Form 990

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)

2006

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	he 2006 calendar year,	or tax year beginning Jul 1	, 2006, and	ending	Jun 3	0	, 2007	
В	Check	if applicable:	C Name of organization				D Employer	ldentification Numb	er
		Please us idress change IRS label	Alzheimer's Associat:	Lon, Mid-South Ch	apter	- 208	62-18	360364	
	\vdash	or print or type.	Number and attent (or D.O. how if mail				E Telephone		
	Ħ	See itial return specific				ŀ			
		instruc-	City, town or country	State ZIF	code + 4		F Accounting	g Cash	X Accrual
		mended return					_	r (specify)► Aud	
	\vdash		ion 501(c)(3) organizations and 49	47(a)(1) nonevempt	H and I are	not applic		527 organizations.	
	□ ^;	char	itable trusts must attach a comple	ted Schedule A				liates? Ye	s No
		(For	m 990 or 990-EZ).				number of affi	_	_
G	Web	site: ► N/A			H (c) Ar	e all affiliat	es included? .	Ye	s 🗌 No
J	Orna	nization type			(If	'No,' attacl	n a list. See in	structions.)	_
	(chec	ck only one)	X 501(c) 3 ◀ (insert nc.)	4947(a)(1) or 527			rate return filed	_	_
ĸ	Chec	k here► if the organ	nization is not a 509(a)(3) supporti		ord	ganization (covered by a gi	oup ruling? Ye	s No
	gross	s receipts are normally	not more than \$25,000. A return is	s not required, but if the			mption Nur		<u>-</u>
		organization chooses to file a return, be sure to file a complete return. M Check if the							
L			o, 8b, 9b, and 10b to line 12 🟲 1,				-	990, 990-EZ, or 990	J-PF).
Pa	rt L	Revenue. Expe	nses, and Changes in Net A	Assets or Fund Balar	ices (Se	ee the l	74.71.747	A.T.	
	1		rants, and similar amounts receive				7.0		
			r advised funds				i fe		
	b	Direct public support ((not included on line 1a)	1	b	396,			
	c	Indirect public support	t (not included on line 1a)	1	С		771.	954	
	d	Government contributi	ions (grants) (not included on line	ia) 1	d	77,	552.		
	e	Total (add lines la through 1d) (cash \$	571,463. noncash \$) .			<u>1</u>	e 57	1,463.
	2	Program service rever	nue including government fees and	I contracts (from Part VII,	line 93) .		2	5	1,797.
	3	Membership dues and	assessments				3		25.
	4	Interest on savings ar	nd temporary cash investments				4	_	
	5	Dividends and interest	t from securities	• • • • • • • • • • • • • • • • • • •		,			5,767.
	6a	Gross rents			a			N. Company	
	ь	Less: rental expenses	·	6	Ы			報	
	c	Net rental income or ((loss). Subtract line 6b from line 6a				6	c	
R			ome (describe) 7		
#CZ=<#	l	Gross amount from sa		(A) Securities	((B) Other		N M	
Ë	""	than inventory		8	a				
Ü	ь	Less: cost or other ba	sis and sales expenses	8	ь	-		Š	
-			ule)		С	_		Ď	
	d	Net gain or (loss). Cor	mbine line 8c, columns (A) and (B)	1		- <u></u>	8	d	
	9	Special events and ad	ctivities (attach schedule). If any ar	nount is from gaming, che	ck here	⊁[## ## ## ## ## ## ## ## ## ## ## ## ##	
	a	Gross revenue (not in-	cluding \$	of contributions			445		
					_	638,	Dinner	S25	
	l	•	other than fundraising expenses.					I	
	ı		rom special events. Subtract line 9	•	•		9	20	8,4 4 5.
	ı		ory, less returns and allowances		_	3,	772.		
	l	_	old						
	С		sales of inventory (attach schedule). Subtrac					c	3,772.
	11		Part VII, line 103)					<u> </u>	265.
	12		es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c						1,534.
Ē	13	-	m line 44, column (B))				<u> </u>		5,324.
EXPEN	14		eral (from line 44, column (C))						3,374.
N	15	* *	44, column (D))					1 17	1,626.
S E S	16	•	(attach schedule)				-	1	<u> </u>
	17		ines 16 and 44, column (A)						0,324.
Ă	18		the year. Subtract line 17 from line						<u>1,210.</u>
N S E E T	19		ances at beginning of year (from li					37	<u>6,224.</u>
	20		assets or fund balances (attach ex	· · · · · · · · · · · · · · · · · · ·			21		7 434
S	71	Not accets or fund hai	lances at end of year. Combine line	וול אחב עו או פב			1 21		1 A K D

