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)

OMB No. 1545-0047

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

	For th	ne 2008 calendar	year, c	r tax year beginning Jul	l 1	, 2008,	and endin	g Jun	75.00		, 2009		
В	Check i	if applicable:		C Name of organization					D Employ	er Iden	tification Numb	er	
	Ac	idress change II	lease use RS label	Alzheimer's Associ	iation, Mid-So	outh	Chapter	- 208	62-3	1860	364		
	Na	ame change	or print or type.	Number and street (or P.O. bo.	x if mail is not delivered to	street ac	ddr) Room/s	uite	E Telepho	ne nun	nber		
	Ini		See specific	4205 Hillsboro P	ike		216						
		ermination	Instruc- tions.	City, town or country		State	ZIP code + 4	1					
		mended return		Nashville		TN	37215	`	G Gross	receints	\$ 1,465,	612	
			Name a	and address of principal officer:			0,210	H(a) Is this	a group retur			Yes	No
	∟∼	phication pending.	rianc c	ind dadress of principal officer.				E 1922 The County of the Count	affiliates incl			Yes	No
	T		W 501	(2) (2)) (() () ()	1 4047(-)(1)	T	527	If 'No,'	attach a list.	(see in	structions)		
÷		-exempt status	X 501	(c) (3) ◄ (insert no.) 4947(a)(1)	or I	527			- constant			
<u></u>	0.0000	bsite: ► N/A	1			1.			exemption nu				
K			Corpora	ation Trust Association	Other ►	LY	ear of Forma	tion:	M S	tate of	legal domicile:		
Pa	-	Summary											
	1	Briefly describe	the org	anization's mission or most	significant activities	··							-,-,- :
9				Alzheimer's disea									
Activities & Governance				re and support fo		ed;_a	and to	reduce	the r	1 <u>sk</u>	of dem	ent1	<u>a</u>
TI-				romotion of brain									
39				if the organization discontin									
જ				bers of the governing body t voting members of the gov							13		
ies				yees (Part V, line 2a)							27		
ž				eers (estimate if necessary)							1,950		
Act				ousiness revenue from Part						7a	1,550		0.
-174				taxable income from Form						7b			
_		THE DIFFERENCE DE	u3111033	taxable income from Form	550 1, III 6 54					, ,	C	-4 V	
	_	C1-1b11		ts (Part VIII, line 1h)					rior Year	0.0	Curre		
e	8				318,0				049. 248.				
Revenue		Program service		8,8		1		656.					
Re				art VIII, column (A), lines 3,					901,2				659.
		1/2		II, column (A), lines 5, 6d, 8					,250,2		1 /		612.
-				nes 8 through 11 (must equa				_	, 230, 2	40.	1,4	05,0	DIZ.
				ounts paid (Part IX, column						_			
				members (Part IX, column (706 0	20	0	00 (0.5.7
စ္				sation, employee benefits (706,0	30.	9	03,8	857.
Expenses	16a	Professional fur	ndraisin	g fees (Part IX, column (A),	, line 11e)								
xb	b	Total fundraising	g exper	nses (Part IX, column (D), li	ne 25) ►	27	7,081.				SUNKEY!	1	
ш	17	Other expenses	(Part I	X, column (A), lines 11a-11e	d, 11f-24f)				484,1	24.	5	25,	164.
				nes 13-17 (must equal Part					,190,1	54.			021.
				s. Subtract line 18 from line					60,0				591.
80			.,						nning of Y		Taylor Market	of Yea	
Balanc	20	Total assets /Ps	art Y lin	ne 16)				Begii	957,8				880.
Ass				line 26)				-	10,2				686.
Net /													
	22			nces. Subtract line 21 from	line 20				947,6	03.	9	84,.	194.
Pa	TL III	Signature				3 %	20°10 30° 8	761	Emiliana di Sa	Mire in	1300 200	W WAS	
		Under penalties o true, correct, and	of perjury, complete	I declare that I have examined this in Declaration of preparer (other than	return, including accompar officer) is based on all in	ormation	edules and st of which prep	atements, and parer has any	d to the best knowledge.	of my l	knowledge and	belief, i	115
•		- m		- 10	`~ ^			1	1	\	211	1	000
Sig	ın	Simulation	TON	ar 1, loggan	gill			Do	1/0	en	Der 27	40	00.
He	е	Signature of o	omer	· m1	0. 11	0 -		Da	te 1				
			190	cia l'lasse	19111	Cit	0						
_		Type or print	name an	d title.						To			
						D	ate	Ch	neck if	(5	reparer's identi see instructions	tying nu	imber
Pai		Preparer's							nployed >				
Pre		Preparer's signature											
Us	er's	Firm's name (or	ALZ	HEIMER'S ASSOCIAT	TION								
On		yours if self- employed),	225	N MICHIGAN AVE				EI	N ►				
011	·y	address, and ZIP + 4		CAGO	IL	6060	1	P	none no.				
May	the I			with the preparer shown abo							Yes		No
ividy	tile I	i to diacuss triis i	Cluitiv	The proparer shown abo	TO COCCUMENTAL	٠,					1 163		

	990 (2008)	Alzheimer's Association, Mid-South Chapter - 208	62-1860364	Page 2
Par		tatement of Program Service Accomplishments (see instructions)		
1	-	cribe the organization's mission:		
		minate Alzheimer's disease through the advancement of re		
		hance care and support for all affected; and to reduce to	ine risk of de	mentia
	riirondi	h the promotion of brain health.		
	Did the orga	anization undertake any significant program services during the year which were not listed on the	e prior	
_	-	or 990-EZ?		X No
		scribe these new services on Schedule O.		_
3	Did the orga	anization cease conducting, or make significant changes in how it conducts, any program service	es?	s ⊠ No
		scribe these changes on Schedule O.		
4	Describe the	e exempt purpose achievements for each of the organization's three largest program services by (4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	expenses. Section 501	(c)(3)
		and revenue, if any, for each program service reported.	locations to others, the	totai
4a	(Code:) (Expenses \$0 including grants of \$0) (Revenue \$	73,097.)
		ops/Conferences/Seminars		
		- 		
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	10 1-	0.00	D	01 151 \
4 D)(Expenses \$0.including grants of \$0.)(Program Services- Educational grants and misc. program		81,151.)
	Acide1 - 1	riogram services Educational grants and misc. program	:IICOME	
			·	
			· 	
		* ** ** ** ** *		
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			. 	
4 d		am services. (Describe in Schedule O.)		
	(Expenses	\$ including grants of \$) (Revenue \$)
4e	Total progra	am service expenses ► \$ 0 . (Must equal Part IX, Line 25, column (B)	1.)	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 X 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 X X 10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable 11 X Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 X 14a X 14a Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I. 17 X 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 Х 19 X Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 X 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III X Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a X b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from 25h X a prior year? If 'Yes,' complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

