		40	32,405	0	675	33,080	24,519	3,592	4,969
161	Velma L. Haggan - VP		40	32,146	0	675	32,821	24,327	3,564	4,930
161	Rebecca Davis - VP		40	31,933	0	675	32,608	24,169	3,541	4,898
161	Cynthia C. Alewine -		40	54,322	0	675	54,997	40,763	5,972	8,262
169	Clint Hackney		0	0	0	0	0	0	0	0
169	Jim Lydon		0	0	0	0	0	0	0	0
169	Paula Lundgren		0	0	0	0	0	0	0	0
169	Lee Doughtie		0	0	0	0	0	0	0	0
169	Ron DeVere, M.D.		0	0	0	0	0	0	0	0
169	Ed E. Clements		0	0	0	0	0	0	0	0
169	Bobby Jenkins		0	0	0	0	0	0	0	0
169	Rick Grandman		0	0	0	0	0	0	0	0
169	DK Reynolds		0	0	0	0	0	0	0	0
169	Cookie Phillips		0	0	0	0	0	0	0	0
169	Ava Late		0	0	0	0	0	0	0	0
169	Jim Hinds		0	0	0	0	0	0	0	0
169	Margaret Morton		0	0	0	0	0	0	0	0
169	Debbie Hanna		40	67,095	12,000	0	79,095	58,625	8,589	11,882
169	Curtis Page		0	0	0	0	0	0	0	0
169	Jeanne Parker		0	0	0	0	0	0	0	0
172	Beverly Hudson		40	81,921	4,096	0	86,017	63,755	9,340	12,922
173	Roden, Don Member		3	0	0	0	0	0	0	0
173	Akins, Lanita		3	0	0	0	0	0	0	0
173	Narro, Dario M.D.		3	0	0	0	0	0	0	0
173	White, Jack		3	0	0	0	0	0	0	0
173	DePasquale, Don		3	0	0	0	0	0	0	0
173	Garcia, Eddie		3	0	0	0	0	0	0	0
173	Talarski, Elaine		3	0	0	0	0	0	0	0
173	McCartney, Genie		3	0	0	0	0	0	0	0
173	Lozano, Yvonne		3	0	0	0	0	0	0	0
173	Kalt, Bob		3	0	0	0	0	0	0	0
173	Armstrong Carol		3	0	0	0	0	0	0	0
173	Basset, Sheilagh		3	0	0	0	0	0	0	0
173	Barret, Maria T.		3	0	0	0	0	0	0	0
173	Smith, Diane Treasurer		3	0	0	0	0	0	0	0
173	Moss, Mitch Vice		3	0	0	0	0	0	0	0
173	Spahn, Matt- Chair		3	0	0	0	0	0	0	0
173	Moore, Carolyn		80	50,000	0	0	50,000	37,060	5,429	7,511
173	Hester, Steve -		80	60,000	0	0	60,000	44,472	6,515	9,013
173	Funk, Virginia - Senior		80	53,055	0	0	53,055	39,324	5,761	7,970
173	Marquez, Miguel -		80	60,000	0	0	60,000	44,472	6,515	9,013
173	Watkins, Denese -		80	81,600	0	0	81,600	60,481	8,861	12,258
173	Goldman, Laura		3	0	0	0	0	0	0	0
174	James S Goodwin		2	0	0	0	0	0	0	0
174	Melissa King		2	0	0	0	0	0	0	0
174	W Perry Zivley, Jr.		2	0	0	0	0	0	0	0
174	Tom Wertz		2	0	0	0	0	0	0	0
174	Joe Lucia		2	0	0	0	0	0	0	0
174	Janet Jackson-		2	0	0	0	0	0	0	0
174	Lynn Bencowitz		2	0	0	0	0	0	0	0
174	Ginger Kanaly		2	0	0	0	0	0	0	0
174	Richard Elbein		40+	105,435	6,349	0	111,784	82,853	12,138	16,792
174	William E Fisher		2	0	0	0	0	0	0	0
174	William J Burdette		2	0	0	0	0	0	0	0
174	Jim Saye		2	0	0	0	0	0	0	0
174	Kurt Goeringer		2	0	0	0	0	0	0	0
174	Jan Johnson		2	0	0	0	0	0	0	0
174	Gina Patterson		2	0	0	0	0	0	0	0
174	Edward L. Kuntz		2	0	0	0	0	0	0	0
174	Victor J Narcisse, III		2	0	0	0	0	0	0	0
174	Kate Allen		2	0	0	0	0	0	0	0
177	Jeanie Zinke, Director		40	54,000	2,080	0	56,080	41,566	6,089	8,424

