Form 990

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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)

2007

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service(77) ► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2007 calendar year, or tax year beginning Jul 1 , 2007, and ending Jun 30 , 2008 Check if applicable: D Employer Identification Number Address change Alzheimer's Association, Mid-South Chapter - 208 62-1860364 or print or type. See specific Name change Number and street (or P.O. box if mail is not delivered to street addr) Room/suite Telephone number Initial return City, town or country State ZIP code + 4 Termination Accounting method: Cash X Accrual Amended return Other (specify) ► Audit Application pending H and I are not applicable to section 527 organization Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H (a) Is this a group return for affiliates? ... H (b) If 'Yes,' enter number of affiliates G Web site: ► N/A H (c) Are all affiliates included? (If 'No,' attach a list. See instructions.) Organization type ► X 501(c) 3 ◀ (insert no.) (check only one) H (d) Is this a separate return filed by an Check here if the organization is not a 509(a)(3) supporting organization and its organization covered by a group ruling? 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. Group Exemption Number . Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,250,246 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds b Direct public support (not included on line 1a) 1b 65,787. 1c 252,309. d Government contributions (grants) (not included on line 1a) 1d Total (add lines la through 1d) (cash \$ _____ 318,096. noncash \$ 318,096. 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 22,009. Membership dues and assessments 3 Interest on savings and temporary cash investments..... 4 8,844. 5 6a Gross rents 6al b Less: rental expenses c Net rental income or (loss). Subtract line 6b from line 6a 60 Other investment income (describe > (A) Securities (B) Other 8a Gross amount from sales of assets other than inventory 8a b Less: cost or other basis and sales expenses 8b 8c d Net gain or (loss). Combine line 8c, columns (A) and (B) 84 9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ a Gross revenue (not including \$ 900,467. of contributions 9a b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a 9c 900,467. 10a Gross sales of inventory, less returns and allowances c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 296. 11 534. 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 1,250,246. 13 Program services (from line 44, column (B)) 13 883,973. EXPENSES 14 Management and general (from line 44, column (C)) 14 64,613. 15 Fundraising (from line 44, column (D)) 15 241,568. Payments to affiliates (attach schedule) 16 16 17 Total expenses. Add lines 16 and 44, column (A) 1,190,154. 17 18 Excess or (deficit) for the year. Subtract line 17 from line 12..... 18 60,092. 19 19 607,434.

Other changes in net assets or fund balances (attach explanation)

20

280,077.

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 instruct.) Do not include amounts reported on line (B) Program (C) Management (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach sch) (cash \$ non-cash If this amount includes foreign grants, check here .. > 22a 22b Other grants and allocations (att sch) (cash non-cash \$ If this amount includes foreign grants, check here ... 22b Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See. L-25a Stmt 25a 62,000. 47,740 3,720 10,540. b Compensation of former officers, directors, key employees, etc. listed 25b 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) . 25 c Salaries and wages of employees not 544,895. 419,569. included on lines 25a, b, and c . 26 32,694 92,632. Pension plan contributions not included on lines 25a, b, and c 27 Employee benefits not included on 28 99,135. 76,334 5,948 16,853. 29 29 30 Professional fundraising fees . . . 30 31 Accounting fees 31 32 33 Supplies 33 25,027. 17,661. 1,511 5,855. 34 28,777. 25,340. 34 2,772. 665. 35 33,794. Postage and shipping 35 42,969. 8,683. 492. 36 Occupancy 36 100,168. 77,098. 6,003. 17,067. 37 Equipment rental and maintenance . . 37 3,721. 26,565. 22,088. 756. 38 Printing and publications 38 60,402. 42,054. 18,348. 39 39 36,789. 49,964. 941 12,234. 40 Conferences, conventions, and meetings . . . 40 27,948. 6,341. 26. 21,581. 41 42 Depreciation, depletion, etc (attach schedule) . . 42 6,767. 5,211. 406 1,150. 43 Other expenses not covered above (itemize): a Dues to National 43a 43b 14,773. 2,166. b Professional Fees 8,622 3,985. 38,469. C Advertising/Publicity/Promotion 43c 22,714. 15,755. d Special Events Expense 43d e Misc__ 15,908. 7,230. 43e 2,623 6,055. 421. f Respite 43f 41,769. 41,348. g Dues And Subscriptions 43g 4,618. 496. 206 3,916. Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) . . . 1,190,154. 883,973. 64,613. 241,568. Vo