Part III Statement of Program Service Accomplishments

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?

Program Service Expension for Solve Control of the Solve Control of Solve Control

at is the organization's primorganizations must describe	ary exempt purpose? > their exempt purpose achievements ued, etc. Discuss achievements that empt charitable trusts must also ente	s in a clear and concise manner. S are not measurable. (Section 501)	state the number of (c)(3) and (4) organ-	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
ions and 4947(a)(1) nonexe	mpt charitable trusts must also ente	r the amount of grants and allocati	ons to others.)	optional for others.)
a				Ì
/Creats and allegations		his amount includes foreign grants	chack hara	
	\$) If t			
b				
	- 			
(Grants and allocations	\$) If t	his amount includes foreign grants	check here	
			•	
			-	
(Grants and allocations	\$) if t		check here >	
" 				,
(Grants and allocations	\$) If t	his amount includes foreign grants	, check here	
e Other program services .				
(Grants and allocations	\$) If t	his amount includes foreign grants	i, check here ►	

BAA

Form 990 (2006)

. 14	Balance Sheets (See the instructions.) There required, attached schedules and amounts within the description		(A) Beginning of year		(B) End of year
C	olumn should be for end-bi-year althounts only.		333,325.	45	350,195.
45	Cash – non-interest-bearing		333,3231	46	
46	Savings and temporary cash investments				
	Accounts receivable			3.3 √2	
47 a	Accounts receivable 47b Less: allowance for doubtful accounts 47b			47 c	
þ	Less: allowance for doubtful accounts			***	
40-	Pledges receivable				
40 a	Less: allowance for doubtful accounts			48 c	
VQ U	Grants receivable		33,401.	49	160,835.
	a Receivables from current and former officers, directors, trustees, and				
50 a	employees (attach schedule)			50 a	
	Description from other disqualified persons (as defined under section	4958(1)(1))		1 1	
	and persons described in section 4958(c)(3)(B) (attach schedule)			50 b	
E1 -	Other notes and loans receivable			144 40 A	
	(attach schedule)			12.22	
E	Less: allowance for doubtful accounts			51 c	
52	Inventories for sale or use		57,903.	52	78,517
53	Prepaid expenses and deferred charges		10,794.	53	9,554
54 a	a Investments – publicly-traded securities	st ∐FMV		54a	
	Investments – other securities (attach sch)	st LFMV		54b	
55 a	a Investments - land, buildings, & equipment: basis 55a			35.44A	
i	Less: accumulated depreciation			1000	
	(attach schedule)			55 c	
	Investments – other (attach schedule)			56	
57 a	a Land, buildings, and equipment: basis	<u> 14,365.</u>			
1	b Less: accumulated depreciation		11 = 20		14,365
1	(attach schedule)		11,520.	3/6	14,363
58	Other assets, including program-related investments	,	ļ	58	
	(describe)	446,943.	+	613,466
59	Total assets (must equal line 74). Add lines 45 through 58	<u>• · · · · · · · · · · · · · · · · · · ·</u>		+	6,032
60	Accounts payable and accrued expenses		34,800.	61	0,032
61	Grants payable Deferred revenue		35,919.	+	
			33,312.		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		ŀ	63	
ړ	a Tax-exempt bond liabilities (attach schedule)			64a	- , ·
	b Mortgages and other notes payable (attach schedule)			64b	
				65	
65	Other liabilities (describe			66	6,032
	ganizations that follow SFAS 117, check here				
٥١٠	through 69 and lines 73 and 74.				
 67			376,224		591,694
68				68	15,740
69				69	
	ganizations that do not follow SFAS 117, check here 🕨 📗 and con			400	
	70 through 74.				
70				70	
71				71	
72				72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines	70 through		12.00	
١.٠	72. (Column (A) must equal line 19 and column (B) must equal line	21)	376,224	_	607,434
1 -4	Total liabilities and not assets/fund balances. Add lines 55 and 73		446.943	. 74	613,466