CH	Name	Title	Hours	Salary	Benefits	ExpenseAcct	Total Compensation	Program Service	Management & General	Fundraising
177	Susanna Jones,		40	56,000	6,055	0	62,055	45,995	6,738	9,322
177	Lyn Downing, Director		40	62,000	6,781	0	68,781	50,980	7,469	10,332
177	Theresa Hocker,		40	74,000	2,960	0	76,960	57,042	8,357	11,561
178	Erik Stern - Board		0	0	0	0	0	0	0	0
178	Carrie Hill		40	12,141	0	0	12,141	8,999	1,318	1,824
178	Janet Wood -		0	0	0	0	0	0	0	0
178	Kelly Garrett - VP		0	0	0	0	0	0	0	0
178	Aaron Abendroth -		0	0	0	0	0	0	0	0
178	Paul Fairholm -		0	0	0	0	0	0	0	0
178	Lane Bowen - Board		0	0	0	0	0	0	0	0
178	Lance Hassell - Board		0	0	0	0	0	0	0	0
178	Ramona Franck -		40	4,703	0	0	4,703	3,485	511	706
178	Jose Fojas - Board		0	0	0	0	0	0	0	0
178	Tim Douglas - Board		0	0	0	0	0	0	0	0
178	David Petersen -		0	0	0	0	0	0	0	0
178	Karen Mara - Board		0	0	0	0	0	0	0	0
178	Michael Madsen -		0	0	0	0	0	0	0	0
178	Nurhan Govan -		0	0	0	0	0	0	0	0
178	Carmille Crump -		40	15,648	0	0	15,648	11,598	1,699	2,351
178	Scott Snow		40	33,956	0	0	33,956	25,168	3,687	5,101
178	Linda Blonsley -		40	23,935	0	0	23,935	17,740	2,599	3,596
178	Melissa Lee - Finance		40	37,485	0	0	37,485	27,784	4,070	5,631
178	Luann Lunquist - ST		40	21,644	0	0	21,644	16,042	2,350	3,251
178	Nick Zullo - Program		40	42,750	0	0	42,750	31,686	4,642	6,422
178	Oliver Hersch - Board		0	0	0	0	0	0	0	0
178	Sleven Johnson		40	1,771	0	0	1,771	1,313	192	266
178	Dini Drouguett		40	23,036	0	0	23,036	17,074	2,501	3,460
181	Ann Anderson		0	0	0	0	0	0	0	0
181	Sally Nan Barber,		0	0	0	0	0	0	0	0
181	Elaine Byrd, PhD		0	0	0	0	0	0	0	0
181	Ron Feinman, Esquire		0	0	0	0	0	0	0	0
181	Edith Law		0	0	0	0	0	0	0	0
181	William L. Howard,		0	0	0	0	0	0	0	0
181	E. William Pelton II,		0	0	0	0	0	0	0	0
181	Barry N. Moore, PhD		0	0	0	0	0	0	0	0
181	Eileen Bikoff-Phipps,		40 Hours	46,000	4,854	0	50,854	37,693	5,522	7,639
181	Richard B. Randolph,		40 Hours	55,000	4,693	0	59,693	44,244	6,482	8,967
181	Susan B. Friedman,		40 Hours	25,602	0	0	25,602	18,976	2,780	3,846
181	Terry L. Gamber,		40 Hours	35,000	5,471	0	40,471	29,997	4,395	6,080
181	Robert D. Gilges		0	0	0	0	0	0	0	0
181	Bob Sack, CPA		0	0	0	0	0	0	0	0
182	Karen L. Fortier, Vice-		1	0	0	0	0	0	0	0
182	Robert J. Prestridge,		3	0	0	0	0	0	0	0
182	0		0	0	0	0	0	0	0	0
182	Marcie McMillin,		3	0	0	0	0	0	0	0
182	Gino Colombara,		40	62,667	2,817	0	65,484	48,536	7,111	9,837
182	Patricia Lacey,		40	43,021	2,977	0	45,998	34,093	4,995	6,910
182	Nicolas Lane-Roberts,		40	1,875	0	0	1,875	1,390	204	282
182	John H. Kellam,		3	0	0	0	0	0	0	0
184	Susan Cherney, Chief		40	105,000	7,145	0	112,145	83,121	12,177	16,847
184	David Villani,		40	102,000	5,465	0	107,465	79,652	11,669	16,143
184	Jane Priest, Chief		40	62,636	5,015	0	67,651	50,143	7,346	10,163
184	Anthony Sudler, CEO		40	118,100	26,480	0	144,580	107,162	15,699	21,719
185	SHARON		40+	68,866	1,378	0	70,244	52,064	7,627	10,552
185	KEVIN NORTHRUP		40+	49,931	999	0	50,930	37,749	5,530	7,651
185	MARY ANNE		40+	44,495	890	0	45,385	33,639	4,928	6,818
190	Patricia Hunter		40	60,105	3,005	0	63,110	46,777	6,853	9,480
190	Nancy Dapper		40	81,224	4,061	0	85,285	63,213	9,281	12,812
190	Sunil Dutt		40	55,614	2,781	0	58,395	43,282	6,341	8,772
190	Helen Payton		40	65,723	3,286	0	69,009	51,149	7,493	10,367
191	Christina Brumley,		0	0	0	0	0	0	0	0
191	Susan Graves,		40	32,300	0	0	32,300	23,941	3,507	4,852
191	Jane Marks, Executive		40	45,000	0	0	45,000	33,354	4,886	6,760
191	Daniel Yon, Director		0	0	0	0	0	0	0	0
191	Grace Wigal, Director		0	0	0	0	0	0	0	0
191	Jerry Walker, Director		0	0	0	0	0	0	0	0
191	Melissa Gandee,		40	36,000	0	0	36,000	26,683	3,909	5,408
191	Dottie Oakes, Director		0	0	0	0	0	0	0	0
191	Amy Culler, Director		0	0	0	0	0	0	0	0
191	Debra McNeely,		0	0	0	0	0	0	0	0
191	David Campbell,		0	0	0	0	0	0	0	0
191	Edward C. Martin,		0	0	0	0	0	0	0	0
191	Gaylene Miller, Vice-		0	0	0	0	0	0	0	0
191	Becky Deem,		0	0	0	0	0	0	0	0
191	Marie Castro,		0	0	0	0	0	0	0	0
191	Andrew Brownfield,		0	0	0	0	0	0	0	0
191	Sam Scott, Director		0	0	0	0	0	0	0	0
191	Ann Stottliemyer,		0	0	0	0	0	0	0	0
194	Linda Dekan		0	0	0	0	0	0	0	0
194	Kim Marheine		50	46,680	0	0	46,680	34,599	5,069	7,012
194	Diane Dixon		45	43,709	0	0	43,709	32,397	4,746	6,566
194	Linda Negratti		0	0	0	0	0	0	0	0
194	Daniel Wilhelm		0	0	0	0	0	0	0	0
194	Diane Jacobson		0	0	0	0	0	0	0	0
194	Marty Anderson		0	0	0	0	0	0	0	0
194	Mary Bouche		50	60,100	3,207	0	63,307	46,923	6,874	9,510
194	Clay DeWell		0	0	0	0	0	0	0	0
194	Sandra Shorey		50	40,000	0	0	40,000	29,648	4,343	6,009