Joint Costs. Check . •	if you are following SOP 98-2.		
Are any joint costs from	n a combined educational campaign and fundraising solicitation	n reported in (B)	Program services? ► Yes N
	gregate amount of these joint costs \$		amount allocated to Program services
\$; (iii) the amount allocated to Management and general	\$; and (iv) the amount allocated
to Fundraising \$			

BAA

	iation, Mid-South Chapter - 208	62-18	60364	Page
t III Statement of Program Se	rvice Accomplishments (See the instructions.,)	17	
n 990 is available for public inspection a inization. How the public perceives an o se make sure the return is complete and	nd, for some people, serves as the primary or sole source ganization in such cases may be determined by the infor d accurate and fully describes, in Part III, the organization	e of information about mation presented on o's programs and acc	t a particular its return. The omplishments.	erefore,
t is the organization's primary exempt p organizations must describe their exemp ots served, publications issued, etc. Disc ons and 4947(a)(1) nonexempt charitable	urpose? F t purpose achievements in a clear and concise manner. S uss achievements that are not measurable. (Section 501) e trusts must also enter the amount of grants and allocati	state the number of c)(3) and (4) organons to others.)	Program Service (Required for 50 (4) organization 4947(a)(1) true optional for co	1(c)(3) and
'				
(Grants and allocations \$) If this amount includes foreign grants	, check here		
(Grants and allocations \$) If this amount includes foreign grants	, check here ►		
(Grants and allocations \$) If this amount includes foreign grants	, check here		-
(Grants and allocations \$) If this amount includes foreign grants	, check here		
(Grants and allocations \$) If this amount includes foreign grants nould equal line 44, column (B), Program services)			
	fould equal line 44 column (R) Program services)			

No	te: V	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
-	45	Cash - non-interest-bearing	350,195.	45	688,292
	46	Savings and temporary cash investments		46	
				255	
		Accounts receivable			
	b	Less: allowance for doubtful accounts		47 c	
		Pledges receivable			
		Less: allowance for doubtful accounts		48c	1000000000
		Grants receivable	160,835.	49	145,667.
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		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)		50 b	
ASSETS	51 a	Other notes and loans receivable (attach schedule)	1.7		
S	b	Less: allowance for doubtful accounts		51 c	
	52	Inventories for sale or use	78,517.	52	95,862.
	53	Prepaid expenses and deferred charges	9,554.	53	5,715.
	54a	Investments – publicly-traded securities Cost ☐ FMV		54a	
	b	Investments – other securities (attach sch) Cost FMV		54b	
	55a	Investments – land, buildings, & equipment: basis 55a	71.	CHANCE OF THE PERSON OF THE PE	
	b	Less: accumulated depreciation (attach schedule)		55 c	
	56	Investments – other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach schedule)	14,365.	57 c	22,275.
	58		2.,0001	-	22/2/01
		(describe •)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	613,466.	59	957,811.
	60	Accounts payable and accrued expenses	6,032.	60	10,208.
	61	Grants payable		61	
Ļ	62	Deferred revenue	7	62	
AB-	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
į	64a	Tax-exempt bond liabilities (attach schedule)		64a	
į	b	Mortgages and other notes payable (attach schedule)		64b	
Š	65	Other liabilities (describe)		65	
	66	Total liabilities. Add lines 60 through 65	6,032.	66	10,208.
	Orga	nizations that follow SFAS 117, check here X and complete lines 67		1000	
E		through 69 and lines 73 and 74.			
		Unrestricted	591,694.	67	874,603.
N-IHOND	68	Temporarily restricted	15,740.	68	73,000.
Ī		Permanently restricted		69	
Q R	Orga	nizations that do not follow SFAS 117, check here and complete lines	1.51		
		70 through 74.	1.50	ACT HO	
OZCH		Capital stock, trust principal, or current funds		70	
33.7		Paid-in or capital surplus, or land, building, and equipment fund		71	
ř.	72	Retained earnings, endowment, accumulated income, or other funds		72	
BALIAZOWA	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through	2720229-0007 - 0.110-0010-0.1		
E S		72. (Column (A) must equal line 19 and column (B) must equal line 21)	607,434.	73	947,603.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	613,466.	74	957,811.

