

ALZHEIMER'S ASSOCIATION

2007 Form 990 for the
Year Ended June 30, 2008

Public Disclosure Copy

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning 07/01, 2007, and ending 06/30, 2008

2007

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions on back.

Name of exempt organization

ALZHEIMER'S ASSOCIATION

Employer identification number

13-3039601

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 103661498.
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance due (Form 8868, line 3c) 5b

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here [Signature] | 12/05/2008 | CHIEF ADMIN & FINANCIAL
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only [Signature] | 12/29/08 | [X] | [] | ERO's SSN or PTIN P00541710
Firm's name (or yours if self-employed), address, and ZIP code GRANT THORNTON LLP
175 W. JACKSON BLVD. STE. 2000
CHICAGO IL 60604 Phone no. 312-856-0200
EIN 36-6055558

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only [Signature] | [] | [] | [] | Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code []
EIN []
Phone no. []

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2007)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: ALZHEIMER'S ASSOCIATION. D Employer identification number: 13-3039601. E Telephone number: (312) 335-8700. F Accounting method: Cash, Accrual.

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

G Website: WWW.ALZ.ORG

J Organization type (check only one) [X] 501(c)(3) [] 4947(a)(1) [] 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [] Yes [X] No

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

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

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

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 133,657,995.

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

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for contributions, program revenue, membership dues, interest, dividends, gross rents, sales of assets, special events, and inventory.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ <u>28,219,831.</u> noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28,219,831.	28,219,831.	STMT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	971,542.	461,335.	303,976.	STMT 54 206,231.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	NONE			
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	18,343,364.	11,923,187.	550,301.	5,869,876.
27	Pension plan contributions not included on lines 25a, b, and c	1,905,100.	1,323,025.	67,602.	514,473.
28	Employee benefits not included on lines 25a - 27	1,573,197.	1,039,059.	42,796.	491,342.
29	Payroll taxes	1,389,350.	885,567.	36,520.	467,263.
30	Professional fundraising fees	427,247.	2,668.	NONE	424,579.
31	Accounting fees	126,867.	78,343.	16,853.	31,671.
32	Legal fees	220,000.	95,078.	27,775.	97,147.
33	Supplies	373,676.	233,247.	10,735.	129,694.
34	Telephone	711,506.	546,012.	11,168.	154,326.
35	Postage and shipping	8,355,885.	5,154,619.	1,230,905.	1,970,361.
36	Occupancy	2,713,678.	2,176,361.	78,393.	458,924.
37	Equipment rental and maintenance				
38	Printing and publications	21,663,726.	15,971,979.	1,081,131.	4,610,616.
39	Travel	2,219,006.	1,316,843.	30,242.	871,921.
40	Conferences, conventions, and meetings	1,611,157.	1,303,581.	25,527.	282,049.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	1,652,099.	1,072,578.	65,555.	513,966.
43	Other expenses not covered above (itemize):				
43a	a MISCELLANEOUS	1,481,663.	400,560.	95,786.	985,317.
43b	b PROFESSIONAL FEES	7,099,355.	4,849,406.	37,216.	2,212,733.
43c	c RECRUITMENT FEES	206,425.	131,744.	9,222.	65,459.
43d	d BANK & INVESTMENT FEES	158,166.	120,206.	6,327.	31,633.
43e	e				
43f	f				
43g	g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	101,422,840.	77,305,229.	3,728,030.	20,389,581.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 15,889,309.; (ii) the amount allocated to Program services \$ 9,234,154.;
 (iii) the amount allocated to Management and general \$ 2,328,033.; and (iv) the amount allocated to Fundraising \$ 4,327,122.

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

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

What is the organization's primary exempt purpose? SEE STATEMENT 55 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a RESEARCH - TO PROVIDE FUNDING FOR STUDIES EXPLORING DISEASE CHARACTERISTICS, CAUSES AND PROBABLE THERAPIES. ----- ----- ----- ----- ----- (Grants and allocations \$ 25,530,630.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30,156,229.
b PUBLIC AWARENESS AND EDUCATION - TO EDUCATE THE PUBLIC ABOUT ALZHEIMER'S DISEASE, A PROGRESSIVE AND ULTIMATELY FATAL DISEASE; AND THE ALZHEIMER'S ASSOCIATION AS THE CENTER OF HELP AND HOPE FOR THOSE TOUCHED BY THE DISEASE. ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28,395,000.
c CHAPTER SERVICES - TO PROVIDE SUPPORT FOR ACTIVITIES CONDUCTED AT THE CHAPTER AND LOCAL LEVELS. ----- ----- ----- ----- ----- (Grants and allocations \$ 2,262,028.) If this amount includes foreign grants, check here <input type="checkbox"/>	6,905,000.
d PUBLIC POLICY - TO FOCUS ON MAXIMIZING GOVERNMENT SUPPORT FOR DEMENTIA SPECIFIC RESEARCH, PREVENTION AND CARE THROUGH INFLUENCING STATE AND FEDERAL POLICYMAKERS. ----- ----- ----- ----- ----- (Grants and allocations \$ 302,284.) If this amount includes foreign grants, check here <input type="checkbox"/>	4,840,000.
e Other program services (attach schedule) SEE STATEMENT 56 (Grants and allocations \$ 124,889.) If this amount includes foreign grants, check here <input type="checkbox"/>	7,009,000.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	77,305,229.

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	6,272,923.	45	8,862,363.	
	46 Savings and temporary cash investments	1,778,883.	46	1,439,104.	
	47a Accounts receivable	47a 12,479,337.			
	b Less: allowance for doubtful accounts	47b 16,565.	8,082,523.	47c 12,462,772.	
	48a Pledges receivable	48a 29,516,700.			
	b Less: allowance for doubtful accounts	48b 1,628,372.	24,423,388.	48c 27,888,328.	
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		232,255.	52	NONE
	53 Prepaid expenses and deferred charges		1,168,874.	53	2,386,596.
	54a Investments - publicly-traded securities <small>STMT. 57</small>	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	83,492,202.	54a	78,450,783.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments - other (attach schedule)		9,860,000.	56	10,079,588.
	57a Land, buildings, and equipment: basis	57a 14,415,929.			
	b Less: accumulated depreciation (attach schedule)	57b 9,507,393.	5,519,547.	57c	4,908,536.
58 Other assets, including program-related investments (describe _____)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		140,830,595.	59	146,478,070.	
Liabilities	60 Accounts payable and accrued expenses	8,526,217.	60	7,747,756.	
	61 Grants payable	42,622,683.	61	46,214,954.	
	62 Deferred revenue	97,799.	62	3,322,259.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe _____ <small>STMT 59</small>)		13,011,890.	65	20,157,688.
66 Total liabilities. Add lines 60 through 65		64,258,589.	66	77,442,657.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		38,631,053.	67	31,187,544.
	68 Temporarily restricted		18,819,063.	68	18,030,710.
	69 Permanently restricted		19,121,890.	69	19,817,159.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		76,572,006.	73	69,035,413.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		140,830,595.	74	146,478,070.

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

a	Total revenue, gains, and other support per audited financial statements	a	96,065,958.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	-8,520,005.
2	Donated services and use of facilities	b2	1,871,000.
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>SEE STATEMENT 60</u>	b4	308,711.
	Add lines b1 through b4	b	-6,340,294.
c	Subtract line b from line a	c	102,406,252.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <u>SEE STATEMENT 61</u>	d2	1,255,246.
	Add lines d1 and d2	d	1,255,246.
e	Total revenue (Part I, line 12). Add lines c and d	e	103,661,498.

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

a	Total expenses and losses per audited financial statements	a	103,602,551.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	1,871,000.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>SEE STATEMENT 62</u>	b4	308,711.
	Add lines b1 through b4	b	2,179,711.
c	Subtract line b from line a	c	101,422,840.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	101,422,840.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 63		729,868.	241,674.	NONE

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

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			53		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b			X	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c			X	
d Does the organization have a written conflict of interest policy?	75d	X			

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
-----	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

				Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76				X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77				X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a				X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b			N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79				X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a				X
b If "Yes," enter the name of the organization ▶ ----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt					
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a				NONE
b Did the organization file Form 1120-POL for this year?	81b				X

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b 1,871,000. 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b X. 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b N/A. 85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85a N/A. 85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A. 85c Dues, assessments, and similar amounts from members 85c N/A. 85d Section 162(e) lobbying and political expenditures 85d N/A. 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A. 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A. 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A. 85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A. 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A. b Gross receipts, included on line 12, for public use of club facilities 86b N/A. 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A. b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A. 88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. 88a X. b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI. 88b X. 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE. b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. 89b X. c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE. d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X. f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X. g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g N/A. 90a List the states with which a copy of this return is filed SEE STATEMENT 74. b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 236. 91a The books are in care of RICHARD HOVLAND, CAFO Telephone no. (312) 335-5771 Located at 225 N. MICHIGAN AVENUE, CHICAGO, IL ZIP + 4 60601-7633

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X. If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information *(continued)*

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶ _____
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 75					1,101,048.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					3,197,777.
95 Interest on savings and temporary cash investments			14	668,118.	
96 Dividends and interest from securities			14	4,016,320.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	81,974.	
101 Net income or (loss) from special events			01	-582,980.	
102 Gross profit or (loss) from sales of inventory					186,375.
103 Other revenue: a STMT 76				439,146.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,622,578.	4,485,200.
105 Total (add line 104, columns (B), (D), and (E))					9,107,778.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 77

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

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

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

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

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

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

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

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

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

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

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

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

Signature of officer _____ Date _____
Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00541710
Firm's name (or yours if self-employed), address, and ZIP + 4	GRANT THORNTON LLP 175 W. JACKSON BLVD. STE. 2000 CHICAGO, IL 60604		EIN 36-6055558 Phone no. 312-856-0200

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization Alzheimer's Association	Employer identification number 13-3039601
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 225 North Michigan Avenue, 17th Floor	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago IL 60601	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ Richard Hovland, CAFO

Telephone No. ▶ (312) 335-5771 FAX No. ▶ (866) 846-5338

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time - until Feb 16, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning Jul 1, 20 07, and ending Jun 30, 20 08.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization

ALZHEIMER'S ASSOCIATION

Employer identification number

13-3039601

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 79				

Total number of other employees paid over \$50,000 . . ▶ 159

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 80		

Total number of others receiving over \$50,000 for professional services ▶ 20

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 81		

Total number of other contractors receiving over \$50,000 for other services ▶ 8

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>899,830.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT . 82	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT . 83	X	
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
d Enter the total number of donor advised funds owned at the end of the tax year ► _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b 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 controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	82,129,990.	79,066,936.	61,022,633.	60,844,789.	283064348.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,159,287.	2,507,375.	3,180,329.	1,587,747.	13,434,738.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	4,337,589.	2,650,558.	2,989,217.	2,103,232.	12,080,596.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 84 111,460.	27,073.			138,533.
23 Total of lines 15 through 22	92,738,326.	84,251,942.	67,192,179.	64,535,768.	308718215.
24 Line 23 minus line 17.	86,579,039.	81,744,567.	64,011,850.	62,948,021.	295283477.
25 Enter 1% of line 23.	927,383.	842,519.	671,922.	645,358.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE . . . ▶ 26a					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b					
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d					
e Public support (line 26c minus line 26d total) ▶ 26e					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f %					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ 933,904. (2005) _____ 1,026,417. (2004) _____ 1,031,287. (2003) _____ 936,525. b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____ c Add: Amounts from column (e) for lines: 15 _____ 283,064,348. 16 _____ 17 _____ 13,434,738. 20 _____ 21 _____ ▶ 27c 296,499,086. d Add: Line 27a total, . . . 3,928,133. and line 27b total ▶ 27d 3,928,133. e Public support (line 27c total minus line 27d total). ▶ 27e 292,570,953. f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f 308,718,215. g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶ 27g 94.7696 % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 3.9131 %					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	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, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	4,320.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	895,510.
38 Total lobbying expenditures (add lines 36 and 37)	38	899,830.
39 Other exempt purpose expenditures	39	100,523,010.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	101,422,840.
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000	41	1,000,000.
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	250,000.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000.
47 Total lobbying expenditures	899,830.	717,912.	726,959.	509,800.	2,854,501.
48 Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000.
50 Grassroots lobbying expenditures	4,320.	5,000.	5,000.	5,000.	19,320.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

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

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

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

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

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

b If "Yes," complete the following schedule:

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

Name of organization ALZHEIMER'S ASSOCIATION	Employer identification number 13-3039601
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule -

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

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **ALZHEIMER'S ASSOCIATION**

Employer identification number
13-3039601

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 3,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 88,996,409.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 2,357,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

SPECIAL EVENTS FAIR MARKET VALUE
PART I, LINE 9A

	NY GALA	CHICAGO GALA	DC GALA	TOTAL FMV
GROSS REVENUE	\$189,600	\$112,400	\$117,775	\$419,775
LESS: REVENUE SHARING ALLOCATED TO CHAPTERS (SEE NOTE BELOW)	(\$100,488)	(\$ 44,960)	(\$ 69,468)	(\$214,916)

ADJUSTED GROSS REVENUE	\$204,859
DIRECT EXPENSES	\$787,839
NET INCOME REPORTED ON LINE 9C	(\$582,980)

ALZHEIMER'S ASSOCIATION HAS A SHARED FUNDRAISING AGREEMENT WITH 40 OF THE ALZHEIMER'S CHAPTERS ORGANIZATIONS. THE AMOUNTS REPORTED ON LINE 9A OF THE RETURN FOR SPECIAL EVENTS ARE REPORTED AFTER THE REVENUE ALLOCATIONS HAVE BEEN APPLIED.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

LINE 22 MISCELLANEOUS ADJUSTMENTS TO GRANTS PAID
PART II, LINE 22

ADJUSTMENT OF UNAMORTIZED DISCOUNT ON GRANTS	\$ 598,329
REFUND OF GRANT PAYMENT	\$(516,788)
GENERAL JOURNAL RECLASS	\$ 71,166
MISCELLANEOUS GRANTS ADJUSTMENT	\$(3,547)
	<hr/>
	\$ 149,160

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

AMOUNT

NEW YORK GALA- SEE STMT 1

1,830,445.

CHICAGO GALA- SEE STMT 1

1,208,821.

DC GALA- SEE STMT 1

1,078,171.

TOTAL

4,117,437.

=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
NEW YORK GALA- SEE STMT 1	89,112.	391,210.	-302,098.
CHICAGO GALA- SEE STMT 1	67,440.	265,849.	-198,409.
DC GALA- SEE STMT 1	48,307.	130,780.	-82,473.
TOTALS	----- 204,859. =====	----- 787,839. =====	----- -582,980. =====

FORM 990, PART I - GROSS SALES AND COST OF GOODS SOLD

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
SALE OF EDUCATION MATERIALS	495,086.	399,607.	259,811.		-350,707.		308,711.
TOTALS	495,086.	399,607.	259,811.		-350,707.		308,711.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION -----	AMOUNT -----
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	342,432.
UNREALIZED LOSS IN VALUE OF INVESTMENTS	8,520,005.
CHANGE IN VALUE OF PERPETUAL TRUST	912,814.