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Form 990 (2008)

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			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
i	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		x
1	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x

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orm	1990 (2008) Alzheimer's Association, Mid-South Chapter - 208 62-186036	4	F	age 5
ar	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 27			
2b	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	1000	97.3	B
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
b	o If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
	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)?	4a		х
b	olf 'Yes,' enter the name of the foreign country:			10
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	Х	
	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
,	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
_	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X	
		193.03	1000	566
~	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0.400		
а	a Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			No.
a	Initiation fees and capital contributions included on Part VIII, line 12	100		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	1		

a Gross income from other members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11a

11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008) Alzheimer's Association, Mid-South Chapter - 208 62-1860364 Page
Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

					_
	For each	"Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, es, or changes in Schedule O. See instructions.		Yes	No
1	a Enter th	e number of voting members of the governing body			
	b Enter th	e number of voting members that are independent			
2	Did any officer, o	officer, director, trustee, or key employee have a family relationship or a business relationship with any o <mark>th</mark> er director, trustee or key employee?	2		Х
3	Did the of	organization delegate control over management duties customarily performed by or under the direct supervision rs, directors or trustees, or key employees to a management company or other person?	3		Х
4		organization make any significant changes to its organizational documents	4		Х
	since the	prior Form 990 was filed?			
5	Did the	organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the	e organization have members or stockholders?	6		X
7	a Does the	e organization have members, stockholders, or other persons who may elect one or more members of the g body?	7a		х
	b Are any	decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the o	organization contemporaneously document the meetings held or written actions undertaken during the year by wing:			
		erning body?	8a	Х	
	b Each co	mmittee with authority to act on behalf of the governing body?	8b	Х	
9	a Does the	organization have local chapters, branches, or affiliates?	9a		X
	b If 'Yes,' and bran	does the organization have written policies and procedures governing the activities of such chapters, affiliates, aches to ensure their operations are consistent with those of the organization?	9b		
10	Was a c describe	opy of the Form 990 provided to the organization's governing body before it was filed? All organizations must in Schedule O the process, if any, the organization uses to review the Form 990	10		Х
11	Is there organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		х
	ction B.				
				Yes	No
12	a Does the	e organization have a written conflict of interest policy? If 'No,' go to line 13			
		organization have a written commet or interest policy: If two, go to line 15	12a	X	
	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts?	12a 12b	X	
	to conflic	ers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflic c Does the Schedul	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts?	12b	х	
13	to conflict c Does the Schedul Does the	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? e organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in e O how this is done	12b 12c	X X	
13 14	to conflict C Does the Schedul Does the Does the	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? e organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in e O how this is done e organization have a written whistleblower policy?	12b 12c 13	X X X	
13 14 15	to conflict C Does the Schedul Does the Does the Did the persons	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? e organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in e O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy?	12b 12c 13	X X X	
13 14 15	to conflict C Does the Schedul Does the Does the Did the persons a The organization	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? e organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in e O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision:	12b 12c 13 14	X X X	
13 14 15	to conflict c Does the Schedul Does the Does the Did the persons a The orga b Other of	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? er organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the O how this is done erorganization have a written whistleblower policy? erorganization have a written document retention and destruction policy? erorcess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: enization's CEO, Executive Director, or top management official?	12b 12c 13 14	X X X X	
13 14 15	to conflict c Does the Schedul Does the Does the Did the persons a The orga b Other of Describe a Did the confliction	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? er organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the O how this is done er organization have a written whistleblower policy? er organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: anization's CEO, Executive Director, or top management official? ficers of key employees of the organization?	12b 12c 13 14	X X X X	X
13 14 15	to conflict c Does the Schedul Does the Does the Did the persons a The orga b Other of Describe a Did the entity du b If 'Yes,' in joint v	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? er organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the organization have a written whistleblower policy? er organization have a written document retention and destruction policy? er organization have a written document retention and destruction policy? er organization have a written document retention and destruction policy? er organization determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: entire of key employees of the organization? enthe process in Schedule O. (see instructions) forganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt	12b 12c 13 14 15a 15b	X X X X	X
13 14 15	to conflict c Does the Schedul Does the Does the Did the persons a The orga b Other of Describe a Did the centity du b If 'Yes,' in joint v status w	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? er organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the organization have a written whistleblower policy? er organization have a written document retention and destruction policy? erroccess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: enization's CEO, Executive Director, or top management official? ficers of key employees of the organization? ethe process in Schedule O. (see instructions) forganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt ith respect to such arrangements?	12b 12c 13 14 15a 15b	X X X X	X
13 14 15	to conflict c Does the Schedul Does the Does the Did the persons a The orgate b Other of Describe a Did the centity dute the Schedul b If 'Yes,' in joint wastatus wection C.	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? er organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the organization have a written whistleblower policy? er organization have a written document retention and destruction policy? errocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: enization's CEO, Executive Director, or top management official? ficers of key employees of the organization? ethe process in Schedule O. (see instructions) forganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt ith respect to such arrangements? Disclosures	12b 12c 13 14 15a 15b	X X X X	X
13 14 15 16	to conflict c Does the Schedul Does the Does the Did the persons a The organ b Other of Describe a Did the centity du b If 'Yes,' in joint v status w ction C. List the	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? erorganization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the organization have a written whistleblower policy? erorganization have a written document retention and destruction policy? erorocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: enization's CEO, Executive Director, or top management official? ficers of key employees of the organization? ethe process in Schedule O. (see instructions) forganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt ith respect to such arrangements? Disclosures states with which a copy of this Form 990 is required to be filed F	12b 12c 13 14 15a 15b 16a	X X X X	
13 14 15 16	to conflict c Does the Schedul Does the Does the Did the persons a The orgate b Other of Describe a Did the centity dute of the Did the centity dute of the Conflict of the Co	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts? er organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the organization have a written whistleblower policy? er organization have a written document retention and destruction policy? errocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: enization's CEO, Executive Director, or top management official? ficers of key employees of the organization? ethe process in Schedule O. (see instructions) forganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt ith respect to such arrangements? Disclosures	12b 12c 13 14 15a 15b 16a	X X X X	
13 14 15 16 Sec 17 18	to conflict c Does the Schedul Does the Does the Did the persons a The orgate b Other of Describe a Did the centity dute of the Did the Centity dute of the Centity du	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cits? e organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: enization's CEO, Executive Director, or top management official? ficers of key employees of the organization? In the process in Schedule O. (see instructions) forganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? The process of the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt ith respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed for the process of the	12b 12c 13 14 15a 15b 16a 16b	X X X X X X Or put	olic
13 14 15 16 Sec 17 18	to conflict c Does the Schedul Does the Does the Did the persons. a The orgate bother of Describe a Did the centity dute of th	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cits? erorganization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in erorganization have a written whistleblower policy? erorganization have a written document retention and destruction policy? erorganization have a written document retention and destruction policy? erorganization have a written document retention and destruction policy? erorganization have a written document retention and destruction policy? erorganization have a written document retention and destruction policy? erorganization's CEO, Executive Director, or top management official? ficers of key employees of the organization? er the process in Schedule O. (see instructions) forganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ering the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt ith respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed fol 4 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avaid in lindicate how you make these available. Check all that apply. website Another's website Under the policy of procedure in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy.	12b 12c 13 14 15a 15b 16a 16b	X X X X X X financial	olic