	orm 990 (2007) Alzheimer's Asso	ociation, Mid-South Chap	oter - 208	62-18	360364 Page
Г	Reconciliation of Revi	enue per Audited Financia	al Statements with	Revenue per Retur	n (See the
	Total rayanya gaine and attended				
a	Total revenue, gains, and other supp	port per audited financial statem	ents		a 1,475,835
,	Amounts included on line a but not o		1 . 1		
	1 Net unrealized gains on investments				
	2Donated services and use of facilitie			225,589.	
	3Recoveries of prior year grants				
	4 Other (specify):				
			b4		
	Add lines b1 through b4				b 225,589
-	Subtract line b from line a				1,250,246
i	Amounts included on Part I, line 12,		100 m	100	
	1 Investment expenses not included or				
	2 Other (specify):				
			d2		
	Add lines d1 and d2				d
	Total revenue (Part I, line 12). Add Ii	nes c and d			1,250,246
1	art IV-B Reconciliation of Expe	nses per Audited Financi	al Statements with	Expenses per Ret	urn
1	Total expenses and losses per audite				1,415,743
	Amounts included on line a but not o				
	1 Donated services and use of facilities			225,589.	
	2Prior year adjustments reported on P				
	3Losses reported on Part I, line 20			1	
	4Other (specify):				
			b4		
	Add lines b1 through b4			I	225,589
	Subtract line b from line a				SERVICE THE PROPERTY OF THE PR
	Amounts included on Part I, line 17, I	but not on line a:			
	1 Investment expenses not included on	Part I, line 6b	d1		
	2Other (specify):		- 1		
	Add lines d1 and d2		· · · · · · · · · · · · · · · · · · ·		1
	Total expenses (Part I, line 17). Add	lines c and d		▶ 6	1,190,154
a	current Officers, Director key employee at any time	tors, Trustees, and Key En	mployees (List each	person who was an off	icer, director, trustee,
	or ney employee at any time	(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other
		to position	enter-0-)	compensation plans	allowances
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orm 990 (2007) Alzheimer's Association,	Mid-South Chapte	er - 208	62-1860	364	F	Page 6
Part V-A Current Officers, Directors, Tru	stees, and Key Em	iployees (continued	d)		Yes	No
75a Enter the total number of officers, directors, and trustees p	ermitted to vote on organization	on business at board meetings	· •	E C		
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	nsated professional and	l other independent con elationships? If 'Yes.' a	tractors listed in Schedul	ees le 75b		
c Do any officers, directors, trustees, or key em	ployees listed in form 99	90, Part V-A, or highest	ractore lieted in Schodul	es le		
A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	e definition of 'related of	organization'	· · · · · · · · · · · · · · · · · · ·	► 75c		
If 'Yes,' attach a statement that includes the in	formation described in	the instructions.				
d Does the organization have a written conflict of	f interest policy?			75d		
Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key emple	ovee received compens	ation or other benefits (c	described b	elow)	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	pense and ot ances	ther
	2-		F	1		
				- 1		
Part VI Other Information (See the instr	uctions)	2 3			Yes	No
76 Did the organization make a change in its active If 'Yes,' attach a detailed statement of each ch	rities or methods of cond	ducting activities?		76		
Were any changes made in the organizing or g		it not reported to the IR	S?	77		-
If 'Yes,' attach a conformed copy of the change				Date: S	SPEEK	
78a Did the organization have unrelated business g b If 'Yes,' has it filed a tax return on Form 990-T					-	X
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contrac	ction during the		78b		
30a Is the organization related (other than by associatements), governing bodies, trustees, office	ciation with a statewide	or nationwide organizat	ion) through common anization?	276	A 10	
b If 'Yes,' enter the name of the organization >			<u>-</u>			
	and che	eck whether it is 🔲 e	kempt or nonexem	ipt.		
31 a Enter direct and indirect political expenditures.	(See line 81 instruction	s.)	81 a			
b Did the organization file Form 1120-POL for this	year?				\perp	
AA				Form	990 (2007)