TOTAL	9,775,251.
	=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GRANTS PAID			
=====			
ALLIANCE FOR AGING RESEARCH 2021 K STREET NW SUITE 305 WASHINGTON, DC 20006	NONE EXEMPT	OTHER ASSOCIATION GRANT	1,000.
ALLIANCE FOR AGING RESEARCH 2021 K STREET NW SUITE 305 WASHINGTON, DC 20006	NONE EXEMPT	OTHER ASSOCIATION GRANT	1,000.
ALOHA CHAPTER 1050 ALA MOANA BLVD SUITE 2610 HONOLULU, HI 96814	NONE EXEMPT	CHAPTER GRANT	3,706.
ALZHEIMERS DRUG DISCOVERY FOUNDATION 1414 AVENUE OF THE AMERICAS SUITE 1502 NEW YORK, NY 10019	NONE EXEMPT	OTHER ASSOCIATION GRANT	2,000.
ALZHEIMERS STUDY GROUP 1201 5TH STREET NW SUITE 420 WASHINGTON, DC 20005	NONE EXEMPT	OTHER ASSOCIATION GRANT	100,000.
AUBURN UNIVERSITY 310 SAMFORD HALL AUBURN UNIVERSITY, AL 36849	NONE EXEMPT	RESEARCH GRANT	97,594.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
BAE SYSTEMS ON BEHALF OF ALL CHAPTERS 7915 CAMERON STREET CENTRAL LAKE, MI 49622	NONE EXEMPT	CHAPTER GRANT	664,439.
BAY PINES FOUNDATION INC 10000 BAY PINES BLVD BLDG 22 ROOM 134 NEW YORK, NY 33744	NONE EXEMPT	RESEARCH GRANT	97,604.
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MAIL STOP BCM 310 HOUSTON, TX 77030	NONE EXEMPT	RESEARCH GRANT	97,482.
BENJAMIN ROSE INSTITUTE 11900 FAIRHILL ROAD SUITE 300 CLEVELAND, OH 44120	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,040.
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE EBR 264 BOSTON, MA 02215	NONE EXEMPT	RESEARCH GRANT	97,594.
BIG SIOUX 420 CHAMBERS STREET SIOUX CITY, IA 51101	NONE EXEMPT	CHAPTER GRANT	209.
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 987835 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	NONE EXEMPT	RESEARCH GRANT	96,476.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA 1000 STANTON YOUNG BLVD OKLAHOMA CITY, OK 73117	NONE EXEMPT	RESEARCH GRANT	97,572.
BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY 6400 PERKINS ROAD BATON ROUGE, LA 70808	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	230,922.
BOOZ ALLEN HAMILTON ON BEHALF OF ALL CHAPTERS P O BOX 8500 MAIL STOP 2725 PHILADELPHIA, PA 19178	NONE EXEMPT	CHAPTER SUPPORT	50,000.
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,635.
BRIGHAM AND WOMENS HOSPITAL INC 75 FRANCIS STREET BOSTON, MA 02115	NONE EXEMPT	ZENITH PREMIUM RESEARCH GRANT	428,777.
BRIGHAM AND WOMENS HOSPITAL INC 75 FRANCIS STREET BOSTON, MA 02115	NONE EXEMPT	ZENITH PREMIUM RESEARCH GRANT	9,404.
BROWN UNIVERSITY OFFICE OF SPONSORED PROJECTS 164 ANGELL STREET PROVIDENCE, RI 02912	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	194,210.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
CALIFORNIA CENTRAL COAST 1528 CHAPALA STREET SANTA BARBARA, CA 93101	NONE EXEMPT	CHAPTER GRANT	2,575.
CALIFORNIA SOUTHLAND 5900 WILSHIRE BLVD LOS ANGELES, CA 90036	NONE EXEMPT	CHAPTER GRANT	75,500.
CALIFORNIA SOUTHLAND 5900 WILSHIRE BLVD LOS ANGELES, CA 90036	NONE EXEMPT	CHAPTER GRANT	100,000.
CAPITAL OF TEXAS 3429 EXECUTIVE CENTER DRIVE AUSTIN, TX 78731	NONE EXEMPT	CHAPTER GRANT	19,869.
CAPITAL OF TEXAS CHAPTER 3429 EXECUTIVE CENTER DRIVE AUSTIN, TX 78731	NONE EXEMPT	CHAPTER GRANT	236.
CAPITAL OF TEXAS CHAPTER 3429 EXECUTIVE CENTER DRIVE AUSTIN, TX 78731	NONE EXEMPT	CHAPTER GRANT	224.
CAPITAL OF TEXAS CHAPTER 3429 EXECUTIVE CENTER DRIVE AUSTIN, TX 78731	NONE EXEMPT	CHAPTER GRANT	89.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	230,092.
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	NONE EXEMPT	OTHER ASSOCIATION GRANT	2,500.
CENTER FOR EXCELLENCE IN ASSISTED LIVING 1201 L STREET NW WASHINGTON, DC 20005	NONE EXEMPT	OTHER ASSOCIATION GRANT	5,000.
CENTER FOR EXCELLENCE IN ASSISTED LIVING 1201 L STREET NW WASHINGTON, DC 20005	NONE EXEMPT	OTHER ASSOCIATION GRANT	5,000.
CENTRAL AND NORTH FLORIDA 988 WOODSTOCK ROAD, SUITE 200 ORLANDO, FL 32803	NONE EXEMPT	CHAPTER GRANT	10,129.
CENTRAL ILLINOIS 606 WEST GLEN AVENUE PEORIA, IL 61614	NONE EXEMPT	CHAPTER GRANT	1,367.
CENTRAL NEW YORK 441 WEST KIRKPATRICK STREET SYRACUSE, NY 13204	NONE EXEMPT	CHAPTER GRANT	4,172.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
CENTRAL NEW YORK CHAPTER 441 WEST KIRKPATRICK STREET SYRACUSE, NY 13204	NONE EXEMPT	CHAPTER GRANT	565.
CENTRAL NEW YORK CHAPTER 441 WEST KIRKPATRICK STREET SYRACUSE, NY 13204	NONE EXEMPT	CHAPTER GRANT	182.
CENTRAL NEW YORK CHAPTER 441 WEST KIRKPATRICK STREET SYRACUSE, NY 13204	NONE EXEMPT	CHAPTER GRANT	284.
CENTRAL OHIO 3380 TREMONT ROAD COLUMBUS, OH 43221	NONE EXEMPT	CHAPTER GRANT	59,234.
CITY COLLEGE OF NEW YORK 138TH STREET AT CONVENT AVENUE NEW YORK, NY 10031	NONE EXEMPT	RESEARCH GRANT	96,865.
CLEVELAND AREA 12200 FAIRHILL ROAD CLEVELAND, OH 44120	NONE EXEMPT	CHAPTER GRANT	30,116.
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	226,810.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
COLORADO CHAPTER 455 SHERMAN STREET DENVER, CO 80203	NONE EXEMPT	CHAPTER GRANT	28,824.
COLORADO CHAPTER 455 SHERMAN STREET DENVER, CO 80203	NONE EXEMPT	CHAPTER GRANT	42,000.
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET BOX 49 NEW YORK, NY 10032	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET BOX 49 NEW YORK, NY 10032	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,463.
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET BOX 49 NEW YORK, NY 10032	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,463.
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET BOX 49 NEW YORK, NY 10032	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,465.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET BOX 49 NEW YORK, NY 10032	NONE EXEMPT	RESEARCH GRANT	97,558.
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET BOX 49 NEW YORK, NY 10032	NONE EXEMPT	RESEARCH GRANT	93,123.
COMMUNITY HEALTH CHARITIES 2213 FOREST HILLS DRIVE SUITE 4 HARRISBRUG, PA 17112	NONE EXEMPT	OTHER ASSOCIATION GRANT	29,838.
COMMUNITY HEALTH CHARITIES 2213 FOREST HILLS DRIVE SUITE 4 HARRISBRUG, PA 17112	NONE EXEMPT	OTHER ASSOCIATION GRANT	14,907.
CONNECTICUT CHAPTER 279 NEW BRITAIN ROAD KENSINGTON, CT 06037	NONE EXEMPT	CHAPTER GRANT	34,114.
CONNECTICUT CHAPTER 279 NEW BRITAIN ROAD KENSINGTON, CT 06037	NONE EXEMPT	CHAPTER GRANT	2,518.
CONNECTICUT CHAPTER 279 NEW BRITAIN ROAD KENSINGTON, CT 06037	NONE EXEMPT	CHAPTER GRANT	1,685.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
CONNECTICUT CHAPTER 279 NEW BRITAIN ROAD KENSINGTON, CT 06037	NONE EXEMPT	CHAPTER GRANT	1,315.
CONNECTICUT CHAPTER 279 NEW BRITAIN ROAD KENSINGTON, CT 06037	NONE EXEMPT	CHAPTER GRANT	1,057.
CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
DELAWARE VALLEY 399 MARKET STREET PHILADELPHIA, PA 19106	NONE EXEMPT	CHAPTER GRANT	15,757.
DESERT SOUTHWEST CHAPTER 1028 EAST MCDOWELL ROAD PHOENIX, AZ 85006	NONE EXEMPT	CHAPTER GRANT	75,287.
DESERT SOUTHWEST CHAPTER 1028 EAST MCDOWELL ROAD PHOENIX, AZ 85006	NONE EXEMPT	CHAPTER GRANT	7,076.
DESERT SOUTHWEST CHAPTER 1028 EAST MCDOWELL ROAD PHOENIX, AZ 85006	NONE EXEMPT	CHAPTER GRANT	189.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
DESERT SOUTHWEST CHAPTER 1028 EAST MCDOWELL ROAD PHOENIX, AZ 85006	NONE EXEMPT	CHAPTER GRANT	5,384.
DESERT SOUTHWEST CHAPTER 1028 EAST MCDOWELL ROAD PHOENIX, AZ 85006	NONE EXEMPT	CHAPTER GRANT	6,000.
DESERT SOUTHWEST CHAPTER 1028 EAST MCDOWELL ROAD PHOENIX, AZ 85006	NONE EXEMPT	CHAPTER GRANT	2,387.
DRAKE HOTEL ON BEHALF OF ALL CHAPTERS 140 EAST WALTON PLACE CHICAGO, IL 60611	NONE EXEMPT	CHAPTER GRANT	22,012.
DUKE UNIVERSITY MEDICAL CENTER 2200 WEST MAIN STREET SUITE 820 DURHAM, NC 27705	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	226,360.
DUKE UNIVERSITY MEDICAL CENTER 2200 WEST MAIN STREET SUITE 820 DURHAM, NC 27705	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	193,610.
DUKE UNIVERSITY MEDICAL CENTER 2200 WEST MAIN STREET SUITE 820 DURHAM, NC 27705	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	229,478.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
DUKE UNIVERSITY MEDICAL CENTER 2200 WEST MAIN STREET SUITE 820 DURHAM, NC 27705	NONE EXEMPT	RESEARCH GRANT	97,604.
EAST CENTRAL IOWA 1570 42ND STREET NE CEDAR RAPIDS, IA 52402	NONE EXEMPT	CHAPTER GRANT	100.
EASTERN NORTH CAROLINA CHAPTER 400 OBERLIN ROAD RALEIGH, NC 27605	NONE EXEMPT	CHAPTER GRANT	11,568.
EASTERN NORTH CAROLINA CHAPTER 400 OBERLINE ROAD RALEIGN, NC 27605	NONE EXEMPT	CHAPTER GRANT	2,138.
EASTERN NORTH CAROLINA CHAPTER 400 OBERLINE ROAD RALEIGN, NC 27605	NONE EXEMPT	CHAPTER GRANT	14,734.
EASTERN NORTH CAROLINA CHAPTER 400 OBERLINE ROAD RALEIGN, NC 27605	NONE EXEMPT	CHAPTER GRANT	4,472.
EASTERN NORTH CAROLINA CHAPTER 400 OBERLINE ROAD RALEIGN, NC 27605	NONE EXEMPT	CHAPTER GRANT	5,881.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
EASTERN TENNESSEE 2200 SUTHERLAND AVENUE KNOXVILLE, TN 37919	NONE EXEMPT	CHAPTER GRANT	3,573.
EASTERN TENNESSEE CHAPTER 2200 SUTHERLAND AVENUE KNOXVILLE, TN 37919	NONE EXEMPT	CHAPTER GRANT	24.
EASTERN TENNESSEE CHAPTER 2200 SUTHERLAND AVENUE KNOXVILLE, TN 37919	NONE EXEMPT	CHAPTER GRANT	237.
EASTERN TENNESSEE CHAPTER 2200 SUTHERLAND AVENUE KNOXVILLE, TN 37919	NONE EXEMPT	CHAPTER GRANT	214.
EASTERN TENNESSEE CHAPTER 2200 SUTHERLAND AVENUE KNOXVILLE, TN 37919	NONE EXEMPT	CHAPTER GRANT	37.
FLORIDA GULF COAST 9365 U S HIGHWAY 19 N PINELLAS PARK, FL 33782	NONE EXEMPT	CHAPTER GRANT	12,683.
FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY TALLAHASSEE, FL 32306-4166	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	195,207.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