CH	Name	Title	Hours	Salary	Benefits	Expense/Act	Total Compensation	Program Service	Management & General	Fundraising
194	Kabe Dykes		0	0	0	0	0	0	0	0
194	Jan Lillich		0	0	0	0	0	0	0	0
194	Kathy Lucey		0	0	0	0	0	0	0	0
194	Steve Nooyen		0	0	0	0	0	0	0	0
194	Pete Reini		0	0	0	0	0	0	0	0
194	Joyce Weise		0	0	0	0	0	0	0	0
194	Bonnie Weyers		0	0	0	0	0	0	0	0
194	Larry White		0	0	0	0	0	0	0	0
194	Brad Beckman		0	0	0	0	0	0	0	0
194	Al Levesque		0	0	0	0	0	0	0	0
205	Barbara Dobrosky,		40	46,500	6,180	0	52,680	39,046	5,720	7,914
205	Chere Stegall,		40	32,000	6,180	0	38,180	28,299	4,146	5,735
205	Mary Dunn, Director		20	26,000	6,180	0	32,180	23,852	3,494	4,834
208	Robert Haley		0	0	0	0	0	0	0	0
208	Linda Blanding,		0	0	0	0	0	0	0	0
208	Mike Brent,		0	0	0	0	0	0	0	0
208	Robert Hanusovsky		0	0	0	0	0	0	0	0
208	Ron Haskamp		0	0	0	0	0	0	0	0
208	Gayle Haywood		0	0	0	0	0	0	0	0
208	Timothy Martin		0	0	0	0	0	0	0	0
208	Carla Peaks		0	0	0	0	0	0	0	0
208	Nancy Robertson		0	0	0	0	0	0	0	0
208	Judith Scherer		0	0	0	0	0	0	0	0
208	Melinda Vance		0	0	0	0	0	0	0	0
208	Al Wiggins		0	0	0	0	0	0	0	0
208	Lynn Cooper, V.		0	0	0	0	0	0	0	0
208	Marcia Masseghill		50	56,000	0	0	56,000	41,507	6,081	8,412
212	Diane Pitzl, President		0	0	0	0	0	0	0	0
212	Margot Seay, Vice		0	0	0	0	0	0	0	0
212	Alan Johnston, Board		0	0	0	0	0	0	0	0
212	Rick Reagan, Board		0	0	0	0	0	0	0	0
212	Ann Lindsey,		40	40,979	0	0	40,979	30,373	4,450	6,156
212	Ronald Messiner,		0	0	0	0	0	0	0	0
212	Dean Krech, Board		0	0	0	0	0	0	0	0
212	Danny Davis, Board		0	0	0	0	0	0	0	0
212	Bill Caulkins, Board		0	0	0	0	0	0	0	0
212	Carolyn Rice,		0	0	0	0	0	0	0	0
212	Gary Slomp,		0	0	0	0	0	0	0	0
214	Sue Abitz, Past		0	0	0	0	0	0	0	0
214	Thomas Rasmussen,		0	0	0	0	0	0	0	0
214	Gregory Allen,		0	0	0	0	0	0	0	0
214	Linda Brei, President		0	0	0	0	0	0	0	0
214	Kim Peterson,		0	0	0	0	0	0	0	0
214	Paul Rusk, Director		0	67,743	1,328	5,354	74,425	55,163	8,081	11,180
214	Jeffrey Supple,		0	0	0	0	0	0	0	0
214	Bill Bathke, Director		0	0	0	0	0	0	0	0
214	Asenath La Rue,		0	0	0	0	0	0	0	0
214	James Watkins,		0	0	0	0	0	0	0	0
214	Mary Kay Baum,		0	0	0	0	0	0	0	0
214	Carol Koby, Vice		0	0	0	0	0	0	0	0
214	Naomi Carter,		0	0	0	0	0	0	0	0
232	Martin Kenworthy -		0	0	0	0	0	0	0	0
232	Jim Miller - Director		0	0	0	0	0	0	0	0
232	Paul Crawford -		0	15,920	313	0	16,233	12,032	1,763	2,439
232	Sr Delores Ulrich -		0	0	0	0	0	0	0	0
232	David Ballis - Director		0	0	0	0	0	0	0	0
232	Lynn Volker - Director		0	0	0	0	0	0	0	0
232	Rachel Goedken -		0	0	0	0	0	0	0	0
232	Lori Fish - Finance		0	10,627	560	0	11,187	8,292	1,215	1,681
233	Laura Col		2	0	0	0	0	0	0	0
233	Joel Loiacono		40	38,700	0	0	38,700	28,684	4,202	5,814
233	Scott Gardner		2	0	0	0	0	0	0	0
233	Larry Weiser		2	0	0	0	0	0	0	0
233	John Tran		2	0	0	0	0	0	0	0
233	Laura Papetti		2	0	0	0	0	0	0	0
233	Lon Page		2	0	0	0	0	0	0	0
233	Patricia Johnson		2	0	0	0	0	0	0	0
233	Jack French		2	0	0	0	0	0	0	0
233	James Schaefer		2	0	0	0	0	0	0	0
233	Terry O'Leary		2	0	0	0	0	0	0	0
233	Debra Benson,		2	0	0	0	0	0	0	0
233	Elaine Hopkins		2	0	0	0	0	0	0	0
Totals				7,761,190	436,268	8,054	8,205,512	6,081,879	890,994	1,232,639