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	m 990 (2008) Alzheimer's Association, Mid-So	outh Chapter -	- 208	62-1860364	Page
Pa	rt VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a 92,737. b Membership dues 1b c Fundraising events 1c 1,100,422. d Related organizations 1d e Government grants (contributions) 1e				
ONTRIBUT AND OTHE	f All other contributions, gifts, grants, and similar amounts not included above 1f 105,890. g Noncash contribns included in Ins 1a-1f: \$	1 200 242			
PROGRAM SERVICE REVENUE	h Total. Add lines 1a-1f Business Code 2a Workshops/Conferences/Seminars b Educational Grants c Misc Income d	73,097. 81,018. 133.	73,097. 81,018. 133.	0. 0. 0.	0.
PROGRAM	e f All other program service revenue g Total. Add lines 2a-2f ▶	154,248.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	7,656.	7,656.	0.	0.
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory . b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including . \$ \				
·	c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory	4,659.	4,659.	0.	0.
	b c d All other revenue				
	e Total. Add lines 11a-11d	1,465,612.	166,563.	0.	0.

62-1860364

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

Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	62,000.	47,740.	3,720.	10,540.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	711,859.	548,131.	42,712.	121,016.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	76,482.	58,891.	4,589.	13,002.
10	Payroll taxes	53,516.	41,207.	3,211.	9,098.
11	Fees for services (non-employees)				
a	Management				
b	Legal				
	: Accounting				
	Lobbying	9,805.	9,805.	0.	0.
•	Prof fundraising svcs. See Part IV, In 17		国工艺术等		
f	Investment management fees				
ç	Other				
12	Advertising and promotion	14,720.	12,880.	6.	1,834.
13	Office expenses	54,999.	19,994.	569.	34,436.
14	Information technology				
15	Royalties				
16	Occupancy	98,998.	76,242.	5,936.	16,820.
17	Travel	49,562.	39,864.	1,047.	8,651.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,958.	28,646.	75.	16,237.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,324.	6,409.	499.	1,416.
1000	Insurance	16,620.	12,797.	997.	2,826.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
i	Professional Fees	14,774.	10,381.	726.	3,667.
	Printing and Publications	38,075.	15,671.	96.	22,308.
	Equip. Maint.	42,721.	34,042.	620.	8,059.
	Research	20,284.	20,284.	0.	0.
	All other expenses	111,324.	103,814.	339.	7,171.
	Total functional expenses. Add lines 1 through 24f	1,429,021.	1,086,798.	65,142.	277,081.
	Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				Form 990 (2008

Form 990 (2008)