GEORGIA CHAPTER 1925 CENTURY BOULEVARD ATLANTA, GA 30345	NONE EXEMPT	CHAPTER GRANT	114,971.
GEORGIA CHAPTER 1925 CENTURY BOULEVARD ATLANTA, GA 30345	NONE EXEMPT	CHAPTER GRANT	3,169.
GEORGIA CHAPTER 1925 CENTURY BOULEVARD ATLANTA, GA 30345	NONE EXEMPT	CHAPTER GRANT	3,132.
GEORGIA CHAPTER 1925 CENTURY BOULEVARD ATLANTA, GA 30345	NONE EXEMPT	CHAPTER GRANT	2,399.
GEORGIA CHAPTER 1925 CENTURY BOULEVARD ATLANTA, GA 30345	NONE EXEMPT	CHAPTER GRANT	1,537.
GREAT PLAINS 5601 SOUTH 27TH STREET LINCOLN, NE 68512	NONE EXEMPT	CHAPTER GRANT	3,339.
GREAT PLAINS CHAPTER 5601 SOUTH 27TH STREET LINCOLN, NE 68512	NONE EXEMPT	CHAPTER GRANT	64.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GREATER CINCINNATI 644 LINN STREET CINCINNATI, OH 45203	NONE EXEMPT	CHAPTER GRANT	15,193.
GREATER DALLAS CHAPTER 4144 N CENTRAL EXPRESSWAY DALLAS, TX 75204	NONE EXEMPT	CHAPTER GRANT	10,000.
GREATER EAST OHIO AREA CHAPTER 1815 WEST MARKET STREET AKRON, OH 44313	NONE EXEMPT	CHAPTER GRANT	24.
GREATER ILLINOIS CHAPTER 8430 WEST BRYN MAWR CHICAGO, IL 60631	NONE EXEMPT	CHAPTER GRANT	22,500.
GREATER INDIANA CHAPTER 50 EAST 91ST STREET INDIANAPOLIS, IN 46240	NONE EXEMPT	CHAPTER GRANT	5,465.
GREATER IOWA CHAPTER 1730 28TH STREET WEST DES MOINES, IA 50266	NONE EXEMPT	CHAPTER GRANT	2,500.
GREATER KENTUCKY AND SOUTHERN INDIANA CHAPTER 3703 TAYLORSVILLE ROAD LOUISVILLE, KY 40220	NONE EXEMPT	CHAPTER GRANT	5,122.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
GREATER MICHIGAN CHAPTER 20300 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076	NONE EXEMPT	CHAPTER GRANT	27,712.
GREATER MICHIGAN CHAPTER 20300 CIVIC CENTER DRIVE SUITE 100 SOUTHFIELD, MI 48076	NONE EXEMPT	CHAPTER GRANT	2,232.
GREATER MICHIGAN CHAPTER 20300 CIVIC CENTER DRIVE SUITE 100 SOUTHFIELD, MI 48076	NONE EXEMPT	CHAPTER GRANT	1,166.
GREATER MICHIGAN CHAPTER 20300 CIVIC CENTER DRIVE SUITE 100 SOUTHFIELD, MI 48076	NONE EXEMPT	CHAPTER GRANT	75.
GREATER MICHIGAN CHAPTER 20300 CIVIC CENTER DRIVE SUITE 100 SOUTHFIELD, MI 48076	NONE EXEMPT	CHAPTER GRANT	1,489.
GREATER MICHIGAN CHAPTER 20300 CIVIC CENTER DRIVE SUITE 100 SOUTHFIELD, MI 48076	NONE EXEMPT	CHAPTER GRANT	1,625.
GREATER NEW JERSEY CHAPTER 400 MORRIS AVENUE DENVER, NJ 07834	NONE EXEMPT	CHAPTER GRANT	88,428.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GREATER NEW JERSEY CHAPTER 400 MORRIS AVENUE DENVER, NJ 07834	NONE EXEMPT	CHAPTER GRANT	5,512.
GREATER NEW JERSEY CHAPTER 400 MORRIS AVENUE DENVER, NJ 07834	NONE EXEMPT	CHAPTER GRANT	3,762.
GREATER NEW JERSEY CHAPTER 400 MORRIS AVENUE DENVER, NJ 07834	NONE EXEMPT	CHAPTER GRANT	2,737.
GREATER PENNSYLVANIA 3544 NORTH PROGRESS AVENUE HARRISBURG, PA 17110	NONE EXEMPT	CHAPTER GRANT	2,728.
GREATER RICHMOND 4600 COX ROAD GLEN ALLEN, VA 23060	NONE EXEMPT	CHAPTER GRANT	14,794.
GREATER WISCONSIN CHAPTER 2900 CURRY LANE GREEN BAY, WI 54311	NONE EXEMPT	CHAPTER GRANT	4,256.
HEART OF AMERICA 3846 WEST 75TH STREET PRAIRIE VILLAGE, KS 66208	NONE EXEMPT	CHAPTER GRANT	9,738.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
HEART OF AMERICA CHAPTER 3846 WEST 75TH STREET PRAIRIE VILLAGE, KS 66208	NONE EXEMPT	CHAPTER GRANT	1,118.
HEART OF AMERICA CHAPTER 3846 WEST 75TH STREET PRAIRIE VILLAGE, KS 66208	NONE EXEMPT	CHAPTER GRANT	218.
HEBREW REHAB CENTER FOR AGED 1200 CENTRE STREET BOSTON, MA 02131	NONE EXEMPT	RESEARCH GRANT	4,173.
HEBREW REHABILITATION CENTER FOR AGED 1200 CENTRE STREET BOSTON, MA 02131	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,418.
HERLITZ COMPANY 1890 PALMER AVENUE SUITE 202A LARCHMONT, NY 10538	NONE EXEMPT	RESEARCH GRANT	580.
HOUSTON AND SOUTHEAST TEXAS CHAPTER 2242 WEST HOLCOMBE BLVD HOUSTON, TX 77030	NONE EXEMPT	CHAPTER GRANT	53,991.
HOUSTON AND SOUTHEAST TEXAS CHAPTER 2242 WEST HOLCOMBE BLVD HOUSTON, TX 77030	NONE EXEMPT	CHAPTER GRANT	4.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
HOUSTON AND SOUTHEAST TEXAS CHAPTER 2242 WEST HOLCOMBE BLVD HOUSTON, TX 77030	NONE EXEMPT	CHAPTER GRANT	951.
HOUSTON AND SOUTHEAST TEXAS CHAPTER 2242 WEST HOLCOMBE BLVD HOUSTON, TX 77030	NONE EXEMPT	CHAPTER GRANT	737.
HOUSTON AND SOUTHEAST TEXAS CHAPTER 2242 WEST HOLCOMBE BLVD HOUSTON, TX 77030	NONE EXEMPT	CHAPTER GRANT	792.
INLAND NORTHWEST 910 WEST 5TH AVENUE SPOKANE, WA 99204	NONE EXEMPT	CHAPTER GRANT	657.
INSTITUTE FOR NEURODEGENERATIVE DISORDERS 60 TEMPLE STREET SUITE 8B NEW HAVEN, CT 06510	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	225,401.
JOAN AND SANFORD WEILL MEDICAL COLLEGE OF CORNELL 1300 YORK AVENUE NEW YORK, NY 10065	NONE EXEMPT	RESEARCH GRANT	97,272.
JOHNNIE B BYRD SR ALZHEIMERS CENTER AND RESEARCH 4001 EAST FLETCHER AVENUE TAMPA, FL 33613	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
JOHNNIE B BYRD SR ALZHEIMERS CENTER AND RESEARCH 4001 EAST FLETCHER AVENUE TAMPA, FL 33613	NONE EXEMPT	RESEARCH GRANT	97,604.
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY BALTIMORE, MD 21205	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,641.
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY BALTIMORE, MD 21205	NONE EXEMPT	RESEARCH GRANT	97,549.
KENT BARNHEISER ON BEHALF OF CENTRAL AND NORTH FL 8070 TOLLBRIDGE DRIVE WEST CHESTER, OH 45069	NONE EXEMPT	CHAPTER GRANT	11,032.
KEYSTONE SYMPOSIA 221 SUMMIT PLACDE 272 SILVERTHORNE, CO 80498	NONE EXEMPT	OTHER ASSOCIATION GRANT	2,500.
KINTERA ON BEHALF OF ALL CHAPTERS DEPARTMENT AT 952208 ATLANTA, GA 31192	NONE EXEMPT	CHAPTER GRANT	246,078.
LONG ISLAND CHAPTER 3281 VETERANS MEMORIAL HIGHWAY RONKONKOMA, NY 11779	NONE EXEMPT	CHAPTER GRANT	196.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE 1124 WEST CARSON STREET TORRANCE, CA 90502	NONE EXEMPT	RESEARCH GRANT	97,747.
LOUISIANA CHAPTER 3717 GOVERNMENT STREET ALEXANDRIA, LA 71302	NONE EXEMPT	CHAPTER GRANT	8,085.
LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL 2120 SOUTH FIRST AVENUE MAYWOOD, IL 60153	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,032.
MAINE CHAPTER 170 U S ROUTE 1 FALMOUTH, ME 04105	NONE EXEMPT	CHAPTER GRANT	5,278.
MAINE CHAPTER 170 U S ROUTE 1 FALMOUTH, ME 04105	NONE EXEMPT	CHAPTER GRANT	137.
MAINE CHAPTER 170 U S ROUTE 1 FALMOUTH, ME 04105	NONE EXEMPT	CHAPTER GRANT	312.
MAINE CHAPTER 170 U S ROUTE 1 FALMOUTH, ME 04105	NONE EXEMPT	CHAPTER GRANT	87.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
MAINE CHAPTER 170 U S ROUTE 1 FALMOUTH, ME 04105	NONE EXEMPT	CHAPTER GRANT	13.
MARTHA STEARN TETON INTERNAL MEDICINE 555 EAST BROADWAY SUITE 220 JACKSON HOLE, WY 83001	NONE EXEMPT	OTHER ASSOCIATION GRANT	2,500.
MASSACHUSETTS 311 ARSENAL STREET WATERTOWN, MA 02472	NONE EXEMPT	CHAPTER GRANT	131,028.
MASSACHUSETTS CHAPTER 311 ARSENAL STREET WATERTOWN, MA 02472	NONE EXEMPT	CHAPTER GRANT	40,229.
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVENUE SUITE 300 BOSTON, MA 02199	NONE EXEMPT	RESEARCH GRANT	94,245.
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	NONE EXEMPT	RESEARCH GRANT	97,604.
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	NONE EXEMPT	RESEARCH GRANT	97,574.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	NONE EXEMPT	RESEARCH GRANT	97,604.
MIAMI VALLEY 3797 SUMMIT GLEN DRIVE DAYTON, OH 45449	NONE EXEMPT	CHAPTER GRANT	15,607.
MICHIGAN GREAT LAKES 310 NORTH MAIN STREET CHELSEA, MI 48118	NONE EXEMPT	CHAPTER GRANT	10,746.
MICHIGAN GREAT LAKES CHAPTER 310 NORTH MAIN STREET CHELSEA, MI 48118	NONE EXEMPT	CHAPTER GRANT	408.
MICHIGAN GREAT LAKES CHAPTER 310 NORTH MAIN STREET CHELSEA, MI 48118	NONE EXEMPT	CHAPTER GRANT	269.
MID SOUTH 4205 HILLSBORO PIKE NASHVILLE, TN 37215	NONE EXEMPT	CHAPTER GRANT	169.
MIDLANDS CHAPTER 1941 SOUTH 42ND STREET OMAHA, NE 68105	NONE EXEMPT	CHAPTER GRANT	7,332.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
MIDLANDS CHAPTER 1941 SOUTH 42ND STREET OMAHA, NE 68105	NONE EXEMPT	CHAPTER GRANT	288.
MIDLANDS CHAPTER 1941 SOUTH 42ND STREET OMAHA, NE 68105	NONE EXEMPT	CHAPTER GRANT	555.
MIDLANDS CHAPTER 1941 SOUTH 42ND STREET OMAHA, NE 68105	NONE EXEMPT	CHAPTER GRANT	547.
MID-MISSOURI CHAPTER 2400 BLUFF CREEK DRIVE COLUMBIA, MO 65201	NONE EXEMPT	CHAPTER GRANT	3,316.
MINNESOTA-NORTH DAKOTA CHAPTER 4550 WEST 77TH STREET MINNEAPOLIS, MN 55435	NONE EXEMPT	CHAPTER GRANT	43,027.
MINNESOTA-NORTH DAKOTA CHAPTER 4550 WEST 77TH STREET MINNEAPOLIS, MN 55435	NONE EXEMPT	CHAPTER GRANT	31,337.
MINNESOTA-NORTH DAKOTA CHAPTER 4550 WEST 77TH STREET MINNEAPOLIS, MN 55435	NONE EXEMPT	CHAPTER GRANT	9,910.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
MINNESOTA-NORTH DAKOTA CHAPTER 4550 WEST 77TH STREET MINNEAPOLIS, MN 55435	NONE EXEMPT	CHAPTER GRANT	7,861.
MINNESOTA-NORTH DAKOTA CHAPTER 4550 WEST 77TH STREET MINNEAPOLIS, MN 55435	NONE EXEMPT	CHAPTER GRANT	9,560.
MISSISSIPPI CHAPTER 1900 DUNBARTON DRIVE JACKSON, MS 39216	NONE EXEMPT	CHAPTER GRANT	9,963.
MONTANA CHAPTER 3010 11TH AVENUE NORTH BILLINGS, MT 59101	NONE EXEMPT	CHAPTER GRANT	837.
MOUNT SINAI MEDICAL CENTER 4300 ALTON ROAD MIAMI BEACH, FL 33143	NONE EXEMPT	OTHER ASSOCIATION GRANT	3,000.
NATIONAL ACADEMY OF SOCIAL 1776 MASSACHUSETTS AVENUE NW SUITE 615 WASHINGTON, DC 20036	NONE EXEMPT	OTHER ASSOCIATION GRANT	2,500.
NATIONAL ACADEMY OF SOCIAL 1776 MASSACHUSETTS AVENUE NW SUITE 615 WASHINGTON, DC 20036	NONE EXEMPT	OTHER ASSOCIATION GRANT	1,500.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