stees, and Key Employees-Part V-B

Address	Compensation	Contributions to Benefit Plans	Expenses	Total Compensation	Program Service	Management & General	Fundraising
Chicago, IL 60601	\$ 183,702.00	\$ 28,816.00	0 \$	212,518.00	159,388	21,252	31,878
Columbus, OH 43221	\$ 111,084.00	\$ -	0 \$	111,084.00	83,313	11,108	16,663
4400 N. Mesa Suite 9 El Paso, TX 79902	\$ 60,000.00	\$ -	0 \$	60,000.00	45,000	6,000	9,000
President & CEO	\$ 50,000.00	\$ 5,456.00	0 \$	55,456.00	41,592	5,546	8,318
146 Whitney Ave. Portland, ME 04102	\$ 49,538.00	\$ 2,072.00	0 \$	51,610.00	38,707	5,161	7,742
Niilo, WV 25143	\$ 40,000.00	\$ -	0 \$	40,000.00	30,000	4,000	6,000
None Given	\$ -	\$ -	0 \$	38,956.00	29,217	3,886	5,843
Columbus, OH 43221	\$ 28,970.00	\$ -	0 \$	28,970.00	21,727	2,897	4,346
11240 Waples Mill RD, Fairfax, VA 22030	\$ 20,388.00	\$ 166.00	0 \$	20,554.00	15,423	2,056	3,085
6315 N. Center Drive, # 233, Norfolk, VA 23502	\$ 20,147.00	\$ -	0 \$	20,147.00	15,110	2,015	3,022
1730 28th St West Des Moines IA 50266	\$ 15,920.00	\$ 313.00	0 \$	16,233.00	12,175	1,623	2,435
6315 N. Center Drive, # 233, Norfolk, VA 23502	\$ 12,747.00	\$ -	0 \$	12,747.00	9,560	1,275	1,912
1730 28th St West Des Moines IA 50266	\$ 10,627.00	\$ 560.00	0 \$	11,187.00	8,390	1,119	1,678
6465 S Yale # 312, Tulsa OK 74137	\$ 7,666.00	\$ -	0 \$	7,666.00	5,749	767	1,150
Portland, OR 97209	\$ 6,339.00	\$ 470.00	0 \$	6,809.00	5,759	768	1,152
6315 N. Center Drive, # 233, Norfolk, VA 23502	\$ 663,022.00	\$ 38,603.50	0 \$	701,625.50	526,218	70,163	105,244

Alzheimer's Association
Year Ended June 30, 2007
EIN #36-3463656
GEN #9334
Schedule for 990 Part 2, Line 42