P	art VI Other Information (continued)		Yes	No
82	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?	82a	х	
	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.)			
	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84Ь		
85	a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	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.			
	Dues, assessments, and similar amounts from members			
	d Section 162(e) lobbying and political expenditures			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
3	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/	1
1	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?	85 h	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		HE.	
	line 12			
ı	Gross receipts, included on line 12, for public use of club facilities		25-10	
	501(c)(12) organizations. Enter: a Gross income from members or shareholders			
	against amounts due or received from them.)			
88	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	9	
t	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	88ь		
89 a	section 4911 ► ; section 4912 ► ; section 4955 ►			
,	501(c)(3) and 501(c)(4) organizations. 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	89 b		
(Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization	1	1989	THE REAL PROPERTY.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	of the latest and the	
ç	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?	89 g		
90 a	List the states with which a copy of this return is filed ►			
b	Number of employees employed in the pay period that includes March 12, 2007			
91 -	(See instructions.)	90 b		21
JIA	Located at > ZIP + 4 >			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	91 b		515
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
AA	1 martinal / 1000mm.	Form	990 (2	2007)

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Form 990 (2007) Alzheimer's Association, Mid-South Chapter - 208

		(See the instruusiness income		on 512, 513, or 514	
e: Enter gross amounts unless erwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exem function incom
3 Program service revenue:					
a Workshops/Conferences/Seminars					22,0
b					
c					
d					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
4 Membership dues and assessments				-	
5 Interest on savings & temporary cash invmnts			14	8,844.	
6 Dividends & interest from securities			14		
7 Net rental income or (loss) from real estate:					自由的 自然是
a debt-financed property					
b not debt-financed property					
Net rental income or (loss) from pers prop Other investment income			14		
			14		
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events			1	900,467.	
2 Gross profit or (loss) from sales of inventory					2
3 Other revenue: a		的物质的是多种的			
b Misc					5
c					
d					
Subtotal (add columns (B), (D), and (E))			PARTY DESCRIPTION	909,311.	22,8
5 Total (add line 104, columns (B), (D), ar	nd (E))				932,1
: Line 105 plus line 1e, Part I, should equa					302,72
t VIII Relationship of Activities to	the Accompl	ishment of Ex	empt Purposes (See the instruction	ons.)
e No. Explain how each activity for which of the organization's exempt purpose	income is report	ted in column (E)	of Part VII contributed	importantly to the a	ccomplishment
▼ of the organization's exempt purpos	ses (other than b	y providing funds	for such purposes).		
	771				
rt IX Information Regarding Taxa	ble Subsidiar	ies and Disreg	garded Entities (S	See the instruction	ins.)
(A)	(B)	. (C)	(D)	(E)
Name, address, and EIN of corporation.	Percentage of	Nature o	f activities	Total	End-of-year
	ownership interes			income	assets
partnership, or disregarded entity		3			
	1	3			
	9				
	9		onal Benefit Cont	racts (See the in	nstructions)

Yes No

Form 990 (2007) Alzheimer's Association, Mid-South Chapter - 208

Part VI Other Information (continued)

Form 99	0 (2007) Alzheimer's Association, Mid-	-South Chapter - 208		60364	P	age	
Part X	Information Regarding Transfers To	and From Controlled Entiti	ies. Complete only if the	he			
	organization is a controlling organiza	ation as defined in section 5	012(0)(13).	1	Yes	No	
106 D	oid the reporting organization make any transfers	to a controlled entity as defined in	section 512(b)(13) of the C	ode? If	165	NO	
	res, complete the schedule below for each contri	olled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount o) f tran:	sfer	
a							
b							
c							
	Totals			12			
					Yes	No	
107 D	id the reporting organization receive any transfer 'es,' complete the schedule below for each control	s from a controlled entity as define	ed in section 512(b)(13) of the	ne Code? If			
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount of	(D) Amount of transfer		
a							
b							
c				- 1			
	Totals						
108 D	id the erappination have a hinding written contract	t in offect on August 17, 2006			Yes	No	
ar	id the organization have a binding written contraction nuities described in question 107 above?	t in effect on August 17, 2006, cov	ering the interest, rents, roy	raities, and			
Please	Under penalties of perjury, I declare that I have examined the true, correct, and complete. Declaration of preparer (other the	is return, including accompanying schedules a an officer) is based on all information of whic	and statements, and to the best of m h preparer has any knowledge.	ny knowledge and be	elief, it i	is	
Sign Here	Signature of officer		Date		1		
	Type or print name and title.			I 6	mar.		
Paid Pre-	Preparer's signature	Date	Check if self- employed ►	Preparer's SSN or General Instruction	X) (S	see	
parer's	Firm's name (or yours if self-	ATION					
Use Only	employed), address and		EIN ►				
BAA	ZIP + 4 CHICAGO	IL 60601	Phone no.			2007)	

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SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Employer identification number Alzheimer's Association, Mid-South Chapter - 208 62-1860364 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See 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 Total number of others receiving over \$50,000 for professional services 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 instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service

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

Total number of other contractors receiving over \$50,000 for other services .