NATIONAL ACADEMY OF SOCIAL 1776 MASSACHUSETTS AVENUE NW SUITE 615 WASHINGTON, DC 20036	NONE EXEMPT	OTHER ASSOCIATION GRANT	1,500.
NATIONAL ALLIANCE FOR CAREGIVERS 4720 MONTGOMERY LANE 5TH FLOOR BETHESDA, MD 20814	NONE EXEMPT	OTHER ASSOCIATION GRANT	1,000.
NATIONAL CAPITAL AREA 11240 WAPLES MILL ROAD FAIRFAX, VA 22030	NONE EXEMPT	CHAPTER GRANT	2,500.
NATIONAL INSTITUTE OF HEALTH 1 CLOISTER COURT SUITE 152 BETHESDA, MD 20814	NONE EXEMPT	RESEARCH GRANT	300,000.
NCCNHR 1828 L STREET NW SUITE 801 WASHINGTON, DC 20036	NONE EXEMPT	OTHER ASSOCIATION GRANT	2,500.
NCCNHR 1828 L STREET NW SUITE 801 WASHINGTON, DC 20036	NONE EXEMPT	OTHER ASSOCIATION GRANT	6,000.
NEW MEXICO CHAPTER 9500 MONTGOMERY NE ALBUQUERQUE, NM 87111	NONE EXEMPT	CHAPTER GRANT	56.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
NEW YORK CITY CHAPTER 360 LEXINGTON AVENUE NEW YORK, NY 10017	NONE EXEMPT	CHAPTER GRANT	87,373.
NEW YORK CITY CHAPTER 360 LEXINGTON AVENUE NEW YORK, NY 10017	NONE EXEMPT	CHAPTER GRANT	1,148.
NEW YORK CITY CHAPTER 360 LEXINGTON AVENUE NEW YORK, NY 10017	NONE EXEMPT	CHAPTER GRANT	1,078.
NEW YORK CITY CHAPTER 360 LEXINGTON AVENUE NEW YORK, NY 10017	NONE EXEMPT	CHAPTER GRANT	937.
NEW YORK UNIVERSITY 665 BROADWAY NEW YORK, NY 10012	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	223,343.
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	193,255.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,561.
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	NONE EXEMPT	RESEARCH GRANT	97,561.
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	NONE EXEMPT	ZENITH PREMIUM RESEARCH GRANT	428,777.
NORTH CENTRAL TEXAS CHAPTER 101 SUMMIT AVENUE FORT WORTH, TX 76102	NONE EXEMPT	CHAPTER GRANT	15,427.
NORTH CENTRAL TEXAS CHAPTER 101 SUMMIT AVENUE FORT WORTH, TX 76102	NONE EXEMPT	CHAPTER GRANT	126.
NORTH CENTRAL TEXAS CHAPTER 101 SUMMIT AVENUE FORT WORTH, TX 76102	NONE EXEMPT	CHAPTER GRANT	117.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
NORTH CENTRAL TEXAS CHAPTER 101 SUMMIT AVENUE FORT WORTH, TX 76102	NONE EXEMPT	CHAPTER GRANT	380.
NORTH CENTRAL TEXAS CHAPTER 101 SUMMIT AVENUE FORT WORTH, TX 76102	NONE EXEMPT	CHAPTER GRANT	289.
NORTHEAST SOUTHEAST TENNESSEE CHAPTER 4205 HILLSBORO PIKE NASHVILLE, TN 37215	NONE EXEMPT	CHAPTER GRANT	2,529.
NORTHEASTERN NEW YORK CHAPTER 85 WATERVLIET AVENUE ALBANY, NY 12206	NONE EXEMPT	CHAPTER GRANT	144,024.
NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER 1060 LA AVENIDA MOUNTAIN VIEW, CA 94043	NONE EXEMPT	CHAPTER GRANT	14,338.
NORTHWEST OHIO CHAPTER 2500 NORTH REYNOLDS ROAD TOLEDO, OH 43615	NONE EXEMPT	CHAPTER GRANT	4,481.
NORTHWESTERN UNIVERSITY CHICAGO CAMPUS 750 NORTH LAKE SHORE DRIVE CHICAGO, IL 60611	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	230,021.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
NORTHWESTERN UNIVERSITY CHICAGO CAMPUS 303 EAST CHICAGO AVENUE CHICAGO, IL 60611	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
NORTHWESTERN UNIVERSITY EVANSTON CAMPUS 633 CLARK STREET ROOM 2 502 EVANSTON, IL 60208	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,465.
NORTHWESTERN UNIVERSITY CHICAGO 750 NORTH LAKE SHORE DRIVE CHICAGO, IL 60611	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	9,501.
NURSING HOME QUALITY CAM P O BOX 5038 SIOUX FALLS, ND 57117	NONE EXEMPT	OTHER ASSOCIATION GRANT	5,000.
OKLAHOMA AND ARKANSAS CHAPTER 6465 SOUTH YALE TULSA, OK 74136	NONE EXEMPT	CHAPTER GRANT	2,500.
ORANGE COUNTY CHAPTER 17771 COWAN IRVINE, CA 92614	NONE EXEMPT	CHAPTER GRANT	3,500.
OREGON CHAPTER 1650 NORTHWEST NAITO PARKWAY PORTLAND, OR 92709	NONE EXEMPT	CHAPTER GRANT	66.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD MAIL DROP L106 PORTLAND, OR 97239	NONE EXEMPT	RESEARCH GRANT	183,556.
PARTNERSHIP TO FIGHT CHRONIC P O BOX 5038 SIOUX FALLS, ND 57117	NONE EXEMPT	OTHER ASSOCIATION GRANT	5,000.
PRINCETON UNIVERSITY 4 NEW SOUTH BUILDING PRINCETON, NJ 08544	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,675.
RENSSELAER POLYTECHNIC INSTITUTE 110 EIGHTH STREET TROY, NY 12180	NONE EXEMPT	RESEARCH GRANT	97,193.
RESEARCH AMERICA P O BOX 222451 CHANTILLY, VA 20153	NONE EXEMPT	OTHER ASSOCIATION GRANT	10,000.
RESEARCH AMERICA P O BOX 222451 CHANTILLY, VA 20153	NONE EXEMPT	OTHER ASSOCIATION GRANT	10,000.
RESEARCH FOUNDATION FOR MENTAL HYGIENE INC AT NY 150 BROADWAY SUITE 301 MENANDS, NY 12204	NONE EXEMPT	RESEARCH GRANT	97,552.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
RETINA ASSOCIATES INC ONE AUTUMN STREET BOSTON, MA 02215	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	227,751.
RHODE ISLAND CHAPTER 245 WATERMAN STREET PROVIDENCE, RI 02906	NONE EXEMPT	CHAPTER GRANT	2,378.
ROCHESTER CHAPTER 435 EAST HENRIETTA ROAD ROCHESTER, NY 14620	NONE EXEMPT	CHAPTER GRANT	1,076.
ROSALIND FRANKLIN UNIV OF MEDICINE AND SCIENCE 3333 GREEN BAYROAD NORTH CHICAGO, IL 60064	NONE EXEMPT	RESEARCH GRANT	97,747.
ROSALIND FRANKLIN UNIV OF MEDICINE AND SCIENCE 3333 GREEN BAYROAD NORTH CHICAGO, IL 60064	NONE EXEMPT	RESEARCH GRANT	97,604.
SAN DIEGO CHAPTER 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE EXEMPT	CHAPTER GRANT	115,246.
SLOAN KETTERING INSTITUTE FOR CANCER RESEARCH 1275 YORK AVENUE NEW YORK, NY 10065	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
SOUTH CAROLINA CHAPTER 4124 CLEMSON BLVD ANDERSON, SC 29621	NONE EXEMPT	CHAPTER GRANT	5,753.
SOUTH CENTRAL WISCONSIN CHAPTER 517 NORTH SEGOE MADISON, WI 53705	NONE EXEMPT	CHAPTER GRANT	6,519.
SOUTHEASTERN WISCONSIN CHAPTER 6130 WEST NATIONAL AVENUE MILWAUKEE, WI 53214	NONE EXEMPT	CHAPTER GRANT	14,551.
SOUTHEASTERN WISCONSIN CHAPTER 6130 WEST NATIONAL AVENUE MILWAUKEE, WI 53214	NONE EXEMPT	CHAPTER GRANT	1,725.
SOUTHEASTERN WISCONSIN CHAPTER 6130 WEST NATIONAL AVENUE MILWAUKEE, WI 53214	NONE EXEMPT	CHAPTER GRANT	1,237.
SOUTHEASTERN WISCONSIN CHAPTER 6130 WEST NATIONAL AVENUE MILWAUKEE, WI 53214	NONE EXEMPT	CHAPTER GRANT	931.
SOUTHEASTERN WISCONSIN CHAPTER 6130 WEST NATIONAL AVENUE MILWAUKEE, WI 53214	NONE EXEMPT	CHAPTER GRANT	1,173.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
SOUTHWEST MISSOURI CHAPTER 1500 SOUTH GLENSTONE SPRINGFIELD, MO 65804	NONE EXEMPT	CHAPTER GRANT	1,459.
SOUTHWEST MISSOURI CHAPTER 1500 SOUTH GLENSTONE SPRINGFIELD, MO 65804	NONE EXEMPT	CHAPTER GRANT	884.
SOUTHWEST MISSOURI CHAPTER 1500 SOUTH GLENSTONE SPRINGFIELD, MO 65804	NONE EXEMPT	CHAPTER GRANT	297.
SOUTHWESTERN VIRGINIA 6350 CENTER DRIVE NORFOLK, VA 23502	NONE EXEMPT	CHAPTER GRANT	61.
ST JOHNS MEDICAL CENTER P O BOX 7389 TETON INTERNAL MEDICINE JACKSON HOLE, WY 83002	NONE EXEMPT	OTHER ASSOCIATION GRANT	5,000.
ST LOUIS CHAPTER 9374 OLIVE BOULEVARD ST LOUIS, MO 63132	NONE EXEMPT	CHAPTER GRANT	17,130.
ST LOUIS CHAPTER 9374 OLIVE BOULEVARD ST. LOUIS, MO 63132	NONE EXEMPT	CHAPTER GRANT	291.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
ST LOUIS CHAPTER 9374 OLIVE BOULEVARD ST. LOUIS, MO 63132	NONE EXEMPT	CHAPTER GRANT	1,265.
STANFORD UNIVERSITY 301 RAVENSWOOD AVENUE MENLO PARK, CA 94025	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,415.
STANFORD UNIVERSITY 301 RAVENSWOOD AVENUE MENLO PARK, CA 94025	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	229,619.
STONY BROOK STATE UNIVERSITY SUNY RESEARCH FOUNDTION OF SPONSORED PROGRAMS STONY BROOK, NY 11794	NONE EXEMPT	OTHER ASSOCIATION GRANT	2,000.
SUN HEALTH RESEARCH INSTITUTE 10515 WEST SANTA FE DRIVE SUN CITY, AZ 85351	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	210,556.
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF IL 809 SOUTH MARSHFILED MB502 MC 551 CHICAGO, IL 60612	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,536.
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF IL 809 SOUTH MARSHFILED MB502 MC 551 CHICAGO, IL 60612	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,680.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF IL 809 SOUTH MARSHFIELD MB502 MC551 CHICAGO, IL 60612	NONE EXEMPT	RESEARCH GRANT	97,603.
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF IL 809 SOUTH MARSHFIELD MB502 MC551 CHICAGO, IL 60612	NONE EXEMPT	ZENITH PREMIUM RESEARCH GRANT	428,777.
THE COPPER RIDGE INSTITUTE 710 OBRECHT ROAD SYKESVILLE, MD 21784	NONE EXEMPT	RESEARCH GRANT	97,007.
THE GENERAL HOSPITAL CORP 101 HUNTINGTON AVENUE BOSTON, MA 02199	NONE EXEMPT	RESEARCH GRANT	100,000.
THE JEWISH HOME AND HOSPITAL FOR AGED 120 WEST 106TH STREET NEW YORK, NY 10025	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	227,949.
THE NATHAN KLINE INSTITUTE PSYCHIATRIC RESEARCH 140 OLD ORANBURG ROAD BUILDING 35 ORANBURG, NY 10962	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,501.
THE NATHAN KLINE INSTITUTE PSYCHIATRIC RESEARCH 140 OLD ORANBURG ROAD BUILDING 35 ORANBURG, NY 10962	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,463.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY ROAD COLUMBUS, OH 43210	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	204,670.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE OFFICE OF RESEARCH ADMINISTRATION IRVINE, CA 92627	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE OFFICE OF RESEARCH ADMINISTRATION IRVINE, CA 92697	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,091.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE OFFICE OF RESEARCH ADMINISTRATION IRVINE, CA 92697	NONE EXEMPT	RESEARCH GRANT	85,618.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE DEPT 0934 LA JOLLA, CA 92093	NONE EXEMPT	RESEARCH GRANT	97,570.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO, CA 94118	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	229,001.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO, CA 94118	NONE EXEMPT	RESEARCH GRANT	97,604.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ROOM 1054 ANN ARBOR, MI 48109	NONE EXEMPT	RESEARCH GRANT	97,387.