Chapter #	Chapter Name	Depreciation-Total 42a	Depreciation-Program 42b	Depreciation-Management 42c	Depreciation-Fundraising 42d
20	Northern California	28,966.00	23,046.00	4,998.00	922.00
24	Colorado	44,890.00	35,156.00	3,841.00	5,893.00
28	Connecticut	28,622.00	19,865.00	3,577.00	5,180.00
33	Southeast Florida	10,182.00	6,211.00	2,342.00	1,629.00
37	C & N Florida	7,340.00	5,750.00	720.00	870.00
46	Georgia	30,223.00	24,108.00	6,115.00	0.00
53	Aloha Chapter	8,632.00	7,665.00	377.00	590.00
58	Central Illinois	7,166.00	5,375.00	1,433.00	358.00
59	Greater Illinois	12,022.00	7,542.00	1,822.00	2,658.00
67	Greater Indiana	29,234.00	22,292.00	2,394.00	4,548.00
69	Big Sioux	12,859.00	10,956.00	951.00	952.00
73	E C Iowa	3,967.00	3,141.00	284.00	542.00
75	Central and Western Kansas	4,679.00	0.00	4,679.00	0.00
78	Greater Kentucky and Southern Indiana	14,619.00	10,918.00	1,320.00	2,381.00
81	Louisiana	6,807.00	5,256.00	594.00	957.00
82	Maine Chapter	6,675.00	5,006.00	835.00	834.00
83	Greater Maryland Chapter	15,847.00	12,680.00	1,584.00	1,583.00
87	Massachusetts	65,826.00	55,014.00	3,942.00	6,870.00
100	Heart of America	20,884.00	16,708.00	2,088.00	2,088.00
101	Mid Missouri	18,057.00	6,763.00	10,392.00	902.00
103	SW Missouri	9,905.00	8,825.00	540.00	540.00
104	St Louis	22,198.00	19,286.00	917.00	1,995.00
105	Montana	1,048.00	838.00	105.00	105.00
108	Great Plains Chapter	14,953.00	11,289.00	1,914.00	1,750.00
109	Midlands Chapter	8,334.00	6,276.00	1,054.00	1,004.00
117	Central New York	15,566.00	9,970.00	5,596.00	0.00
118	Hudson Valley	13,271.00	10,154.00	1,315.00	1,802.00
120	Long Island	3,784.00	3,406.00	189.00	189.00
121	NYC Chapter	231,067.00	173,267.00	28,884.00	28,916.00
123	Rochester	9,299.00	8,323.00	725.00	251.00
128	Western New York	7,158.00	5,580.00	534.00	1,044.00
135	Greater East Ohio	21,033.00	15,354.00	2,314.00	3,365.00
139	Cleveland	35,300.00	27,740.00	3,329.00	4,231.00
140	Central Ohio	14,922.00	12,684.00	1,343.00	895.00
143	Miami Valley	12,618.00	9,716.00	883.00	2,019.00
144	Northwest Ohio	29,047.00	2,478.00	26,569.00	0.00
147	Oklahoma & Arkansas	20,437.00	17,371.00	2,044.00	1,022.00
148	Oregon	950.00	594.00	0.00	356.00
156	Delaware Valley	53,692.00	44,474.00	2,978.00	6,240.00
159	Rhode Island	2,004.00	1,246.00	758.00	0.00
160	Palmetto Chapter	3,467.00	2,704.00	347.00	416.00
161	South Carolina	10,267.00	10,267.00	0.00	0.00
162	South Dakota Office	1,288.00	773.00	258.00	257.00
169	Capital of Texas	2,161.00	0.00	2,161.00	0.00
172	Greater Dallas	26,725.00	19,862.00	3,325.00	3,538.00

Alzheimer's Association
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334
 Schedule for 990 Part 2, Line 42

Chapter #	Chapter Name	Depreciation- Total 42a	Depreciation- Program 42b	Depreciation- Management 42c	Depreciation- Fundraising 42d
173	Star	6,547.00	5,866.00	681.00	0.00
174	Houston & Southeast TX	30,310.00	24,260.00	4,043.00	2,007.00
177	North Central Texas	17,849.00	15,411.00	358.00	2,080.00
178	Utah	1,804.00	1,263.00	198.00	343.00
181	Central & Western Virginia	4,126.00	0.00	4,126.00	0.00
182	Southeastern Virginia	3,839.00	2,857.00	538.00	444.00
184	National Capital	15,401.00	8,463.00	4,091.00	2,847.00
185	Greater Richmond	8,067.00	5,889.00	1,210.00	968.00
190	Western & Central WA	9,284.00	5,570.00	1,393.00	2,321.00
191	West Virginia	7,701.00	6,082.00	480.00	1,139.00
194	Greater Wisconsin	14,873.00	10,411.00	3,718.00	744.00
205	Mississippi	2,108.00	0.00	2,108.00	0.00
208	Mid South	4,353.00	3,352.00	261.00	740.00
212	Northeast/Southeast TN	3,219.00	2,680.00	222.00	317.00
214	South Central Wisconsin	3,389.00	0.00	3,389.00	0.00
232	Greater Iowa	23,431.00	16,245.00	180.00	7,006.00
233	Inland Northwest	2,049.00	1,537.00	205.00	307.00
		\$ 1,106,341.00	\$ 815,815.00	\$ 169,571.00	\$ 120,955.00