Alzheimer's Association, Mid-South Chapter - 208

62-1860364

Page 5

Form 990 (2006) Alzheimer's Association,			62-1860	364	F	age 6
Part V-A Current Officers, Directors, Tru	stees, and Key Em	ployees (continued	1)		Yes	No
75 a Enter the total number of officers, directors, and trustees p	-	•		2-	A PER	742-1- 34
b Are any officers, directors, trustees, or key emlisted 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 related.	sated professional and oh family or business re	other independent cont	ractors listed in Schedul	es e	(, 15	Sec.
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	sated professional and any other organization	other independent cont is, whether tax exempt of	ractors listed in Schedul	e Si		
If 'Yes,' attach a statement that includes the in	formation described in	the instructions.		1462		
d Does the organization have a written conflict or	finterest policy?	• • • • • • • • • • • • • • • • • • • •		75 d		
Part V-B Former Officers, Directors, Trus Benefits (If any former officer, director 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	xpense and ot vances	ther
		-				
						
						
Rart VE Other Information (See the instr	uctions.)		1.		Yes	No
76 Did the organization make a change in its activ		duction activities?		200		
If 'Yes,' attach a detailed statement of each ch	ange			76		
77 Were any changes made in the organizing or g		t not reported to the IRS	s?			
If 'Yes,' attach a conformed copy of the change				3.5	3	
78a Did the organization have unrelated business g b If 'Yes,' has it filed a tax return on Form 990-T		• •	· · · · · · · · · · · · · · · · · · ·		$\vdash\vdash\vdash$	Х
	-			700	30 5	2785
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				79	<u>ध्यक्तर</u> म्	
80a Is the organization related (other than by associatements), governing bodies, trustees, office		or nationwide organizat empt or nonexempt orga	ion) through common anization?	80 a	200	
b If 'Yes,' enter the name of the organization >			empt or Inonexem	_		
81 a Enter direct and indirect political expenditures.	See line 81 instruction	s.)	81a	ipt.	***	
b Did the organization file Form 1120-POL for this		•		81 b	24F2.7512	25.50

Form 990 (2006)