THE ROSKAMP INSTITUTE 2040 WHITFIELD AVENUE SARASOTA, FL 34243	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	195,207.
THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	NONE EXEMPT	RESEARCH GRANT	227,882.
THE TRUSTEES OF COLUMBIA UNIVERSITY 630 WEST 168TH STREET BOX 49 NEW YORK, NY 10032	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET FRANKLIN BUILDING P221 PHILADELPHIA, PA 19104	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH AB1170 BIRMINGHAM, AL 35294	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	195,207.
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	229,813.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	NONE EXEMPT	RESEARCH GRANT	97,609.
THOMAS F FAGAN 42 LOWELL DRIVE STOW, MA 01775	NONE EXEMPT	RESEARCH GRANT	1,755.
THOMAS JEFFERSON UNIVERSITY 201 SOUTH 11TH STREET ROOM 302 PHILADELPHIA, PA 19107	NONE EXEMPT	RESEARCH GRANT	97,603.
THOMAS JEFFERSON UNIVERSITY 201 SOUTH 11TH STREET ROOM 302 PHILADELPHIA, PA 19107	NONE EXEMPT	OTHER ASSOCIATION GRANT	1,000.
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,465.
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	230,548.
TRUSTEES OF BOSTON UNIVERSITY B U MEDICAL CAMPUS 881 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	225,939.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
TRUSTEES OF BOSTON UNIVERSITY B U MEDICAL CAMPUS 881 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,072.
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	NONE EXEMPT	RESEARCH GRANT	96,945.
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE DEPT 0934 LA JOLLA, CA 92093	NONE EXEMPT	RESEARCH GRANT	227,882.
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE DEPT 0934 LA JOLLA, CA 92093	NONE EXEMPT	RESEARCH GRANT	227,870.
UNIVERSITY OF CALIFORNIA SAN DIEGO HEALTH SCIEN 9500 GILMAN DRIVE DEPT 0934 LA JOLLA, CA 92093	NONE EXEMPT	RESEARCH GRANT	97,604.
UNIVERSITY OF CALIFORNIA SAN DIEGO HEALTH SCIENCE 9500 GILMAN DRIVE DEPT 0934 LA JOLLA, CA 92093	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,545.
UNIVERSITY OF COLORADO DENVER 13001 EAST 17TH PLACE ROOM W1126 AURORA, CO 80045	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	195,207.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
UNIVERSITY OF HAWAII 2530 DOLE ST SAKAMAKI D200 HONOLULU, HI 96822	NONE EXEMPT	RESEARCH GRANT	97,900.
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	227,460.
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506	NONE EXEMPT	RESEARCH GRANT	97,604.
UNIVERSITY OF MASSACHUSETTS AMHERST 300 MASSACHUSETTS AVENUE AMHERST, MA 01003	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,683.
UNIVERSITY OF MASSACHUSETTS LOWELL 883 BROADWAY STREET ROOM 201 LOWELL, MA 01854	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	226,093.
UNIVERSITY OF PITTSBURGH 139 UNIVERSITY PLACE 350 THACKERY HALL PITTSBURGH, PA 15260	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,460.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
UNIVERSITY OF ROCHESTER 517 HYLAND BUILDING BOX 270140 ROCHESTER, NY 14627	NONE EXEMPT	RESEARCH GRANT	97,602.
UNIVERSITY OF TEXAS HEALTH SCIENCES CENTER 15355 LAMBDA DRIVE SAN ANTONIO, TX 78245	NONE EXEMPT	RESEARCH GRANT	148,660.
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BOULEVARD GALVESTON, TX 77555	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVENUE NE SEATTLE, WA 98195	NONE EXEMPT	OTHER ASSOCIATION GRANT	2,000.
UNIVERSITY OF WISCONSIN MADISON 21 NORTH PARK STREET SUITE 6401 MADISON, WI 53715	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
UNIVERSITY OF CALIFORNIA BERKELEY 2150 SHATTUCK AVENUE SUITE 313 BERKELEY, CA 94704	NONE EXEMPT	ZENITH PREMIUM RESEARCH GRANT	428,362.
UTAH CHAPTER 855 EAST 4800 SOUTH SALT LAKE CITY, UT 84107	NONE EXEMPT	CHAPTER GRANT	5.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINSTON-SALEM, NC 27157	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,681.
WASHINGTON UNIVERSITY IN ST LOUIS 660 EUCLID AVENUE BOX 8018 ST. LOUIS, MO 63110	NONE EXEMPT	RESEARCH GRANT	97,527.
WASHINGTON UNIVERSITY IN ST LOUIS 660 EUCLID AVENUE BOX 8018 ST. LOUIS, MO 63110	NONE EXEMPT	ZENITH PREMIUM RESEARCH GRANT	428,737.
WEST VIRGINIA CHAPTER 1111 LEE STREET EAST CHARLESTON, WV 25301	NONE EXEMPT	CHAPTER GRANT	1,348.
WESTERN AND CENTRAL WASHINGTON CHAPTER 12721 30TH AVENUE NE SEATTLE, WA 98125	NONE EXEMPT	CHAPTER GRANT	1,084.
WESTERN AND CENTRAL WASHINGTON CHAPTER 12721 30TH AVENUE NE SEATTLE, WA 98125-4312	NONE EXEMPT	CHAPTER GRANT	6,101.
WESTERN AND CENTRAL WASHINGTON CHAPTER 12721 30TH AVENUE NE SEATTLE, WA 98125	NONE EXEMPT	CHAPTER GRANT	2,592.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
WESTERN AND CENTRAL WASHINGTON STATE 12721 30TH AVENUE NE SEATTLE, WA 98125	NONE EXEMPT	CHAPTER GRANT	32,527.
WESTERN CAROLINA CHAPTER 3800 SHAMROCK DRIVE CHARLOTTE, NC 28215	NONE EXEMPT	CHAPTER GRANT	3,991.
WESTERN NEW YORK 2805 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	NONE EXEMPT	CHAPTER GRANT	3,489.
WESTERN NEW YORK CHAPTER 2805 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	NONE EXEMPT	CHAPTER GRANT	648.
WESTERN NEW YORK CHAPTER 2805 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	NONE EXEMPT	CHAPTER GRANT	533.
WESTERN NEW YORK CHAPTER 2805 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	NONE EXEMPT	CHAPTER GRANT	579.
WINIFRED MASTERTSON BURKE MEDICAL RESEARCH INSTITUT 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605	NONE EXEMPT	RESEARCH GRANT	97,652.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
WRIGHT STATE UNIVERSITY 3640 COL GLENN HIGHWAY DAYTON, OH 45435	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	177,795.
UNVIERSITY OF TORONTO 27 KING'S COLLEGE CIRCLE M5S 1A1 TORONTO ONTARIO CANADA	NONE EXEMPT	RESEARCH GRANT	187,286.
UNIVERSITY OF WATERLOO 200 UNIVERSITY AVENUE WEST N2L 3G1 WATERLOO ONTARIO CANADA	NONE EXEMPT	RESEARCH GRANT	192,116.
UNIVERSITY OF ST ANDREWS TECHNOLOGY CENTRE KY16 9AH ST ANDREWS SCOTLAND UNITED KINGDOM	NONE EXEMPT	RESEARCH GRANT	175,329.
TECHNION ISREAL INSTITUTE OF TECHNOLOGY TECHNION CITY SENATE BUILDING 32000 HAIFA ISREAL ISRAEL	NONE EXEMPT	RESEARCH GRANT	282,993.
THE UNIVERSITY OF NEW SOUTH WALES ANZAC PARADE KENSINGTON NSW 2052 SYDNEY NEW SOUTH WALES AUSTRALIA	NONE EXEMPT	RESEARCH GRANT	217,901.
INTERNATIONAL CENTER FOR BIOMEDICINE (ICC) AV PROVIDENCIA 455 DEPT CP 750-0709 303 PROVIDENCIA SANTIAGO CHILE	NONE EXEMPT	RESEARCH GRANT	227,621.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITA DI MODENA E REGGIO EMILIA VIA UNIVERSITA N4 41100 MODENA ITALY ITALY	NONE EXEMPT	RESEARCH GRANT	193,282.
ROBERTS RESEARCH INSTITUTE 1393 WESTERN ROAD N6G 1G9 LONDON ONTARIO CANADA	NONE EXEMPT	RESEARCH GRANT	228,681.
FLANDERS INTERUNIVERSITY INSTITUTE BIOTECHNOLOGY RIJUVISSCHESTRAAT 120 9052 GHENT BELGIUM BELGIUM	NONE EXEMPT	RESEARCH GRANT	228,443.
THE UNVIERSITY OF WESTERN ONTARIO 1393 WESTERN ROAD N6G 1G9 LONDON ONTARIO CANADA	NONE EXEMPT	RESEARCH GRANT	230,286.
SEOUL NATIONAL UNIVERSITY SILIM DONG 151-747 GWANAK GU SEOUL KOREA, SOUTH	NONE EXMEPT	RESEARCH GRANT	230,552.
ASKLEPIOUS MED BT KOSSUTH LAJOS STG 23 H-6722 SZEGED HUNGARY HUNGARY	NONE EXEMPT	RESEARCH GRANT	95,566.
MEDICAL BIOCHEMISTRY UNIVERSITY OF AARHUS OLE WORMS ALLE 8000 AARHUS DENMARK DENMARK	NONE EXEMPT	RESEARCH GRANT	100,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
SAHLGRENSKA ACADEMY AT GOTEBOG UNIVERSITY PO BOX 400 SE 405 30 SE-405 30 GOTEBOG SWEDEN SWEDEN	NONE EXEMPT	RESEARCH GRANT	97,346.
INSTITUTO DE PSIQUIATRIA DO HOSPITAL DAS CLINICAS DA FACULDADE DE MEDICINA 09550-051 DA UNIVERSIDADE DE SAO PAULO SAO PAULO BRAZIL	NONE EXEMPT	RESEARCH GRANT	97,604.
THE UNIVERISTY OF MELBOURNE GRATTAN STREET 3010 PARKVILLE AUSTRALIA AUSTRALIA	NONE EXEMPT	RESEARCH GRANT	96,628.
EUROPEAN BRAIN RESEARCH INSTITUTE EBRI FONDAZIONE RITA LEVI MONTALICINI 00143 VAL DE FOSSO DI FIORANO 64-65 ROMA ITALY	NONE EXEMPT	RESEARCH GRANT	96,552.
ERASMUS MC S GRAVENDIJKWAL 230 3015CE ROTTERDAM NETHERLANDS NETHERLANDS	NONE EXEMPT	RESEARCH GRANT	98,083.
NATL HOSPITAL ORGANIZATION TOTTORI MEDICAL CENTER 876 MITSU 689-0203 TOTTORI JAPAN JAPAN	NONE EXEMPT	RESEARCH GRANT	94,083.
MCGILL UNIVERSITY 845 SHERBROOK STREET WEST H3A 2T5 MONTREAL QUEBEC CANADA	NONE EXEMPT	RESEARCH GRANT	95,652.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
AUSTIN HEALTH HEIDELBERG 3084 MELBOURNE AUSTRALIA AUSTRALIA	NONE EXEMPT	RESEARCH GRANTS	20,000.
ADVOKATFIRMAN URBAN OLSON AB NOVUM FLOOR 5 SE 141 57 HUDDINGE SWEDEN SWEDEN	NONE EXEMPT	RESEARCH GRANT	40,000.
UNIVERSITE DE MONTREAL CP 6128 SUCCURSALE CENTRE VILLE H3C3J7 MONTREAL QUEBEC CANADA	NONE EXEMPT	RESEARCH GRANT	100,000.
HERTIE INSTITUTE FOR CLINICAL BRAIN RESEARCH OTFRIED MUELLER STR 27 72076 TUEBINGEN GERMANY GERMANY	NONE EXEMPT	RESEARCH GRANT	810.
MISCELLANEOUS ADJUSTMENTS - SEE STATEMENT 2 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	NONE EXEMPT	VARIOUS- SEE STATEMENT 2	149,160.
		TOTAL CONTRIBUTIONS PAID	28,219,831.