Schedule A (Form 990 or 990-EZ) 2007

Pa	Statements About Activities (See instructions.)		Yes	No No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities • \$			
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		
	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.)			
i	Sale, exchange, or leasing of property?	2a	х	
ı	Lending of money or other extension of credit?	2b		
	Furnishing of goods, services, or facilities?	2c		
	See Part V, Form 990			$\overline{}$
•	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	_
	Transfer of any part of its income or assets?	2e		
38	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.)	3a		
ı	Did the organization have a section 403(b) annuity plan for its employees?	3ь		
•	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	3с		,
	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		
48	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		
t	Did the organization make any taxable distributions under section 4966?	4b		
(Did the organization make a distribution to a donor, donor advisor, or related person?	4c	7	
c	Enter the total number of donor advised funds owned at the end of the tax year		300	
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 right to provide advice on the distribution or investment of amounts in such funds or accounts			
ç	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►			
AA	TEFAMA2 12/27/07 Schedule A (Form 990 or F.	rm 00	0 E7	2007

Name Of	(a) e(s) of supported rganization(s)	Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organizatio the sup organiz gove docum	pported on listed in porting ration's rning	(e) Amount of support
				Yes	No	
at-l						
			Pull I			
			1 -4 1			
Total						

Schedule A (Form 990 or 990-EZ) 2007

An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

14

Note: You Calendary beginning 15 Gifts, receive unus 16 Memt 17 Gross of mercha or furn that is charita 18 Gross i amts re loans (income unrelat sec. 51 by the 19 Net inc activiti 20 Tax re organe either on its 21 The vertical facility organ unit we include facility the public facility organ or capital capital	Support Schedule (C may use the worksheet in the year (or fiscal year	e instructions for conv				ing.
Calendar y beginning in the property of the pr			erting from the accru	ual to the cash method	of accounting	
beginning 15 Gifts, receive unust 16 Memt 17 Gross in mercha or furn that is charita 18 Gross in amts re loans (income unrelatisec. 51 the control or scheduler on its 20 Tax re organ either on its 21 The visual organ unit we include facility the piloty of the capital organ unit we include facility the piloty of the capital organ unit we include facility the piloty of the capital organ unit we include facility the piloty of the capital organ unit we include facility the piloty of the capital organ unit we include facility the piloty of the capital organ unit we include facility the piloty of the capital organ unit we include facility of the piloty of the capital organ unit we include facility of the piloty of the capital organization organiz	ear (or fiscal year	(-)		I I	or accounting.	
16 Member 17 Gross of mercha or furn that is charita 18 Gross i amts re loans (income unrelat sec. 51 by the 19 Net income unrelat sec. 51 by the 20 Tax re organ either on its 21 The v facilit organ unit wincluc facilit the pi 22 Other Schedgain Capita 24 Line 2 25 Enter 26 Organ b Prepare support return. c Total d Add: v e Public f Public 27 Organ a For an name such a (2006)	in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
16 Member 17 Gross of mercha or furn that is charita 18 Gross i amts re loans (eincome unrelat sec. 51 by the 19 Net inc activitii 20 Tax re organ either on its 21 The v facilit organ unit we include facilit the pi 22 Other sched gain of capita 24 Line 2 25 Enter 26 Organ b Prepare support return. c Total d Add: v e Public f Public 27 Organ a For an name such a (2006)	, grants, and contributions ved. (Do not include	Ne on a			18-2 100	
17 Gross in mercha or furn that is charita is charita amts re loans (income unrelative). 18 Gross i amts re loans (income unrelative). 19 Net income activitii. 20 Tax re organ either on its. 21 The vertical facility organ unit we include facility the pile. 22 Other scheding and capita. 23 Total. 24 Line 2 25 Enter. 26 Organ b Prepare support return. c Total d Add: vertical facility. e Public fundamental facility.	ual grants. See line 28.)	571,463.	543,400.		465,554.	1,982,622
mercha or furn that is charita 18 Gross i amts re loans (income unrelat sec. 51 by the line activities or furn organ either on its line in the public facility the public facility organ capita 21 The v facility organ unit we include facility the public facility organ or capita 22 Other sched gain of capita 23 Total 24 Line 2 25 Enter 26 Organ b Prepare support return. c Total d Add: e Public f Public for an ame such a (2006)	bership fees received	25.	1,034.	3,550.	5,620.	10,229