ВАА

Form 990 (2006) Alzheimer's Association, Mid-South Chapter - 208		62-186036	4	F	age 7
Part VI Other Information (continued)				Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	s at no charge	or at	82 a	X	
bilf '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	31,200.			
83a Did the organization comply with the public inspection requirements for returns and exemption	n applications	?	83 a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contrib	utions?		83 b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?			84 a	Skeri	X
b If 'Yes,' did the organization include with every solicitation an express statement that such content tax deductible?	ontributions or	gifts were	** 84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	?		85 a	N/	<u> </u>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85 b	N/	<u>A</u>
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	ne organization	received a		0,665 750 2962	
c Dues, assessments, and similar amounts from members	85 c	N/A		iec.	
d Section 162(e) lobbying and political expenditures		N/A		34765.7	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A	\$	~~~	62mm
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A		ان الموادع د ومرات و ساده	Spesi
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	• • • • • • • • • • • • • • • • • • • •		85 g	N/	j . (8,≟π
h If section 6033(eX1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reaso dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate of		85 h	N/	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	1 1			- 10 T	建建物等
line 12	86a	N/A		222	7628
b Gross receipts, included on line 12, for public use of club facilities	86bl	N/A	- KAN-19	MAXIME	200
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	4	ů,	n. Z
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 a At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.77 If 'Yes,' complete Part IX	corporation or p 701-2 and 301.	partnership, 7701-3?	88 a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI	y within the me	eaning of	88b		
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year use section 4911 > ; section 4912 > ; section					****** *****
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	ss benefit trans 'Yes,' attach a	action statement	89 b		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during t year under sections 4912, 4955, and 4958	he ►				
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 prohibite		ansaction?	89 e		
f All organizations. Did the organization acquire a direct or indirect interest in any applicable in	nsurance contra	act?	89 f		
g For supporting organizations and sponsoring organizations maintaining donor advised funds organization, or a fund maintained by a sponsoring organization, have excess business hold	Did the supportings at any time	rting e during			
the year?the year?			89 g	_	<u>. </u>
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, 2006 (See instructions.)					15
91 a The books are in care of F Telephone n	umber >			-	
Located al •	ZIP	+45			
b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other fi	or other author	nt)?	91 b	Yes	No
If 'Yes,' enter the name of the foreign country ►				新 华弟	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.	Foreign Bank a	nd 			
BAA			Forn	n 990 ((2006)

Part VI Other Information (continue	-	· · · · · · · · · · · · · · · · · · ·			Yes No
c At any time during the calendar year, did		ion maintain an office	e outside of the Ur	nited States?	<u>91 c</u>
If 'Yes,' enter the name of the foreign co 92 Section 4947(a)(1) nonexempt charitable					
and enter the amount of tax-exempt inte					
Part VIII Analysis of Income-Produc					
		l business income		ection 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a Workshops/Conferences/Seminars					51,797.
b					
c					
d				_	
e				· <u>-</u>	
f Medicare/Medicaid payments	_				
g fees & contracts from government agencies 94 Membership dues and assessments					25.
95 Interest on savings & temporary cash invinits			14		23.
96 Dividends & interest from securities			14	5,767.	
97 Net rental income or (loss) from real estate:				a and a second second	
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					_
99 Other investment income			14		<u> </u>
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	638,445.	
102 Gross profit or (loss) from sales of inventory					3,772.
103 Other revenue: a	THE PARTY OF THE P	ALCOHOLD AND ADDRESS OF	FOR ALCOHOL		
b <u>Misc</u>					265.
c					
d			 		
104 Subtotal (add columns (B), (D), and (E))	CENTURE P			644,212.	55,859.
105 Total (add line 104, columns (B), (D), a					700,071.
Note: Line 105 plus line 1e, Part I, should equa					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part-VIII Relationship of Activities to			empt Purpose	s (See the instruct	ions.)
Line No. Explain how each activity for which of the organization's exempt purpo					accomplishment
Part IX Information Regarding Tax	ahla Subcid	iaries and Disree	arded Entities	(See the instruction	one) N/7
<u>≅ranin⊼⊲imormation Regarding Taxa</u> (A)	(B)		C)	(D)	ons.) N/A (E)
		.	·		
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage ownership int		f activities	Total income	End-of-year assets
		8	-		
		S S			
		98			
	<u></u>	8			
Part X Information Regarding Tran					
a Did the organization, during the year, receive any fur b Did the organization, during the year, pay	premiums, d	rectly or indirectly, or			Yes No
Note: If 'Yes' to (b), file Form 8870 and For	m 4720 (see i	nstructions).		wee:	- Farm 000 10000