1.1			(A) Beginning of year		End o	3) f yea	r					
	1	Cash – non-interest-bearing	688,292.	1	22	20,8	866					
	2	Savings and temporary cash investments		2	64	19,	456.					
	3	Pledges and grants receivable, net	145,667.	3		50,0	000					
	4	Accounts receivable, net		4	4	19,5	593					
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5								
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))										
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6								
ASSETS	7	Notes and loans receivable, net		7								
Ē	8	Inventories for sale or use	95,862.	8			225					
Ś	9	Prepaid expenses and deferred charges	5,715.	9		4,	954					
	10a	Land, buildings, and equipment: cost basis 10a 141,990.										
	b	Less: accumulated depreciation. Complete Part VI of			BILD .		331					
		Schedule D	22,275.	10c		14,	786.					
	11	Investments – publicly-traded securities		11								
	12	Investments - other securities. See Part IV, line 11		12								
	13	Investments - program-related. See Part IV, line 11		13								
	14	Intangible assets		14								
	15	Other assets. See Part IV, line 11		15								
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,0							
	17	Accounts payable and accrued expenses	10,208.	17		97,	686					
	18	Grants payable		18								
192	19		rred revenue 19									
LIABI	20	Tax-exempt bond liabilities		20								
	21	Escrow account liability. Complete Part IV of Schedule D		21								
LITIES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II										
Ė		of Schedule L		22			_					
š	23	Secured mortgages and notes payable to unrelated third parties		23								
	24	Unsecured notes and loans payable		24								
	25	Other liabilities. Complete Part X of Schedule D		25								
_	26	Total liabilities. Add lines 17 through 25	10,208.	26		97,	686					
N E		Organizations that follow SFAS 117, check here ► X and complete lines										
		27 through 29 and lines 33 and 34.		MEGIS.			0.01					
ASSETS	27	Unrestricted net assets		27			291					
Ī	28	Temporarily restricted net assets	73,000.	28		86,	903					
8	29	Permanently restricted net assets	CONTRACTOR STORY	29		550000	200					
"		Organizations that do not follow SFAS 117, check here ► and complete										
DZC		lines 30 through 34.		20	707							
	30	Capital stock or trust principal, or current funds		30		-	_					
BALAZOES	31	Paid-in or capital surplus, or land, building, and equipment fund		31		-	_					
Ñ	32	Retained earnings, endowment, accumulated income, or other funds		32	0.1	0.4	104					
Ę	33	Total net assets or fund balances.	947,603.	33			194					
	34	Total liabilities and net assets/fund balances.	957,811.	34	1,0	01,	300					
Pa	rt X	Financial Statements and Reporting				Yes	No					
1	۸۵	counting method used to prepare the Form 990: Cash X Accrual	Other		100000	162	140					
		counting method used to prepare the Form 990: Cash X Accrual create the organization's financial statements compiled or reviewed by an independent a	Property views		2a	Х	100000					
2		ere the organization's financial statements compiled or reviewed by an independent accountant?	occurrant:		2b	X						
		전에 발매하게 되었다면 하게 되었다면 하게 되는데 사람들은 아이들의 전에 가는데 하게 되었다면 하게 되었다면 사람들은 이 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	y for oversight of the au	dit	20	Λ_	_					
	rev	Yes' to 2a or 2b, does the organization have a committee that assumes responsibilitiew, or compilation of its financial statements and selection of an independent account	intant?	uit, 	2c	Х						
	a As	a result of a federal award, was the organization required to undergo an audit or au	dits as set forth in the S		3-		v					
		dit Act and OMB Circular A-133?			3a	-	X					

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization

Alzheimer's Association, Mid-South Chapter - 208

Employer identification number

62-1860364

Pan	10	Reason for Put	olic Charity Status	s (All organizations	must c	ompie	te this	part.)	(see ir	istructi	ons)		
The o	rga	nization is not a priv	ate foundation because	se it is: (Please check on	ly one o	rganizat	tion.)						
1		A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1	I)(A)(i).					
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		A hospital or coope	rative hospital service	organization described	in sectio	n 170(b)	(1)(A)(ii	i). (Atta	ch Sche	dule H.)			
4	П	A medical research	organization operated	d in conjunction with a ho	ospital de	escribed	in secti	ion 170(b)(1)(A)	(iii). Ente	r the hospi	tal's	
	_	name, city, and sta	te:										
5		An organization ope 170(b)(1)(A)(iv). (C		of a college or university	owned o	r opera	ted by a	govern	mental i	unit desc	ribed in se	ction	
6 7	х	An organization tha		governmental unit describ substantial part of its su art II.)					or from	the gene	ral public d	escrib	ed
8				70(b)(1)(A)(vi). (Complete	e Part II.)							
9		investment income	It normally receives: (ed to its exempt funct and unrelated busines section 509(a)(2). (Co	more than 33-1/3 % of ions — subject to certain ss taxable income (less somplete Part III.)	f its supp exception section 5	ort fron ns, and 11 tax)	(2) no r from bus	outions, more than sinesses	member an 33-1/ s acquire	ship fees 3 % of its ed by the	s, and gross s support fr organization	s recei om gro on afte	ipts oss er
10		An organization org	anized and operated	exclusively to test for pu	blic safe	y. See	section	509(a)(4). (see	instructio	ns)		
11		more publicly suppo	orted organizations de	exclusively for the beneflescribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	tions of . See s e	, or carr ection 50	y out the 09(a)(3).	purposes Check the	of one box th	or nat
		a Type I	b Type II	c Type II	I - Fund	tionally	integrat	ed		d 🗌	Type III-	Other	
е		By checking this bo than foundation ma 509(a)(2).	x, I certify that the org nagers and other than	ganization is not controlled one or more publicly su	ed direct apported	y or ind organiz	irectly bations de	y one o escribed	r more of	disqualification 509(a	ed persons a)(1) or sec	other tion	
f				ermination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganization,		. 🗆
g		Since August 17, 20	006, has the organizat	tion accepted any gift or	contribu	tion fro	m any o	f the fol	lowing p	ersons?			
												Yes	No
		below, the go	verning body of the su	controls, either alone or to apported organization?							11 g (i)		
				ribed in (i) above?							11 g (ii)		
		(iii) a 35% control	led entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide the following	information about the	ne organizations the orga	anization	suppor	ts.						
	Œ	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	in your	the organ	ou notify ization in (i) of upport?	(i) organizati	s the ion in col. zed in the S.?	(vii) Amoun	t of Supp	port
		1 120-00-0			Yes	No	Yes	No	Yes	No			
Total													