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
RESEARCH PASS THROUGH	1,478,391.	1,478,391.		
RESPIRE	1,986,272.	1,890,688.	30,703.	64,881.
ADVOCACY/PUBLIC POLICY	51,641.	51,641.		
SAFE RETURN	18,261.	18,234.	11.	16.
PROFESSIONAL FEES	1,214,573.	766,467.	282,001.	166,105.
OUTSIDE/CONTRACT LABOR	2,472,165.	1,678,189.	373,184.	420,792.
DUES AND SUBSCRIPTIONS	488,704.	341,781.	78,948.	67,975.
PROGRAM/EDUCATION FEES	360,263.	355,145.	2,105.	3,013.
BOOKS/LIBRARY	114,698.	79,278.	974.	34,446.
ADVERTISING/PUBLICITY	404,237.	266,802.	13,073.	124,362.
MEMORY WALK EXPENSES	1,220,165.	453,567.	14,607.	751,991.
MISCELLANEOUS	891,224.	403,796.	291,092.	196,336.
TOTALS	10,700,594.	7,783,979.	1,086,698.	1,829,917.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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EDUCATE & PROVIDE CARE OF PERSONS WITH ALZHEIMER'S DISEASE.

ALZHEIMER'S ASSOCIATION
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334
 Schedule for 990 Part IV,
 Lines #54a, 55c, 56, 57c, 64b

Chapter #	Chapter Name	Investments & Securities 54	Investments- Land, Bldg & Equip: Basis-Net 55c	Land, Bldg & Equip: Basis-Net 57c	Mortgages & Other Notes 64b
20	Northern California	253,181.00	0.00	184,827.00	0.00
24	Colorado	2,982,791.00	0.00	104,204.00	0.00
28	Connecticut	119,299.00	0.00	140,040.00	1,754.00
33	Southeast Florida	3,621,222.00	0.00	24,809.00	0.00
37	C & N Florida	14,610.00	0.00	114,180.00	0.00
46	Georgia	1,792,901.00	0.00	96,499.00	0.00
53	Aloha Chapter	2,951,311.00	0.00	49,233.00	0.00
58	Central Illinois	814,765.00	0.00	21,450.00	0.00
59	Greater Illinois	1,020,691.00	0.00	69,600.00	0.00
67	Greater Indiana	624,672.00	0.00	59,645.00	0.00
69	Big Sioux	123,203.00	0.00	619,045.00	445,622.00
73	E C Iowa	2,815,684.00	0.00	12,781.00	0.00
75	Central and Western Kansas	0.00	0.00	96,571.00	0.00
78	Greater Kentucky and Southern Indiana	571,351.00	0.00	31,154.00	0.00
81	Louisiana	0.00	0.00	13,403.00	0.00
82	Maine Chapter	0.00	0.00	14,543.00	0.00
83	Greater Maryland Chapter	873,127.00	0.00	33,068.00	0.00
87	Massachusetts	958,761.00	0.00	187,452.00	0.00
100	Heart of America	1,206,110.00	0.00	160,946.00	0.00
101	Mid Missouri	47,842.00	0.00	679,900.00	334,190.00
103	SW Missouri	585,323.00	0.00	60,414.00	0.00
104	St Louis	2,023,104.00	0.00	45,756.00	0.00
105	Montana	0.00	0.00	3,763.00	0.00
108	Great Plains Chapter	0.00	0.00	56,270.00	26,250.00
109	Midlands Chapter	495,478.00	0.00	23,455.00	0.00
117	Central New York	407,710.00	0.00	177,965.00	0.00
118	Hudson Valley	725,874.00	0.00	23,736.00	0.00
120	Long Island	0.00	0.00	10,334.00	0.00
121	NYC Chapter	2,217,751.00	0.00	1,598,115.00	49,997.00
123	Rochester	1,637,360.00	0.00	30,307.00	0.00
128	Western New York	361,994.00	0.00	17,635.00	0.00
135	Greater East Ohio	0.00	0.00	92,988.00	0.00
139	Cleveland	923,368.00	0.00	165,197.00	0.00

ALZHEIMER'S ASSOCIATION
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334
 Schedule for 990 Part IV,
 Lines #54a, 55c, 56, 57c, 64b