amts re loans (income unrelat sec. 51 by the sec. 51 by the sec. 51 by the sec. 51 by the sec. 51 The vorgan either on its sec. 51 The vorgan unit winclude facilit the put sec. 23 Total sec. 24 Line 25 Enter support return. c Total d Add: e Public f Public 17 Organ a For an ame such a (2006)	receipts from admissions, andise sold or services performed, nishing of facilities in any activity related to the organization's able, etc, purpose	694,014.	536,791.	640,884.	653,735.	2,525,424
activitii 20 Tax roorgan either on its 21 The v facilit organ unit w includ facilit the pi 22 Other sched gain c capita 23 Total 24 Line 2 25 Enter 26 Orgar b Prepare support return. c Total d Add: e Public f Public 27 Orgar a For ar name such a (2006)	income from interest, dividends, ec'd from payments on securities (sec. 512(a)(5)), rents, royalties, e from similar sources, and ted business taxable income (less 11 taxes) from businesses acquired organzation after June 30, 1975	5,767.	5,585.	8,648.	7,949.	27,949
organ either on its 21 The v facilit organ unit w incluc facilit the pi 22 Other sched gain c capita 23 Total 24 Line 2 25 Enter 26 Organ b Prepare suppor return. c Total d Add: e Public f Public 27 Organ a For an anme such a (2006)	come from unrelated business ies not included in line 18			p l		
facilit organ unit wincluc facilit the pi 22 Other sched gain capita 23 Total 24 Line 2 25 Enter 26 Organ b Prepare support return. c Total d Add: e Public f Public 27 Organ a For an ame such a (2006)	revenues levied for the nization's benefit and r paid to it or expended s behalf					
23 Total 24 Line 2 25 Enter 26 Organ b Prepare support return. c Total d Add: // e Public f Public 7 Organ a For an name such a (2006)	value of services or ties furnished to the nization by a governmental without charge. Do not de the value of services or ties generally furnished to ublic without charge					- 1-
24 Line 2 25 Enter 26 Orgar b Prepare support return. c Total d Add: / e Public f Public 27 Orgar a For an name such a (2006)	r income. Attach a dule. Do not include or (loss) from sale of al assets	265.	523.	50.	47,307.	48,145
25 Enter 26 Orgar b Prepare support return. c Total d Add: e Public f Public 7 Orgar a For an name such a (2006)	of lines 15 through 22	1,271,534.	1,087,333.		1,180,165.	4,594,369
b Prepare support return. c Total d Add: // e Public f Public 27 Orgar a For an name such a (2006)	23 minus line 17	577,520.	550,542.		526,430.	2,068,945
b Prepare support return. c Total d Add: // e Public f Public 27 Orgar a For an name such a (2006)	1% of line 23	12,715.	10,873.		11,802.	
e Public f Public 7 Organ a For an name such a (2006)	nizations described on lines	10 or 11: a Ente	r 2% of amount in co	olumn (e), line 24	▶ 26a	41,379
e Public f Public 27 Organ a For an name such a (2006)	re a list for your records to show the red organization) whose total gifts for . Enter the total of all these excess a	or 2003 through 2006 exceede	d the amount shown in lir	r than a governmental unit o ne 26a. Do not file this list v	with your	
e Public f Public 27 Orgar a For ar name such a (2006)	support for section 509(a)(1)	test: Enter line 24, co	lumn (e)		▶ 26c	2,068,945
f Public 27 Organ a For an name such a (2006)	Amounts from column (e) for	r lines: 18	27,949.	19	1000	
f Public 27 Organ a For an name such a (2006)		22	48,145.	26b	► 26d	76,094
a For an name such a (2006)	c support (line 26c minus line					1,992,851
a For ar name such a (2006)	c support percentage (line 26		by line 26c (denomi	inator))	▶ 26f	96.32 %
D. O. G.	mizations described on line 1 mounts included in lines 15, e of, and total amounts receive amounts for each year: my amount included in line 1	16, and 17 that were reved in each year from, (2005)	each 'disqualified pe	erson.' Do not file this er than 'disqualified pe	(2003)	Enter the sum of
\$5,000 After of	ow the name of, and amount 10. (Include in the list organiz computing the difference bet ences (the excess amounts)	ations described in line tween the amount rece for each year:	es 5 through 11b, as eved and the larger a	well as individuals.) Damount described in (1	o not file this list with or (2), enter the sun	your return. of these
c Add:	Amounts from column (e) for 17 Line 27a total	lines: 15		16		
	17	20		21	► 27c	
d Add: I	Line 27a total	and	l line 27b total		► 27d	
e Public	c support (line 27c total minu	s line 27d total)	******	******	▶ 27e	
f Total	support for section 509(a)(2)	test: Enter amount fro	om line 23, column (e	e) ► 27f	Service of the servic	
g Public	c support percentage (line 27	7e (numerator) divided	by line 27f (denomin	nator))	> 27g	8
h Invest	tment income percentage (lin	ne 18. column (e) (num	erator) divided by lin	ne 27f (denominator))	▶ 27h	8