Sche	edule A (Form 990 or 990-EZ) 2008	Alzheimer	's Association	n, Mid-South	Chapter - 208	62-186036	4 Page
Par	t II Support Schedule for C	•)(1)(A)(iv) and	d 170(b)(1)(A)(\	/I)
Cas	(Complete only if you checke tion A. Public Support	d the box on line	5, /, or 8 of Part	.)			
-	The second secon						
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	405,755.	544,434.	571,488.	318,096.	1,299,049.	3,138,822
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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						
4	Total. Add lines 1-3	405,755.	544,434.	571,488.	318,096.	1,299,049.	3,138,822
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						3,138,822
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	405,755.	544,434.	571,488.	318,096.	1,299,049.	3,138,822
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	8,648.	5,585.	5,767.	8,844.	7,656.	36,500
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						*
11	Total support. Add lines 7 through 10						3,175,322
12	Gross receipts from related activi	ties, etc. (see inst	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	s for the organizat	tion's first, second	, third, fourth, or	fifth tax year as	a section 501(c)(3)	
	tion C. Computation of Pub						
	Public support percentage for 200	Commence of the Commence of th	The second contract c				98.85%
	Public support percentage for 200					**************************************	96.32 %
162	a 33-1/3 support test — 2008. If the and stop here. The organization of	organization did r qualifies as a publ	not check the box licly supported org	on line 13, and to anization.	he line 14 is 33-1	/3 % or more, che	ck this box
Ł	33-1/3 support test – 2007. If the and stop here. The organization of	organization did r qualifies as a publ	not check a box or icly supported org	n line 13, or 16a, anization.	and line 15 is 33	-1/3% or more, che	ck this box
17 <i>a</i>	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	oox and stop here	 Explain in Part I' 	V how
t	o 10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here	. Explain in Part I'	V how the
18	Private foundation. If the organiz	ation did not chec	k a box on line, 1:	3, 16a, 16b, 17a,	or 17b, check this	s box and see inst	ructions

Schedule A (Form 990 or 990-EZ) 2008

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Schedule A (Form 990 or 990-EZ) 2008 Page 3 Alzheimer's Association, Mid-South Chapter - 208 62-1860364 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in)► (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources ... **b** Unrelated business taxable income (less section 511

BAA	TEEA0403 01/29/09	Schedule A (Form 99	90 or 990-EZ) 2008
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box at	nd see instructions	
b	b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly sup-	more than 33-1/3%, a ported organization .	ind line 18 ►
19a	a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is mor more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported	e than 33-1/3%, and li d organization	ne 17 is not ►
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h		%
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))		%
Sec	ction D. Computation of Investment Income Percentage		
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g		%
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))		%
Sec	ction C. Computation of Public Support Percentage		
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here	as a section 501(c)(3)	▶□
13	Total support. (add ins 9, 10c, 11, and 12.)	THE REPORT OF THE PARTY OF THE	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-	
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on		
(acquired after June 30, 1975 c Add lines 10a and 10b		
	taxes) from businesses acquired after June 30, 1975		

Schedule A Part IV	(Form	990 or	990-E2	Z) 200)8 z	Alzhe	eime	r's F	Asso	ciat:	ion,	Mid-	Sout	th Cha	pter	- 208	62-	1860	364		Page 4
Part IV	Supp	lemer	ıtal İn	forn	nation	1. Co	mple	ete tl	nis p	art to	o pro	vide	the	explai	natio	n requ	uired by	y Part	II, line	10;	
	Part	II, line	: 17a	or 1	7b; oı	r Par	t III,	line	12.	Prov	ide a	ny ot	her	additi	onal	inforn	nation.	(see	instruc	tions)	
																	. -				
																					
												-								-	
																				-	
																		- -			
						· -															

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered	'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), the
 Section 501(c)(4), (5), or 	(6) organizations: Complete Part III.

Name	of organization			Employer identifica	ition number
Alz	heimer's Associa	ation, Mid-South Chapter - 20	8	62-186036	4
Par	t I-A To be complete	ed by all organizations exempt under stions for Schedule C for details.	ection 501(c)	and section 527 orga	nizations.
		ne organization's direct and indirect political cam			
2	Political expenditures			▶\$	
3	Volunteer hours				
Par	To be complete See the instruct	ed by all organizations exempt under s tions for Schedule C for details.	ection 501(c)(
1	Enter the amount of any e	excise tax incurred by the organization under sec	tion 4955	▶\$	
	뭐요. [[14] [[14] [14] [15] [15] [15] [15] [15] [15] [15] [15	excise tax incurred by organization managers un-			
	Pid Pitanamanana m anan menika pana uan dikanikan a	d a section 4955 tax, did it file Form 4720 for this			
4a	Was a correction made? .				Yes No
t	If 'Yes,' describe in Part I'	V			
Par	To be complete See the instruct	ed by all organizations exempt under stions for Schedule C for details.	ection 501(c),	except section 501(c)(3).
1	Enter the amount directly	expended by the filing organization for section 5	27 exempt function	on activities▶\$	
2	Enter the amount of the fi function activities	ling organization's funds contributed to other org	anizations for se	ction 527 exempt ►\$	
3	Total of direct and indirect Form 1120-POL, line 17b	t exempt function expenditures. Add lines 1 and	2 and enter here	and on ►\$	
4		file Form 1120-POL for this year?			Yes No
5	made. Enter the amount r	es and employer identification number (EIN) of a paid and indicate if the amount was paid from the d directly delivered to a separate political organi- ional space is needed, provide information in Pa	tiling organizati	on's funds or were politica	contributions
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
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chedule C (Form 990 or 990-EZ) 2008 A	lzheimer	's Association, Mi	id-South Chap	ter - 208 62-186	0364 Page 2
Part II-A To be complete under section	ed by organ 501(h)). See	izations exempt under the instructions for Scl	section 501(c)(3) nedule C for detai	that filed Form 5768 Is.	(election
A Check ► if the filing of	organization be	elongs to an affiliated group.			
B Check ► if the filing of	organization ch	necked box A and 'limited con	trol' provisions apply.		
(The term 'ex	imits on Lobb kpenditures' m	ying Expenditures – eans amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures	s to influence p	oublic opinion (grass roots lob	bying)		
b Total lobbying expenditures	s to influence a	legislative body (direct lobby	/ing)		
c Total lobbying expenditures	s (add lines 1a	and 1b)			
d Other exempt purpose exp	enditures			,	
e Total exempt purpose expe	enditures (add	lines 1c and 1d)			
f Lobbying nontaxable amou both columns.	nt. Enter the a	mount from the following tabl	le in		
If the amount on line 1e, column	(a) or (b) is:	The lobbying nontaxable ar	mount is:	WITH THE PROPERTY OF	
Not over \$500,000	,,,,,,	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,000	.000	\$100,000 plus 15% of the excess o	ver \$500,000.		
Over \$1,000,000 but not over \$1,50		\$175,000 plus 10% of the excess o			
Over \$1,500,000 but not over \$17,0		\$225,000 plus 5% of the excess ov			
Over \$17,000,000		\$1,000,000.	5.61.62		
g Grassroots nontaxable amo	ount (enter 25%	6 of line 1f)		74	
h Subtract line 1g from line 1	a. Enter -0- if	line g is more than line a			
i Subtract line 1f from line 1	c. Enter -0- if I	ine f is more than line c			
j If there is an amount other section 4911 tax for this ve	than zero on e	either line 1h or line 1i, did the	e organization file For	m 4720 reporting	Yes No
		4-Year Averaging Period L that made a section 501(h) el mns below. See the instruction			
	Lo	bbying Expenditures During	4-Year Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					- a
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2008