Chapter #	Chapter Name	Investments & Securities 54	Investments- Land, Bldg & Equip: Basis-Net 55c	Land, Bldg & Equip: Basis-Net 57c	Mortgages & Other Notes 64b
140	Central Ohio	44,051.00	0.00	16,332.00	0.00
143	Miami Valley	1,300,383.00	0.00	12,441.00	0.00
144	Northwest Ohio	234,386.00	0.00	108,483.00	0.00
147	Oklahoma & Arkansas	698,435.00	0.00	111,856.00	0.00
148	Oregon	455,830.00	0.00	6,186.00	0.00
156	Delaware Valley	2,372,107.00	0.00	170,644.00	0.00
159	Rhode Island	256,639.00	0.00	5,500.00	0.00
160	Palmetto Chapter	0.00	0.00	0.00	0.00
161	South Carolina	550,264.00	0.00	22,719.00	0.00
162	South Dakota Office	20,345.00	4,335.00	0.00	0.00
169	Capital of Texas	0.00	0.00	254.00	0.00
172	Greater Dallas	1,197,644.00	0.00	59,842.00	0.00
173	Star	0.00	0.00	15,077.00	0.00
174	Houston & Southeast TX	6,954.00	0.00	95,020.00	0.00
177	North Central Texas	348,928.00	0.00	38,883.00	11,545.00
178	Utah	0.00	0.00	2,572.00	0.00
181	Central & Western Virginia	0.00	0.00	2,403.00	0.00
182	Southeastern Virginia	48,028.00	0.00	0.00	0.00
184	National Capital	449,366.00	21,059.00	0.00	0.00
185	Greater Richmond	693,069.00	48,791.00	0.00	18,830.00
190	Western & Central WA	439,397.00	0.00	12,291.00	0.00
191	West Virginia	128,178.00	0.00	61,030.00	0.00
194	Greater Wisconsin	731,282.00	0.00	10,231.00	0.00
205	Mississippi	0.00	0.00	44,147.00	0.00
208	Mid South	0.00	0.00	6,437.00	0.00
212	Northeast/Southeast TN	0.00	0.00	14,365.00	0.00
214	South Central Wisconsin	0.00	0.00	7,599.00	0.00
232	Greater Iowa	0.00	9,372.00	0.00	0.00
233	Inland Northwest	336,634.00	0.00	62,245.00	0.00
		0.00	0.00	8,080.00	0.00
		40,481,403.00	83,557.00	5,913,922.00	1,803,746.00

ALZHEIMER'S ASSOCIATION
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334
 Schedule for 990 Part IV,
 Line #54b

Security Name	# of Shares	Book Value	Valuation Method	Total Per Line 54b
Capital Partners Global Asset Fund	17.1233% of fund	\$ 1,100,000.00	Fair Market Value	\$ 923,370.00

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
GREATER EAST OHIO CHAPTER	2,903.	NONE
HOUSTON & SOUTHEAST TEXAS CHPT	10,437.	NONE
NORTH CENTRAL TEXAS CHAPTER	238,095.	NONE
CENTRAL & WESTERN VA CHAPTER	27,531.	NONE
EAST CENTRAL IOWA CHAPTER	2,307,373.	NONE
TOTALS	2,586,339.	NONE

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEPOSITS	5,348,473.	410,614.
TOTALS	5,348,473.	410,614.

FORM 990, PART IV - OTHER LIABILITIES
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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ANNUITY OBLIGATIONS	3,660,794.	2,024,840.
TOTALS	----- 3,660,794. =====	----- 2,024,840. =====

STATEMENT RELATED TO LINE 79. LIQUIDATIONS, TERMINATIONS, CONTRACTIONS DURING THE YEAR

The South Florida Chapter merged with a Chapter within the Chapter Network.
The South Florida Chapter merged with the Southeast Florida Chapter.

ALZHEIMER'S ASSOCIATION
 Year Ended June 30, 2007
 EIN #36-3463656
 GEN #9334

Attachment Line 90b- Number of Employees

CHP #	Chapter Name	Employees
20	Northern California and Northern Nevada	66
24	Colorado	39
28	Connecticut	19
33	Southeast Florida	10
37	Central and North Florida	18
46	Georgia	33
53	Aloha	9
054	Greater Idaho	2
58	Central Illinois	14
59	Greater Illinois	40
67	Greater Indiana	29
69	Big Sioux	13
73	East Central Iowa	8
75	Central and Western Kansas	5
78	Greater Kentucky and Southern Indiana	24
81	Louisiana	9
82	Maine	12
83	Greater Maryland	26
87	Massachusetts	40
100	Heart of America	16
101	Mid Missouri	2
103	Southwest Missouri	10

105	Montana	2
108	Great Plains	9
109	Midlands	9
117	Central New York	24
118	Valley/Rockland/Westchester, NY	19
120	Long Island	10
121	New York City	34
123	Rochester	19
128	Western New York	16
135	Greater East Ohio Area	16
139	Cleveland Area	21
140	Central Ohio	28
143	Miami Valley	13
144	Northwest Ohio	2
147	Oklahoma/Arkansas	29
148	Oregon	19
156	Delaware Valley	34
159	Rhode Island	8
160	Palmetto	2
161	Upstate South Carolina	21
162	South Dakota	2
169	Capital of Texas	8
172	Greater Dallas	20
173	STAR	2
174	Houston & Southeast Texas	15
177	North Central Texas	16
178	Utah	6

181	Central and Western Virginia	10
182	Southeastern Virginia	11
184	National Capital Area	28
185	Greater Richmond	12
190	Western and Central Washington State	25
191	West Virginia	12
194	Greater Wisconsin	22
205	Mississippi Chapter	3
208	Mid South	15
212	Northeast/Southeast Tennessee	6
214	South Central Wisconsin	16
232	Greater Iowa	16
233	Inland Northwest	4
		1028