=====

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

=====

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
HARRY JOHNS			
COMPENSATION:	272,783.	136,392.	136,391.
CONTRIBUTIONS TO BENEFIT PLANS:	90,805.	45,402.	45,402.
EXPENSE ACCOUNT:	NONE	NONE	NONE
RICHARD HOVLAND			
COMPENSATION:	73,722.	92,149.	18,431.
CONTRIBUTIONS TO BENEFIT PLANS:	24,025.	30,033.	6,007.
EXPENSE ACCOUNT:	NONE	NONE	NONE
TOTALS	----- 461,335. =====	----- 303,976. =====	----- 206,231. =====

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

THE ALZHEIMER'S ASSOCIATION MISSION IS TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH.

THE ALZHEIMER'S ASSOCIATION IS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER CARE, SUPPORT AND RESEARCH. WE PROVIDE SERVICES TO THOSE AFFECTED BY ALZHEIMER'S; ADVOCATE FOR POLICY CHANGE AND RESEARCH FUNDING; AND ADVANCE RESEARCH TOWARD PREVENTION, BRAIN HEALTH TREATMENT AND CURE. OUR ORGANIZATION HAS OFFICES IN CHICAGO AND WASHINGTON, D.C., AND CHAPTER AFFILIATES NATIONWIDE THAT SERVE THE NEEDS OF THOSE LIVING WITH ALZHEIMER'S EVERY DAY.

A DONOR-SUPPORTED ORGANIZATION, THE ALZHEIMER'S ASSOCIATION ALLOCATES ITS FUNDS IN AN ETHICAL AND RESPONSIBLE MANNER THAT EXCEEDS THE RIGOROUS STANDARDS OF AMERICA'S MOST EXPERIENCED CHARITY EVALUATOR, THE BETTER BUSINESS BUREAU.

WE ARE ESPECIALLY GRATEFUL TO ALL THOSE WHO HELPED US DO MORE IN FISCAL YEAR 2008 BY CONTRIBUTING TO THE NATIONAL ORGANIZATION.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

=====

DESCRIPTION

PATIENT FAMILY SERVICES

TOTALS

GRANTS AND
ALLOCATIONS

EXPENSES

124,889.

7,009,000.

124,889.

7,009,000.

=====

=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
COMMERCIAL PAPER, MORTGAGE- BACKED SECURITIES AND SHORT-TERM BONDS	36,584,634.	1,624,233.	FMV
ACCRUED INCOME	54,722.	89,145.	FMV
FIXED INCOME FUNDS	6,366,227.	25,016,218.	FMV
EQUITY FUNDS	40,486,619.	51,721,187.	FMV
TOTALS	83,492,202.	78,450,783.	

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
ASSETS HELD IN TRUST	326,000.	346,674.
BENEFICIAL INTERESTS	9,534,000.	9,732,914.
TOTALS	----- 9,860,000. =====	----- 10,079,588. =====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED RENT	3,238,251.	3,007,013.
DUE TO CHAPTERS	101,999.	101,999.
SHARED FUNDRAISING JV PAYABLES	4,695,083.	10,936,905.
GIFT ANNUITY OBLIGATIONS	4,870,326.	5,547,323.
DEFERRED COMPENSATION	106,231.	564,448.
TOTALS	----- 13,011,890. =====	----- 20,157,688. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	308,711.
TOTAL	308,711.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	342,432.
CHANGE IN VALUE OF PERPETUAL TRUST	912,814.
TOTAL	----- 1,255,246. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	308,711.
TOTAL	308,711.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HARRY JOHNS 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	PRESIDENT & CEO 60.00	545,566.	181,609.	NONE
RICHARD HOVLAND 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	CHIEF ADMIN AND FIN OFFICER 55.00	184,302.	60,065.	NONE
EVAN THOMPSON 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	CHAIR EXEC COMM AND DIRECTOR 10.00	NONE	NONE	NONE
PAUL ATTEA JD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	CHAIR ELECT EX CO AND DIRECTOR 10.00	NONE	NONE	NONE
MARY GUERRIERO AUSTROM PHD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
PATRICIA LANOIE BLANCHETTE MD MPH	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601				
RANDOLPH D BROCK III 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
LAUREL COLEMAN MD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	SEC EXEC COM AND DIRECTOR 10.00	NONE	NONE	NONE
GEORGE S CONKLIN 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
SAMUEL E GANDY MD PHD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	VICE CHAIR EX COM AND DIRECTOR 10.00	NONE	NONE	NONE
JOHN OSHER 225 NORTH MICHIGAN AVENUE 17TH FLOOR	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHICAGO, IL 60601				
BETTYLU K SALTZMAN 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
GERALD SAMPSON 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
MICHAEL URBUT 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	TREAS EX COM AND DIRECTOR 10.00	NONE	NONE	NONE
JEROME H STONE 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	EX OFFICIO EX COM AND DIRECTOR 10.00	NONE	NONE	NONE
MARILYN S ALBERT PHD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL ARTHUR 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
R THOMAS BODKIN 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
LANE BOWEN 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
MERYL COMER 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
STEVEN T DEKOSKY MD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
RICHARD DELLA PENNA MD	DIRECTOR 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601				
PEGGYE DILWORTH-ANDERSON PHD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
CATHY L EDGE 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
SHELLEY FABARES 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
MARSHALL GELFAND CPA 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
COLLEEN GOLDHAMMER 225 NORTH MICHIGAN AVENUE 17TH FLOOR	DIRECTOR 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHICAGO, IL 60601				
LARRY JODSAAS 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
KAREN KAUFFMAN PHD CRNP BC 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
TAMARA LUCERO MD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
JOHN E MAGGIO PHD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
WILLIAM BRIDGEWATER 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
BONNIE H MARCUS 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
LINDA MENDELSON 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
DAVID MOSCOW 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
ROBERT K BURKE 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
RITA HORTENSTINE 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
JAMES PRUGH	DIRECTOR 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601				
STEWART PUTNAM 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
DEBORAH JONES 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
DENNIS REVELL 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
JOHN SABL 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
RONALD SCHILLING PHD 225 NORTH MICHIGAN AVENUE 17TH FLOOR	DIRECTOR 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHICAGO, IL 60601				
DARLENE SHILEY 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
SUZANNE B SWIFT 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
DEBORAH A RANDALL ESQ 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
JOANNE VIDINSKY 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
ALAN SILVERGLAT 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CARL E TUERK JR 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
EDWARD BERUBE 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
HEATHER BURNS 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
TENNY TSAI 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
ROBERT THOMAS 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
THOMAS J WINKEL	DIRECTOR 5.00	NONE	NONE	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME
NO. IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED
 IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

 AND MATCH THEIR SENIOR HOUSING NEEDS WITH LICENSED HOUSING
 PROVIDERS IN THE UNITED STATES. THE ALZHEIMER'S ASSOCIATION
 HAS ENTERED INTO A RELATIONSHIP WITH SNAPS FOR SENIORS TO
 HELP INDIVIDUALS WITH ALZHEIMER'S DISEASE AND DEMENTIA AND
 THEIR FAMILIES LOCATE APPROPRIATE SENIOR HOUSING FACILITIES
 FOR PERSONS SUFFERING FROM THESE CONDITIONS.
93F ALZHEIMER'S AND DEMENTIA: THE JOURNAL OF THE ALZHEIMER'S
 ASSOCIATION IS A SCIENTIFIC JOURNAL COVERING THE ENTIRE
 RESEARCH SPECTRUM.
94 DUES RECEIVED FROM CHAPTERS.
102 THE ALZHEIMER'S ASSOCIATION DERIVES INCOME FROM THE SALE OF
 EDUCATIONAL MATERIALS TO LOCAL CHAPTERS OF THE ORGANIZATION
 AND OTHER INTERESTED PARTIES. THESE BOOKS PROVIDE
 INFORMATION REGARDING ALZHEIMER'S DISEASE; NO ADVERTISING IS
 CONTAINED IN THESE VOLUMES. EDUCATING THE PUBLIC ABOUT
 ALZHEIMER'S IS ONE OF THE EXEMPT PURPOSES OF THIS
 ORGANIZATION.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
THOMAS T YOSHIKAWA MD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601				
	GRAND TOTALS	729,868.	241,674.	NONE