Page 4

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	. 29		
30	catalogues, and other written communications with the public dealing with student admissions, programs			
	and scholarships?	. 30	DE DINE	
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?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
		STREET, SQUARE, SQUARE,		
		31339934		
32	Does the organization maintain the following:	-		
ē	a Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32a		
ł	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	. 32b		
•	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	. 32c		
(d Copies of all material used by the organization or on its behalf to solicit contributions?			
	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:			
				100
a	a Students' rights or privileges?	. 33a	-	
t	Admissions policies?	. 33b		-
c	Employment of faculty or administrative staff?	. 33c		
	Scholarships or other financial assistance?	. 33d	v.	
	Educational policies?		100	
		. 330		
f	Use of facilities?	. 33f		
g	Athletic programs?	. 33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
				The state
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	\dashv	_
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b		LEASE.
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		
AA	TEEA0404 12/27/07 Schedule A (Form 95		0-EZ)	2007

Sch	edule A (Form 990 or 990-E	Z) 2007 Alzheim	er's Association, M	id-South Chapter -	208 62	-186	0364 Page
L al		ONLY by an eligible	organization that filed h	orm 5768)			
Che	ck a if the organiza	tion belongs to an af	filiated group. Check	▶ b if you check		ed cont	rol' provisions apply.
		mits on Lobbying			(a) Affiliated g totals	roup	(b) To be completed for all electing
			amounts paid or incurre				organizations
36	Total lobbying expenditure						
37	Total lobbying expenditure						
38	Total lobbying expenditure						
40	Other exempt purpose ex						
41	Total exempt purpose exp		50		Temporary and	HOLDEN	TO BE A LINE OF THE PARTY OF TH
41	Lobbying nontaxable amo		e lobbying nontaxable ar	2012/2016/04			
	Not over \$500,000						
	Over \$500,000 but not over \$1,00			100000000000000000000000000000000000000			
	Over \$1,000,000 but not over \$1,		10 12			ENTODES	The State of the State of the Land of the State of the St
	Over \$1,500,000 but not over \$17				STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	1000	MAN THE PROPERTY OF THE
	Over \$17,000,000						
42	-					JACOB CONT.	
43	Subtract line 42 from line						
44	Subtract line 41 from line	38. Enter -0- if line 4	1 is more than line 38	44			
	Caution: If there is an am	ount on either line 43	3 or line 44, you must file	e Form 4720.		向開始	新疆产生的 对于1000
	(Some organiz	ations that made a s	Averaging Period ection 501(h) election dee the instructions for lin	o not have to complete	(h) all of the five o	olumns	below.
			M 2000 33 324	ditures During 4 -Year	Averaging Perio	od	
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	Į.	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots non-taxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
	Grassroots lobbying expenditures		5.111 61 111	النسا			
	Lobbying Acti	vity by Nonelecti v by organizations that	ing Public Charities at did not complete Part	VI-A) (See instructions)		
Durin					150		
atter	ng the year, did the organiza	on on a legislative m	atter or referendum, thr	ough the use of:	g any Ye	s No	Amount
а	Volunteers		EA National terreported, 400 (400 GPU) and the control of		х	+	PARTY BOX FORD
	Paid staff or management					+-	
	Media advertisements					х	STATE OF THE PARTY OF T
	Mailings to members, legis					Х	
	Publications, or published					Х	1
	Grants to other organization					Х	
	Direct contact with legislat						9,953
h	Rallies, demonstrations, se	eminars, conventions	, speeches, lectures, or	any other means		Х	
	Total lobbying expenditure						9,953
	If 'Yes' to any of the above	, also attach a stater	ment giving a detailed de	escription of the lobbyin	g activities.		