Form 990 (2006) Alzheimer's Association, Mid-South Chapter - 208

62-1860364

Page 8

Pai	t.XI	Information Regarding Transfers To an organization is a controlling organization	d From Controlled En	tities. Comp n 512(b)(13)	lete only if the			
106	Did	the reporting organization make any transfers to a				e? If	Yes	No
	'Ye	s,' complete the schedule below for each controlled (A) Name, address, of each	entity (B) Employer Identification	Desc	(C)	Amount] D)	
		controlled entity	Number	tra	ansfer 	Amount	of tran	ster
a								
b								
С	-							
		Totals					r	
107	Did 'Ye:	the reporting organization receive any transfers fro s,' complete the schedule below for each controlled	m a controlled entity as detentity	ined in section	512(b)(13) of the	Code? If	Yes	No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	Amount (D) of tran	sier
a	<u>-</u>							
b	 							
с	 							
		Totals	1.4.2.4	y j y i	Para in			
108	Did ann	the organization have a binding written contract in uities described in question 107 above?	effect on August 17, 2006, o	covering the in	terest, rents, royal	ties, and	Yes	No
Plea	se	Under penalties of perjury, I declare that I have examined this returne, correct, and complete. Declaration of preparer (other than off	irn, including accompanying schedulicer) is based on all information of	les and statements, which preparer has	and to the best of my any knowledge.	knowledge and	belief, it	is 77
Sign Here		Signature on officer. Maca Massengil Type or print name and title.	1		Date ()			
Paid Pre-		Preparer's signature	Date		Check if self- employed ►	reparer's SSN c eneral instruction	or PTIN ((See
oare Jse Only		Firm's name (or yours if self-employed). ALZHEIMER'S ASSC. 225 N MICHIGAN AVE FL address, and address, and address, and address.	_	7757	EIN >			
BAA	_	ZIP +4 CHICAGO	IL 60601-	1131	Phone no. ►	Form	990 ((2006)

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

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

Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

2006

Employer identification number 62-1860364 Alzheimer's Association, Mid-South Chapter - 208 Part Compensation of the Five Highest Paid Employees Other Than Officers. Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (e) Expense count and other (d) Contributions (b) Title and average (c) Compensation (a) Name and address of each to employee benefit plans and deferred employee paid more than \$50,000 hours per week allowances devoted to position compensation Sheryl Ludeke-Smikth Area Director/Program Coorld 50 60,320 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 :: Ba 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.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service Total number of other contractors receiving over \$50,000 for other services .

Pa	t III Statements About Activities (See 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 \(\sigma_1, 980 \). (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	raka b	
	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.			43
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?	. 2a		ļ
l	Lending of money or other extension of credit?	. 2b		
,	Furnishing of goods, services, or facilities?	. 2c		
	See Part V, Form 990			
•	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	. 2 d	Х	
•	Transfer of any part of its income or assets?	. 2e		
3	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.)	3 a		
1	Did the organization have a section 403(b) annuity plan for its employees?	. 3b		_
•	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	. 3c		
	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	. 3d		
	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines			
	4f and 4g	44		
ĺ	Did the organization make any taxable distributions under section 4966?	4 b		
•	: Did the organization make a distribution to a donor, donor advisor, or related person?	. 4c		
4	Enter the total number of donor advised funds owned at the end of the tax year			
,	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
1	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			_
	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Par	t IV Reason for Non-Private F	oundation Status (S	ee instructions.)							
I cer	tify that the organization is not a private f	oundation because it is: (F	Please check only ONE app	licable box.)						
5	A church, convention of churches, o	r association of churches.	Section 170(b)(1)(A)(i).							
6	A school. Section 170(b)(1)(A)(ii). (A	Also complete Part V.)								
7	A hospital or a cooperative hospital	service organization. Sect	ion 170(b)(1)(A)(iii).							
8	A federal, state, or local governmen	t or governmental unit. Se	ction 170(b)(1)(A)(v).							
9	A medical research organization operand state >	erated in conjunction with	e hospital. Section 170(b)(1)(A)(iii). Ente	er the hospital	I's name, city,				
10	An organization operated for the ber (Also complete the Support Schedu	nefit of a college or universite in Part IV-A.)	sity owned or operated by a	government	al unit. Sectio	on 170(b)(1)(A)(iv).				
1 1 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp	es a substantial part of its lete the Support Scheduk	support from a government e in Part IV-A.)	ital unit or fro	om the genera	il public.				
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 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 controller requirements of section 509(a)(3).	d by any disqualified person theck the box that describe	ons (other than foundation rest the type of supporting or	managers) ar ganization: •	nd otherwise r	neets the				
	Type I Type II		nally Integrated	Type III-						
	(a) Name(s) of supported organization(s)	e following information ab (b) Employer identification number (EIN)	out the supported organiza (c) Type of organization (described in lines 5 through 12 above or IRC section)	ltions. (See i (d Is the superiorganization the superiorganization govering docum	pported n listed in porting ation's ning	(e) Amount of support				
			_							
			-							
										