	(a	1)	(1	b)
	Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state or local				
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?				9,8
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X		
i Other activities? If 'Yes,' describe in Part IV	ALC: THE RESERVE OF THE	X		0 0
j Total lines 1c through 1i				9,8
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		SUE C	2000	
b If 'Yes,' enter the amount of any tax incurred under section 4912				_
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		100	S 2 2 2 1	00000
art III-A To be completed by all organizations exempt under section 501(c)(4), secti	on 501	(c)(5)	or secti	on
501(c)(6). See the instructions for Schedule C for details.	011 00 1	(0)(0), (01 5000	
				Yes
1 Were substantially all (90% or more) dues received nondeductible by members?			1	
			0.000	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			. 2	
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Schedule C (Form 990 or 990-EZ) 2008 Alzheimer's Association,	Mid-South	Chapter -	208 62-1860364	Pa
Schedule C (Form 990 or 990-EZ) 2008 Alzheimer's Association, Part IV Supplemental Information (continued)			4	
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BAA			Schedule C (Form 990 or 99	0-EZ) 2

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

OMB No. 1545-0047

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

Lz	zheimer's Association, Mid-So	uth Chapter - 208		62-	1860364	
	t I Organizations Maintaining Donor	Advised Funds or Other	r Similar Funds o	r Accounts	Complete i	f
	the organization answered 'Yes' to	Form 990, Part IV, line	6.			
		(a) Donor advised to	funds	(b) Funds a	and other acco	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to				. Yes	☐ No
6	used only for charitable purposes and not for the	s, and donor advisors in writing ne benefit of the donor or donor 			Yes	□No
ar	t II Conservation Easements Comple					
1	Purpose(s) of conservation easements held by		NEO-Y CHISYEN			
5	Preservation of land for public use (e.g., re		Preservation of ar	historically imp	portant land a	rea
	Protection of natural habitat	ior oditorr or productive,	Preservation of ce			
	Preservation of open space	L		Timed motories	i dotai o	
2	Complete lines 2a-2d if the organization held a	gualified consequation contribu	ution in the form of a	conservation e	asement on th	he last day
_	of the tax year.	qualified conservation contrib	ution in the form of a	conservation e	asement on t	ne last day
	7			Held	at the End of	the Year
а	Total number of conservation easements			2a		
	Total acreage restricted by conservation easen			2b		
	Number of conservation easements on a certific			2c		
	Number of conservation easements included in		POLICE:	2d		
	Number of conservation easements modified, t				on during the	tavable
3	year ►	ransierred, released, extinguis	siled, or terrimated b	y the organizati	on during the	tanabic
•	Number of states where property subject to cor	especiation assembnt is located				
•	W M 350 150		2			
5	Does the organization have a written policy reg enforcement of the conservation easement it has	olds?			. Yes	☐ No
6	Staff or volunteer hours devoted to monitoring,					
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing easem	ents during the year	► \$		
В	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		quirements of section		. Yes	☐ No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in the organization's financial st	n its revenue and explant its revenue and explant its interest in the control of	ense statemen bes the organiz	t, and balance ation's accour	e sheet, and nting for
ar	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical 7 vered 'Yes' to Form 990,	reasures, or Oth Part IV, line 8.	er Similar A	ssets	
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	c exhibition, education, or rese	earch in furtherance	1 1 1		D 1 1/11/
b	o If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	SFAS 116, not to report in its c exhibition, education, or rese	revenue statement a earch in furtherance	nd balance she of public service	et works of ar e, provide the	t, historical following
	(i) Revenues included in Form 990, Part VIII,	line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art amounts required to be reported under SFAS 1	t, historical treasures, or other				wing
а	Revenues included in Form 990, Part VIII, line				<b>►</b> \$	