FORM 990, PART VI, LINE 90A - STATES

=====

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

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
-----	----	-----	----	-----	-----
PROGRAM CONFERENCES					455,678.
CAREGIVER TRAINING					13,483.
SAFE RETURN REGISTRATION FEES					320,068.
PUBLIC POLICY FORUM					45,020.
SENIOR HOUSING					125,000.
JOURNAL					141,799.
		-----		-----	-----
TOTALS		=====		=====	1,101,048.
		=====		=====	=====

FORM 990, PART VII - OTHER REVENUE

=====

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
-----	----	-----	----	-----	-----
T-SHIRTS			01	1,807.	
CHAPTER LICENSE AND MAINTENANCE FEES			15	222,906.	
OTHER REVENUE			01	214,433.	
TOTALS		-----		439,146.	-----
		=====		=====	=====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	CONFERENCE REVENUE FOR OUR DEMENTIA CARE CONFERENCE AND LEADERSHIP CONFERENCE WHICH INCLUDES FEES AND EXHIBIT FEES. AT THE DEMENTIA CARE CONFERENCE PARTICIPANTS ARE CAREGIVERS WHO ATTEND THESE CONFERENCES TO HEAR PROFESSIONALS SPEAK ABOUT NEW TECHNOLOGY TO CARE FOR PERSONS WITH DEMENTIA AND ALZHEIMER'S DISEASE. THE LEADERSHIP CONFERENCE PARTICIPANTS ARE CHAPTER EXECUTIVES AND OTHER DESIGNATED CHAPTER STAFF. THESE PARTICIPANTS ATTEND SEMINARS AND BREAK OUT WORK GROUPS TO HEAR PROFESSIONALS SPEAK.
93B	FEES RECEIVED FOR ON-LINE CAREGIVER TRAINING COURSES.
93C	THE ALZHEIMER'S ASSOCIATION DERIVES INCOME FROM REGISTRATION FEES FOR THE SAFE RETURN PROGRAM. THIS IS THE ASSOCIATION'S NATIONWIDE BRACELET IDENTITY PROGRAM, CREATED FOR THOSE WITH ALZHEIMER'S WHO "WANDER" AND MAY NOT BE ABLE TO FIND THEIR WAY HOME. OFFERING PATIENT AND FAMILY SERVICES TO AID THOSE AFFECTED BY THE DISEASE IS ONE OF THE EXEMPT PURPOSES OF THIS ORGANIZATION.
93D	THE PUBLIC POLICY FORUM IS A TWO-DAY MEETING IN WASHINGTON, DC WITH THREE OBJECTIVES: FIRST, TO EDUCATE, MOTIVATE, AND ENERGIZE ALZHEIMER'S ADVOCATES, AND INFORM THEM ABOUT THE ASSOCIATION'S ADVOCACY PROGRAM AND RELEVANT POLICY ISSUES. SECOND, TO INCREASE THE VISIBILITY OF THE ASSOCIATION AND THE DISEASE ON CAPITAL HILL AND DIRECT GRASSROOTS LOBBYING ON ISSUES OF IMPORTANCE TO PEOPLE WITH ALZHEIMER'S DISEASE AND THEIR CAREGIVERS. TO THAT END, THE FORUM FACILITATES FACE TO FACE MEETINGS FOR ALZHEIMER'S ADVOCATES FROM THEIR STATES AND DISTRICTS WITH MEMBERS OF CONGRESS AND THEIR STAFF. THIRD, TO GAIN MEDIA VISIBILITY FOR THE ASSOCIATION AND OUR POLICY AGENDA THROUGH A CONGRESSIONAL HEARING/ BRIEFING. ASSOCIATES PARTICIPATE IN WORKSHOPS ON VARIOUS ISSUES PERTAINING TO OUR ADVOCACY GOALS AND TRAINING SESSIONS TO PREPARE THEM FOR THEIR MEETINGS WITH LEGISLATORS AND STAFF. GENERAL SESSIONS INCLUDE AN ALZHEIMER'S RESEARCH UPDATE AND PARTICIPANTS ALSO ATTEND A CANDLELIGHT VIGIL HONORING THOSE WITH THE DISEASE AND THEIR CAREGIVERS. FOR THE COST OF THE REGISTRATION FEE ATTENDEES RECEIVE: ALL RELEVANT MATERIALS, EDUCATIONAL, INFORMATIONAL AND TRAINING SESSIONS, TRANSPORTATION TO AND FROM THE VIGIL SITE AND CAPITAL HILL FOR THEIR LEGISLATIVE VISITS, AND MEALS PROVIDED DURING THE MEETINGS.
93E	SENIOR HOUSING: LICENSING FEES FOR SENIOR HOUSING. SNAPS FOR SENIORS PROJECT PROVIDES AN OBJECTIVE, ONLINE SENIOR HOUSING INFORMATION RESOURCE THAT ENABLES INTERNET USERS TO SEARCH

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
MARK GERMANO 225 N. MICHIGAN AVENUE CHICAGO, IL 60601	VP RELATIONSHIP DEVT 55.00	268,482.	40,444.	NONE
ANGELA GEIGER 225 N. MICHIGAN AVENUE CHICAGO, IL 60601	VP CONSTITUENT RELTN 55.00	207,100.	47,836.	NONE
STEPHEN MCCONNELL 225 N. MICHIGAN AVENUE CHICAGO, IL 60601	VP PUB POL/PROG SVC 55.00	193,768.	49,833.	NONE
BARBARA NEWHOUSE 225 N. MICHIGAN AVENUE CHICAGO, IL 60601	VP CHAPTER RELATIONS 55.00	179,716.	30,678.	NONE
WILLIAM THIES 225 N. MICHIGAN AVENUE CHICAGO, IL 60601	VP MED & SCIENT AFF 55.00	179,602.	52,390.	NONE
	TOTAL COMPENSATION	----- 1,028,668. =====	----- 221,181. =====	----- NONE =====

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

=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
TG MADISON INC 3340P EACHTREE RD. ATLANTA, GA 30326	ADVERTISING AGENCY	9,584,011.
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	MARKETING CONSULTANT	2,402,965.
THOMPSON HABIB DENISON 80 HAYDEN AVENUE, SUITE 300 LEXINGTON, MA 02421	CONSULTANT	1,501,250.
STAGE RIGHT INC 13610 BOULTON BLVD METTAWA, IL 60045	AUDIO VISUAL	593,839.
KINTERA INC DEPARTMENT AT 952208 ATLANTA, GA 31192	COMPUTER CONSULT.	475,498.
	TOTAL COMPENSATION	----- 14,557,563. =====

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

=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
OPEN FIRST 4333 DAVENPORT RD. FREDRICKSBURG, VA 22408	DIRECT MAIL PROCESS.	1,898,119.
MICHIGAN PLAZA P.O. BOX 88181 EXPEDITE WAY CHICAGO, IL 60695	REALTOR	1,592,537.
MERCURY ENVELOPE COMPANY 100 MERRICK RD. ROCKVILLE CENTRE, NY 11570	DIRECT MAIL PROCESS.	702,143.
WORK FLOW ONE PO BOX 644108 PITTSBURGH, PA 15264	INVENTORY MANAGEMENT	361,984.
MOORE WALLACE P.O. BOX 93514 CHICAGO, IL 60673	PRINTER/INVENTORY	237,065.
	TOTAL COMPENSATION	----- 4,791,848. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE PART V, FORM 990

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A
=====

THE ALZHEIMER'S ASSOCIATION RESEARCH GRANTS PROGRAM SUPPORTS CORE GOALS OF OUR MISSION. THANKS TO OUR GENEROUS DONORS, THE ASSOCIATION HAS BECOME THE LARGEST PRIVATE, NONPROFIT FUNDER OF ALZHEIMER RESEARCH. SINCE AWARDING ITS FIRST GRANTS IN 1982, THE ASSOCIATION HAS COMMITTED OVER \$250 MILLION TO MORE THAN 1,700 BEST-OF-FIELD GRANT PROPOSALS.

AREAS OF FOCUS ARE DESIGNED TO ELICIT PROPOSALS SPANNING THE ENTIRE SPECTRUM OF DEMENTIA RESEARCH, FROM BASIC SCIENCE TO SOCIAL AND BEHAVIORAL INVESTIGATIONS. GRANT COMPETITIONS ARE STRUCTURED TO SUPPORT RESEARCHERS AT EVERY STAGE OF THEIR CAREERS, FROM SCIENTISTS LESS THAN 10 YEARS PAST THEIR DOCTORAL DEGREES TO INTERNATIONALLY RECOGNIZED THOUGHT LEADERS IN THE FIELD.

ALL PROPOSALS ARE SUBJECT TO A TWO-STAGE PEER-REVIEW PROCESS CARRIED OUT WITH AN ON-LINE SYSTEM. IN THE FIRST STAGE, APPLICATIONS ARE REVIEWED AND RATED BY THREE TO FOUR PEER SCIENTISTS WITH EXPERTISE IN THE PROPOSED AREA OF RESEARCH. THE SECOND STAGE INCLUDES FURTHER REVIEW AND DISCUSSION OF THE SCORES AND COMMENTS RESULTING FROM THE INITIAL REVIEW PROCESS. THIS SECOND REVIEW IS CARRIED OUT BY THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL OF THE ALZHEIMER'S ASSOCIATION TO ENSURE FAIRNESS AND EQUITY IN THE INITIAL REVIEW PROCEDURES AND TO MAKE FUNDING RECOMMENDATIONS TO THE ASSOCIATION. MEMBERS OF THIS COUNCIL ARE INTERNATIONALLY RECOGNIZED EXPERTS WITH DISTINGUISHED CAREERS IN ALZHEIMER'S AND RELATED DEMENTIAS.

THIS TWO-STAGE PROCESS IS CENTRAL TO OUR AWARD DECISIONS AND IS DESIGNED TO ENSURE BOTH SCIENTIFIC RIGOR AND FAIRNESS TO ALL SUBMITTED APPLICATIONS.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
OTHER REVENUE	111,460.	27,073.			138,533.
TOTALS	111,460.	27,073.			138,533.

EIN: 13-3039601
 FYE: 06/30/2008

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	NONE	NONE	NONE	NONE
Land Improvements	NONE	NONE	NONE	NONE
Buildings	NONE	NONE	NONE	NONE
Leasehold Improvements	3,936,179.	277,035.	1,087,508.	2,848,671.
Equipment	8,980,726.	1,071,323.	7,112,722.	1,868,004.
Furniture & Fixtures	1,499,024.	303,741.	1,307,163.	191,861.
Property, Plant & Equipment	<u>14415929.</u>	<u>1,652,099.</u>	<u>9,507,393.</u>	<u>4,908,536.</u>
Construction in Progress	NONE	NONE	NONE	NONE
Total Fixed Assets, line 57	<u>14415929.</u>		<u>9,507,393.</u>	<u>4,908,536.</u>
Total Depreciation Expense, line 42		<u>1,652,099.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.