Total		<u> </u>		<u> </u>						
14	An organization organized and opera	ated to test for public safe	ty. Section 509(a)(4). (See	instructions.)						
ВАА					dule A (Form	990 or 990-EZ) 2006				

e Public support (line 260	minus line 26d total)			26 e	1,755,645.
f Public support percent	age (line 26e (numerator) divid	ded by line 26c (denominator))		26 f	95.42 %
27 Organizations describe			· · · · · · · · · · · · · · · · · · ·		
	ounts received in each year fro	re received from a 'disqualified m, each 'disqualified person.' [
(2005)	(2004)	(2003)	(2002)		
to show the name of, a \$5,000. (Include in the After computing the dif	ind amount received for each y list organizations described in	from each person (other than ' rear, that was more than the la lines 5 through 11b, as well as eceived and the larger amount	rger of (1) the amount on lin individuals.) Do not file this	e 25 fo list wi	r the year or (2)
(2005)	(2004)	(2003)	(2002)		
c Add: Amounts from col	umn (e) for lines: 15	16			
17	_	21	<u> </u>	27 c	
d Add: Line 27a total		and line 27b total		27 d	
e Public support (line 27d	total minus line 27d total)	- 	· · · · · · · · · · · · · · · · · · ·	27 e	·-
f Total support for sectio	n 509(a)(2) test: Enter amount	from line 23, column (e)	27f	*	12.44 TEXT 73.5
		led by line 27f (denominator))		27 g	
h Investment income per	centage (line 18, column (e) (n	umerator) divided by line 27f (d			
28 Unusual Grants: For ar list for your records to	n organization described in line show, for each year, the name	e 10, 11, or 12 that received any of the contributor, the date and rn. Do not include these grants	y unusual grants during 2002 d amount of the grant, and a	through	gh 2005, prepare a

Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, 30 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? 31 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? 32 b 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? 32 d Gara If you answered 'No' to any of the above, please explain. (If you reed more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33 a 33 b b Admissions policies? 33 c d Scholarships or other financial assistance? 33 d 33 e f Use of facilities? 33 f g Athletic programs? 33 q h Other extracurricular activities? 33 h If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? ... 34 a 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.

Schedule A (Form 990 or 990-EZ) 2006 Alzheimer's Association, Mid-South Chapter - 208