**b** Assets included in Form 990, Part X

Schedule D (Form 990) 2008 Alzhei				62-186	
Part III Organizations Maintain	ling Collection	s of Art, Histor	ical Treasures, or	Other Similar Asse	ts (continuea)
3 Using the organization's accession that apply):	and other records	, check any of the	following that are a sig	nificant use of its collec	tion items (check all
a Public exhibition		d Loan o	r exchange programs		
<b>b</b> Scholarly research		e Other	20 DI 20		
c Preservation for future general	tions				
4 Provide a description of the organi Part XIV.	zation's collections	and explain how	they further the organiz	ation's exempt purpose	in
5 During the year, did the organization assets to be sold to raise funds rate	on solicit or receive	donations of art,	historical treasures, or the organization's colle	other similar	Yes No
Part IV Trust, Escrow and Cus IV, line 9, or reported a	todial Arrange	ments Comple	te if organization a		
1a Is the organization an agent, truste	ee, custodian, or of	ther intermediary f	or contributions or othe	er assets not	D D
included on Form 990, Part X?  b If 'Yes,' explain the arrangement in					Yes No
bit res, explain the analigement in	Trait XIV and Con	ibiete trie tottowing	g table.		Amount
c Beginning balance				1c	Amount
d Additions during the year					
e Distributions during the year					
f Ending balance  2a Did the organization include an am					Yes No
		Part X, line 21?			l res lino
Part V Endowment Funds Com		ration answers	d 'Voc' to Form 990	Part IV line 10	
Part V Endowment Funds Con	(a) Current year		(c) Two years back		(e) Four years back
1a Beginning of year balance	(a) Current year	(b) Prior year	(C) TWO years back	(u) Three years back	(e) rour years back
-					
<b>b</b> Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance		a constant	The second life to the		
2 Provide the estimated percentage					
a Board designated or quasi-endowr		<b>%</b>			
<b>b</b> Permanent endowment ►					
c Term endowment	§				
3a Are there endowment funds not in organization by:	the possession of	the organization th	nat are held and admini	stered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ii), are the related or					. 3b
4 Describe in Part XIV the intended	uses of the organiz	ation's endowmer	nt funds.		
Part VI Investments-Land, Bu	ildings, and Ed	uipment. See	Form 990, Part X,	line 10.	
Description of investment	(a) Co	est or other basis investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land					
<b>b</b> Buildings					
c Leasehold improvements		1,495.		1,370.	125.
d Equipment		140,495.		125,834.	14,661.
e Other					
Total. Add lines 1a-1e (Column (d) shou		Part X, column (I	3), line 10(c).)		14,786.
ВАА					dule <b>D</b> (Form 990) 2008

Schedule D (Form 990) 2008 Alzheimer's Association  Part VII Investments—Other Securities See Form			64 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)	000 5 1 1 1		
Part VIII Investments—Program Related (See For			<del>,                                    </del>
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)			
Part IX Other Assets (See Form 990, Part X, lin			
(a) Descri	ription		(b) Book value
5			
			-
Total. Column (b) Total (should equal Form 990, Part X, col.(B)			
Part X Other Liabilities (See Form 990, Part X,			
(a) Description of Liability Federal Income Taxes	(b) Amount		
Todard Modific Taxes			
		<b>宣传的总统是不在199</b> 年	
THE ALL STREET			
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)			AND DESCRIPTION OF THE PERSON

positions under FIN 48.

Sch	edule D (Form 990) 2008 Alzheimer's Association, Mid-South Chapter - 208	62-1860364	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		,465,612.
2	Total expenses (Form 990, Part IX, column (A), line 25)		,429,021.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		36,591.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		36,591.
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1 1,	,633,029.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments		
1	b Donated services and use of facilities	117.	
	c Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	167,417.
	Subtract line 2e from line 1		,465,612.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5 1.	,465,612.
	rt XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Total expenses and losses per audited financial statements		,596,438.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	117.	
	b Prior year adjustments		
	c Losses reported on Form 990, Part IX, line 25		
	d Other (Describe in Part XIV)	To be a	
	e Add lines 2a through 2d	2e	167,417.
	Subtract line 2e from line 1		,429,021.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV).		*
	c Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)		,429,021.
	rt XIV   Supplemental Information		
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	rt IV, lines 1b and 2b	; Part V,
	and the state of t		
			*
	HANDA DOLLARON POLITICADO	0.1.1.5.5	0001 0000
BAA	TEEA3304 12/23/08	Schedule D (F	orm 990) 2008

Schedule <b>D</b> (Form 990) 2008	Alzheimer's Association   Information (continued)	n, Mid-South Chapter -	208	62-1860364	Page <b>5</b>
Part XIV   Supplementa	I Information (continued)	· · · · · · · · · · · · · · · · · · ·			
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BAA		TEFA3305 07/24/08		Schedule <b>D</b> (Form	990) 2008

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities 2008

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name	of the organization						Employer identifica	ition number
Alz	heimer's Association	, Mid-Sout	ch Char	oter -	208		62-186036	4
Par	t   Fundraising Activities.	Complete if	the orga	nization	answered 'Yes' to	Form 9	90, Part IV,	line 17.
1	Indicate whether the organization Mail solicitations Email solicitations Phone solicitations In-person solicitations Did the organization have written	raised funds thr	ough any	of the follow	wing activities. Check a Solicitation of non- Solicitation of gove Special fundraising	Il that a governm rnment events	pply. nent grants grants	
	employees listed in Form 990, Pa  If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the state of the s	art VII) or entity i ndividuals or ent	n connecti ities (fund	on with pro	ofessional fundraising s rsuant to agreements u	ervices? Inder wh	ich the fundrais	Yes No ser is to be
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Ar	mount paid to retained by) aiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
	days the same of t			-				
			11 11					
	Total							
3	List all states in which the organizor licensing.							

		G (Form 990 or 990-EZ) 2008 Alzheim Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar	nswered 'Yes' to Fo	rm 990, Part IV, lir	ne 18, or	Page <b>2</b>
		reported more than \$15,000 orn	(a) Event #1 Memory Walk (event type)	(b) Event #2	(c) Other Events  NONE (total number)	(d) Total (Add col. (a col. (	Events a) through
REVENUE	1	Gross receipts	907,143.	235,996.		1,14	13,139.
Ŀ		Less: Charitable contributions		225 006		1 14	12 120
-		Gross revenue (line 1 minus line 2)		235,996.		1,14	13,139.
D	4	Cash prizes					
DIRECT	5	Non-cash prizes					
	6	Rent/facility costs					
EXPESSES	7	Other direct expenses		42,716.		4	12,716.
S E S	8	Direct expense summary. Add lines 4- th	nrough 7 in column (d)				12,716.
Par		Gaming. Complete if the organization		s' to Form 990 Par	t IV line 19 or ren		00,423. e than
1		\$15,000 on Form 990-EZ, line 6a	i answered Te	s 10 1 01111 990, 1 ai	t iv, line 19, or rep	Torted more	z triari
REVEZDE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total (Add col. (a col. (	gaming a) through (c))
E	1	Gross revenue					
	2	Cash prizes					
DIRECT		Non-cash prizes					
C S T E S	4	Rent/facility costs					
	5	Other direct expenses					*
	6	Volunteer labor	Yes%	Yes%	Yes%		
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)				
	8	Net gaming income summary. Combine li	ines 1 and 7 in column	(d)			
_		er the state(s) in which the organization op					YES NO
a	Is th	ne organization licensed to operate gaming				9a	
t	) If 'N	lo,' Explain:					
10a	Wer	e any of the organization's gaming license	s revoked suspended of	or terminated during the	tax year?	10a	
		es,' Explain:		·			
11	Does	s the organization operate gaming activitie				11	
12	Is th	ne organization a grantor, beneficiary or tru ninister charitable gaming?	ustee of a trust or a mer	mber of a partnership or	other entity formed to	12	
ВАА		gaining.	TEEA3702 C		Schedule G (Fo		0-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 Alzheimer's Association, Mid-South Chapter - 208 62-1860	364	F	age :
		YES	NO
13 Indicate the percentage of gaming activity operated in:	7		
a The organization's facility	8		
b An outside facility	8		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and record	s:		
Name: •	-		
Address: ►	-		
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$			1
c If 'Yes,' enter name and address:			
Name: ►	-		
Address: ►	-		
16 Gaming manager information			
Name: •	-		
Gaming manager compensation ► \$			
Description of services provided:	-		
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		9106
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			Billing
organization's own exempt activities during the tax year: > \$		149	1