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
RESPIRE CARE					949,592.
WORKSHOPS/CONFERENCES/SEMINARS					2,102,135.
OTHER					494,773.
TOTALS					3,546,500.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	RESPIRE CARE RELATES TO CARE OF PEOPLE WITH ALZHEIMER'S
93B	WORKSHOPS/CONFERENCES/SEMINARS RELATES TO EDUCATION OF CAREGIVERS AT THE CHATPER LEVEL.
93D	OTHER EDUCATIONAL PROGRAMS
93G	FEES AND CONTRACTS FROM GOVERNMENT AGENCIES.
94	MEMBERSHIP DUES AND ASSESSMENTS.
102	SALES OF ASSETS OTHER THAN INVENTORY

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
PAUL RAIJA 311 ARSENAL ST WATERTOWN, MA 02472	DIR. PATIENT CARE 40.00	96,744.	5,191.	NONE
SONIA GAZTAMBIDE 279 NEW BRITIAN RD KENSINGTON, CT 06037	PROGRAM DIRECTOR 37.00	85,100.	5,388.	NONE
DELLA FRAZIER-RIOS 360 LEXINGTON AVE. 4TH FLOOR NEW YORK, NY 10017	DIR. OF EDUCATION 40.00	84,939.	4,247.	NONE
ROBYN MOORE 455 SHERMAN ST. DENVER, CO 80203	VP OF DEVELOPMENT 40.00	83,870.	5,824.	NONE
HEIDI GANSS HARRIS 311 ARSENAL ST WATERTOWN, MA 02472	SR. DIR. OF DEVELOP. 40.00	80,676.	11,383.	NONE
TOTAL COMPENSATION		431,329.	32,033.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

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LINDEN, ALSCHULER & KAPLAN, INC. 360 LEXINGTON AVENUE, 4TH FLOOR NEW YORK, NY 10017	PUBLIC RELATIONS	60,000.
STEPHANIE ASTIC PRODUCTION 360 LEXINGTON AVENUE, 4TH FLOOR NEW YORK, NY 10017	EVENT MANAGEMENT	80,000.
TPG ARCHITECTURE 360 LEXINGTON AVENUE, 4TH FLOOR NEW YORK, NY 10017	ARCHITECT FEE	70,000.
	TOTAL COMPENSATION	----- 210,000. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
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AJS GENERAL CONTRACTOR 360 LEXINGTON AVENUE, 4TH FLOOR NEW YORK, NY 10017	CONSTRUCTION	1,250,000.
	TOTAL COMPENSATION	----- 1,250,000. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A
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A MEDICAL AND SCIENTIFIC ADVISORY COUNCIL COMPOSED OF INDIVIDUALS KNOWLEDGEABLE IN THE FIELD OF MEDICAL RESEARCH REVIEWS ALL PROPOSALS FROM ORGANIZATIONS INTERESTED IN RECEIVING GRANTS, AS IT IS THE PURPOSE OF THIS ORGANIZATION TO ENCOURAGE NEW RESEARCH INTO THE CAUSES OF AN CURES FOR ALZHEIMER'S DISEASE. GRANTS ARE APPROVED ONLY FOR DIRECT RESEARCH EXPENSES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSES WHICH SHOW POTENTIAL FOR NEW DISCOVERIES.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
OTHER INCOME	4,232,407.	537,707.	440,474.	400,134.	5,610,722.
TOTALS	4,232,407.	537,707.	440,474.	400,134.	5,610,722.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

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VOLUNTEERS, NON-PAID PERSONNEL, ENGAGE IN LOBBYING ACTIVITIES ON BEHALF OF THE INDIVIDUAL ALZHEIMER'S ASSOCIATION CHAPTER AT THE FEDERAL, STATE, OR LOCAL LEVEL AND USUALLY AT THE CHAPTER'S REQUEST. THE AMOUNT OF REIMBURSEMENTS OF EXPENSES INCURRED BY THE VOLUNTEERS IS INCLUDED IN THE APPROPRIATE CATEGORIES.

CHAPTERS USE A PORTION OF THEIR CHAPTER'S NEWSLETTER OR FUNDRAISING MATERIAL TO EDUCATE THE READERS TO SUPPORT OR OPPOSE LEGISLATIVE BILLS.. CHAPTERS ALSO MAIL LEGISLATIVE ALERTS TO CHAPTER MEMBERS, SUPPORT GROUPS OR THE GENERAL PUBLIC. THE COSTS OF THE MAILINGS INCLUDE PRINTING, POSTAGE, AND STAFF TIME.

CHAPTERS ENGAGE IN CONTACT ACTIVITIES WITH LEGISLATORS. THESE ACTIVITIES INCLUDE THE ANNUAL PUBLIC POLICY FORUM IN WASHINGTON, DC AND STATE AND LOBBYING DAYS. CONTACTS ARE MADE WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY REGARDING SPECIFIC LEGSLATION. CONTACT ACTIVITIES INCLUDE VISITS, LETTER WRITING, ETC.