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

	(To be complet	ted UNLT by an eligible	organization that filed i	-orm 5/68)					
Chec	ck ► a if the organi	ization belongs to an aff	iliated group. Check	c ► b if you	check	ked 'a' and '	limited	conti	ol' provisions apply.
		Limits on Lobbying	•	ed)		Affiliate	a) ed grou tals	ιþ	(b) To be completed for all electing
36	<u>.</u>	ures to influence public			36	 			organizations
37		ures to influence public ures to influence a legis	,		37				
38	· -	ures (add lines 36 and 3			38				
39		expenditures	•		39				
40		expenditures (add lines 3			40		_		
41		mount. Enter the amoun				100		¥#.	
	If the amount on line 40		lobbying nontaxable a			1120		11.75	
		20%	• -		-			Eraba Latina	
		,000,000 \$100,							
		\$1,500,000 \$175,		I .	41				half remainder — No. 19 remidle on a timel desire
	Over \$1,500,000 but not over 5	\$17,000,000 \$225,	000 plus 5% of the excess ov	rer \$1,500,000	b .	Taranta a comita	والإدرام والمساوان		alkang ti sa a sa kalawaya Tanganga
	Over \$17,000,000		00,000		WATER HIPPI				
42	Grassroots nontaxable	amount (enter 25% of lir	ne 41)		42				
43	Subtract line 42 from lin	ne 36. Enter -0- if line 42	is more than line 36.		43				
44	Subtract line 41 from lin	ne 38. Enter -0- if line 41	is more than line 38		44				
	Caution: If there is an a	amount on either line 43	or line 44, you must fil	e Form 4720.				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	(Some organ	nizations that made a se	Averaging Period ection 501(h) election de the instructions for li	o not have to cor	mplete		ve colu	ımns	below.
			Lobbying Expen	ditures During 4	-Year	Averaging F	Period		r
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005			-		(e) Total	
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))		(1) 人名 《李宗·蒙古罗奇 《 · · · · · · · · · · · · · · · · · · ·						
47	Total lobbying expenditures						-		
48	Grassroots non- taxable amount		- H-10 - 2 1		tha stein	ene er erre	-archie -faile		
49	Grassroots ceiling amount (150% of line 48(e))						isis Hari	建筑	
	Grassroots lobbying expenditures VI-B Lobbying Ac	4: ::	na Dublia Charleta						
rari		ctivity by Nonelections that	ng Public Charitie: it did not complete Parl	s t VI-A) (See instri	uctions	s.)			
Durie						•	T		
atten	ng the year, did the organi opt to influence public op	pinion on a legislative ma	atter or referendum, the	rough the use of:	ricidari	ig arry	Yes	No	Amount
а	Volunteers								
	Paid staff or manageme							\dashv	
	Media advertisements .	•	· ·					\neg	
	Mailings to members, le								· · · · · · · · · · · · · · · · · · ·
е	Publications, or published	ed or broadcast stateme	nts						
	Grants to other organiza					,			
	Direct contact with legis						Х		11,980.
	Rallies, demonstrations,			•					
i	Total lobbying expenditu	res (add lines c through	n h.)				45 ±	σQ	11,980.
	If 'Yes' to any of the abo	ove, also attach a staten	nent giving a detailed d	escription of the	lobbyir	ng activities			

62-1860364 Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

	*		organizations) or in section 527, relation to a noncharitable exempt organization	- . -		Yes	No
	•	-	· · · · ·		51 a (i)	163	
• • •					· · · · · ·		
	transactions:		••••••••••		a (ii)		$\overline{}$
		م ماند، منم	anabasitable augmet organization		L (5)		
• • •	-				b (ii)		
			· =				
	, ,				b (iii)		
					b (iv)		_
					b (v)		
• •			•		b (vi)		_
			sts, other assets, or paid employees complete the following schedule. Columby the reporting organization. If the or how in column (d) the value of the good	mn (b) should always show the fair ma ganization received less than fair mar ids, other assets, or services received	c erket value ket value i	of n	
(a) Line no.	(b) Amount involved	1	(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			 s
				-			_
		 	_				_
							_
		ļ					
		<u>-</u>			-		
	·	 					_
					-		_
					-		
		<u> </u>					_
				-			_
describ	organization directly or in sed in section 501(c) of the complete the following	the Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in sectio	tax-exempt organizations n 527?	► ☐ Ye	s 🗌	N
<u> </u>	(a)	scriedule.	(b)	(c)			_
	Name of organization		Type of organization	Description of relation	ship		
							_
							
							_
						_	
							_
			1				
					•		

Supporting Statement of:

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

	Description	Amount
		42,721. 611,014.
Total		653,735.

Supporting Statement of:

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

	Description	Amount
	· · · · · · · · · · · · · · · · · · ·	27,737.
		624,554.
		140.
Total		652,431