#### SCHEDULE M (Form 990)

#### Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No. 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Alzheimer's Association, Mid-South Chapter - 208 62-1860364 Part I Types of Property (b) (d) (a) (c) Revenues reported on Form 990, Part VIII, line 1g Check if Number of Method of determining applicable Contributions revenues Art-Works of art ..... 2 Art-Historical treasures ..... 3 Art-Fractional interests ..... Clothing and household goods ..... Cars and other vehicles ..... 6 7 Boats and planes ..... 9 Securities—Publicly traded ..... 10 Securities-Closely held stock ..... 11 Securities-Partnership, LLC, or trust interests ... 12 Securities-Miscellaneous ..... Qualified conservation contribution (historic structures) Qualified conservation contribution (other) ..... 14 15 16 Real estate-Commercial ..... 17 18 Collectibles ..... Food inventory ..... 20 21 Taxidermy ..... 22 Scientific specimens ..... 23 25 Other • (______ 26 Other ► (_____) 27 28 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If 'Yes,' describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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

describe in Part II.

Schedule M (Form 990) 2008

Schedu	le <b>M</b> (Form	990) 2008	Alzhei	imer's	s Asso	ciation	, Mid	-South	Chapter	- 208	3 62-186	0364	Page <b>2</b>
Part I	Supple and 33	mental I	nformation	<b>n.</b> Com nis part	nplete the for any	nis part to addition	provide al inforn	e the inf nation.	ormation r	required	by Part I,	lines 30b	o, 32b,
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# SCHEDULE O (Form 990)

Name of the organization

### Supplemental Information to Form 990

OMB No. 1545-0047

Employer identification number

2008

Open to Public Inspection

 Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

Alzheimer's Assoc	iation, Mid-South Chapter - 208	62-1860364
Pt VI-B, Line 12c	Annual disclosure process which u	pdates existing and requires
	new_board_member_disclosure	
Pt_VI-B, Line 15	The Board appointed a Compensation	Committee and this committee performed
	a review of comparable salaries a	nd these salary ranges
	were approved by the Boards	

Form 990 (2008) Alzheimer's Association, Mid-									62-186036			age
Part VII Section A. Officers, Directors, Trust	Control	ey I	Em	100	lia.	es, a	and		The second second	oyees	Telepastra.	(.)
(A) Name and Title	(B) Average	Posi	tion (		c) k all i	hat a	pply)	(D) Reportable	(E) Reportable	E	(F) stimated	1
Name and time	hours per week			Officer	_	Highest compensated employee	1100000	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amor com fr org ar	unt of of npensation rom the ganization of relate anization	ther on on ed
		Ш				1						
								60.000				
Total number of individuals (including those in 1a) w				_	_	_	200	62,000.	managetian from th		-,-	_
organization	no rece	veu	HIO	e u	lall	ΦIUC	,000	o in reportable col	ilperisation from th		10	
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										3		X
4 For any individual listed on line 1a, is the sum of reg the organization and related organizations greater the individual.	ian \$150	0,000	0? 1	f 'Ye	es' c	omp	lete	Schedule J for su	ich	4		X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	mpensa	ation	fro	m ai	חע נ	nrel	ated	organization for	services	5	1300	X
ection B. Independent Contractors												
<ol> <li>Complete this table for your five highest compensate compensation from the organization.</li> </ol>	ed indep	ende	ent (	cont	ract	ors	that	received more that	an \$100,000 of			
(A) Name and business addres	s							Description (	of Services	Compe	C) ensatio	n
0.771		11		381				#100 000				
2 Total number of independent contractors (including to compensation from the organization ►	nose in	1) W	no	rece	ivec	i mo	re th	nan \$100,000 in				
BAA									TEEA0108 10/13/08	Form	990	(200

BAA

Form 990 (2008)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B) Average hours per week				c)	W05905-07		(D)	(E)	(F)
Name and Title		D sadividual trustee	anstitutional trustee	Officer	all Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Marcia Massengill	50.00			v		ä		62,000		
Al Wiggins Board President	-	х		Х				62,000.		
Mike Brent Treasurer/Sec. of Board		х								
Carolyn Rice Board Member	-	х								
Bruce K. Duncan Board Member	-	х								
Chanda M. Crutcher Board Member	-	х								
Diane Pitzi Board Member	-	х								*
Dr. George Jensen Board Member	-	х								
Jaine Colley Board Member		х								
Karla M. Miller Board Member	-	Х					Ц			
Kenneth Sakayye MD Board Member	-	х					Ш			
Melinda A. Vance Board Member	-	х								
Rick Regan Board Member	-	х			L					
Ron Haskamp Board Member	-	Х								
	-									
	-									

TEEA0107 04/24/09