a Fran	sfers from the reporting o	organization	n to a noncharitable exempt orga	nization of:		Yes	No
(ii)	Other assets				51 a (i)		
b Othe	r transactions:				a (ii)		
(i) S	Sales or exchanges of as	sets with a	noncharitable exempt organization	on	U Hall		
(ii)F	Purchases of assets from	a nonchari	table exempt organization		b (i)		
(iii)F	Rental of facilities, equipm	nent, or oth	ner assets		b (ii)		
(iv)F	Reimbursement arrangem	ents			b (iii)		
(v)L	oans or loan guarantees				b (iv)		
(vi)P	Performance of services of	r members	hip or fundraising solicitations		b (v)		
C Ollail	nu or racilliles entinmer	it mailing l	icts other secols				
d If the	answer to any of the abo	ove is 'Yes,	complete the following schedule	e. Column (b) should always show the f	air market value	e of	
any tr	ransaction or sharing arra	angement,	show in column (d) the value of	yees e. Column (b) should always show the f the organization received less than fai the goods, other assets, or services rec	ir market value	n	
(a) Line no.	(b) Amount involved		(c) f noncharitable exempt organizat	(-1)			
				Table 1 and	is, and sharing arrai	gement	,
						_	
							_
9							
						-	_
							_
							_
52a Is the describ	organization directly or in sed in section 501(c) of the	directly affi	iliated with, or related to, one or ther than section 501(c)(3)) or in	more tax-exempt organizations section 527?			
b If 'Yes,	,' complete the following	schedule:	11 11 11 11 11 11 11 11 11 11 11 11 11	section 527?	···· ► ∐ Yes		No
	(a)		(b)	(6)			_
	Name of organization		Type of organization	Description of rel	ationship		
						_	_
							_
					V		_
							_
							_
							_
							_
-							_
							_
							C 200

Schedule A (Form 990 or 990-EZ) 2007

BAA

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization		Employer identification number
Alzheimer's Association	n, Mid-South Chapter - 208	62-1860364
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	on
	4947(a)(1) nonexempt charitable trust not	treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation
	501(c)(3) taxable private foundation	not do a private rodridation
Check if your organization is covered be boxes for both the General Rule and a	y the General Rule or a Special Rule . (Note: <i>Only a sec Special Rule</i> – <i>see instructions</i> .)	tion 501(c)(7), (8), or (10) organization can chec
General Rule —		
For organizations filing Form 990, 9 contributor. (Complete Parts I and I	90-EZ, or 990-PF that received, during the year, \$5,000 l.)	or more (in money or property) from any one
Special Rules —		
amount on line 1 of these forms. (C		ution of the greater of \$5,000 or 2% of the
For a section 501(c)(7), (8), or (10) aggregate contributions or bequests purposes, or the prevention of cruel	organization filing Form 990, or Form 990-EZ, that recei of more than \$1,000 for use <i>exclusively</i> for religious, ch ty to children or animals. (Complete Parts I, II, and III.)	ived from any one contributor, during the year, haritable, scientific, literary, or educational
For a section 501(c)(7), (8), or (10) some contributions for use exclusive \$1,000, (If this box is checked enter	organization filing Form 990, or Form 990-EZ, that receively for religious, charitable, etc., purposes, but these con rhere the total contributions that were received during to fit the Parts unless the General Rule applies to this organization.	ived from any one contributor, during the year, itributions did not aggregate to more than
religious, charitable, etc, contribution	ns of \$5,000 or more during the year.)	
Caution: Organizations that are not cove 190-PF) but they must check the box in not meet the filing requirements of Sche	ered by the General Rule and/or the Special Rules do no the heading of their Form 990, Form 990-EZ, or on line edule B (Form 990, 990-EZ, or 990-PF).	ot file Schedule B (Form 990, 990-EZ, or 2 of their Form 990-PF, to certify that they do
SAA For Paperwork Reduction Act Noti or Form 990, Form 990-EZ, and Form 99	ice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (200
so LE, and Form 95	WTT.	

Alzheimer's Association,	Mid-South	Chapter - 208
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Supporting Statement of:

Sch. A, 990 p 4/Line 17-d

Description	Amount
	42,721.
	611,014.

Total 653,735.