

ALZHEIMER'S ASSOCIATION

2006 Form 990 for the
Year Ended June 30, 2007

Public Disclosure Copy

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALZHEIMER'S ASSOCIATION	D Employer identification number 13-3039601
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 225 NORTH MICHIGAN AVENUE	E Telephone number (312) 335-8700
	City or town, state or country, and ZIP + 4 CHICAGO, IL 60601	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)
	Please use IRS label or print or type. See Specific Instructions.	

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

H and I are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? Yes No

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

I Group Exemption Number

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

G Website: WWW.ALZ.ORG

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 110,626,968.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	77,100,177.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d	2,877,546.		
	e Total (add lines 1a through 1d) (cash \$ 79,977,723. noncash \$)	1e		79,977,723.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		5,423,281.	
	3 Membership dues and assessments	3		5,708,286.	
	4 Interest on savings and temporary cash investments	4		632,639.	
	5 Dividends and interest from securities	5		3,600,222.	
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	14,270,205.	(B) Other	1,288.
	b Less: cost or other basis and sales expenses	8b	14,224,129.		1,080.
	c Gain or (loss) (attach schedule)	8c	46,076.		208.
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			46,284.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 4,359,103. of STMT 1 contributions reported on line 1b).	9a	418,235.	STMT. 2.	
	b Less: direct expenses other than fundraising expenses	9b	742,393.		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			-324,158.
10 a Gross sales of inventory, less returns and allowances	STMT. 3.	10a	344,478.		
	b Less: cost of goods sold	STMT. 4.	10b	412,900.	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			-68,422.
11 Other revenue (from Part VII, line 103)	11		250,611.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		95,246,466.		
Expenses	13 Program services (from line 44, column (B))	13	75,174,169.		
	14 Management and general (from line 44, column (C))	14	857,764.		
	15 Fundraising (from line 44, column (D))	15	16,612,816.		
	16 Payments to affiliates (attach schedule)	16			
17 Total expenses. Add lines 16 and 44, column (A)	17		92,644,749.		
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	2,601,717.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	68,840,053.		
	20 Other changes in net assets or fund balances (attach explanation)	STMT. 5. STMT. 6.	20	5,130,236.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20.	21		76,572,006.	

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

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).

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

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

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 ▶ Michelle Helton -----

Telephone No. ▶ (312) 335-5183 ----- FAX No. ▶ -----

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

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

- ▶ calendar year 20__ or
- ▶ tax year beginning Jul 1, 2006, and ending Jun 30, 2007.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b 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.
c 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.

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>25,633,700.</u> noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<u>25,633,700.</u>	<u>25,633,700.</u>	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 (attach schedule)	<u>907,160.</u>	<u>571,510.</u>	<u>90,716.</u>	STMT 35 <u>244,934.</u>
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	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) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	<u>15,077,278.</u>	<u>10,748,425.</u>	<u>205,935.</u>	<u>4,122,918.</u>
27	Pension plan contributions not included on lines 25a, b, and c	<u>1,275,862.</u>	<u>896,036.</u>	<u>31,540.</u>	<u>348,286.</u>
28	Employee benefits not included on lines 25a - 27	<u>1,281,929.</u>	<u>879,760.</u>	<u>21,914.</u>	<u>380,255.</u>
29	Payroll taxes	<u>1,155,488.</u>	<u>819,013.</u>	<u>17,722.</u>	<u>318,753.</u>
30	Professional fundraising fees	<u>264,853.</u>	<u>301.</u>	<u>37.</u>	<u>264,515.</u>
31	Accounting fees	<u>109,839.</u>	<u>80,223.</u>	<u>6,418.</u>	<u>23,198.</u>
32	Legal fees	<u>269,813.</u>	<u>166,444.</u>	<u>24,944.</u>	<u>78,425.</u>
33	Supplies	<u>248,048.</u>	<u>165,388.</u>	<u>2,788.</u>	<u>79,872.</u>
34	Telephone	<u>622,768.</u>	<u>529,638.</u>	<u>3,280.</u>	<u>89,850.</u>
35	Postage and shipping	<u>6,413,652.</u>	<u>4,722,932.</u>	<u>105,334.</u>	<u>1,585,386.</u>
36	Occupancy	<u>3,277,622.</u>	<u>2,692,389.</u>	<u>40,999.</u>	<u>544,234.</u>
37	Equipment rental and maintenance				
38	Printing and publications	<u>15,698,125.</u>	<u>11,882,529.</u>	<u>116,467.</u>	<u>3,699,129.</u>
39	Travel	<u>2,320,270.</u>	<u>1,795,611.</u>	<u>14,696.</u>	<u>509,963.</u>
40	Conferences, conventions, and meetings	<u>7,321,172.</u>	<u>7,055,631.</u>	<u>19,848.</u>	<u>245,693.</u>
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	<u>2,329,695.</u>	<u>1,512,488.</u>	<u>92,442.</u>	<u>724,765.</u>
43	Other expenses not covered above (itemize):				
43a	a MISCELLANEOUS	<u>1,911,081.</u>	<u>360,940.</u>	<u>46,981.</u>	<u>1,503,160.</u>
43b	b PROFESSIONAL FEES	<u>6,198,152.</u>	<u>4,421,188.</u>	<u>12,446.</u>	<u>1,764,518.</u>
43c	c RECRUITMENT FEES	<u>190,861.</u>	<u>127,371.</u>	<u>1,882.</u>	<u>61,608.</u>
43d	d BANK & INVESTMENT FEES	<u>137,381.</u>	<u>112,652.</u>	<u>1,375.</u>	<u>23,354.</u>
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).	<u>92,644,749.</u>	<u>75,174,169.</u>	<u>857,764.</u>	<u>16,612,816.</u>

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 \$ 12,301,343. ; (ii) the amount allocated to Program services \$ 7,163,505.
 (iii) the amount allocated to Management and general \$ 1,943,211. ; and (iv) the amount allocated to Fundraising \$ 3,194,627.

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 36		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.) a <u>RESEARCH -- TO PROVIDE FUNDING FOR STUDIES EXPLORING DISEASE CHARACTERISTICS, CAUSES AND PROBABLE THERAPIES.</u> ----- ----- ----- (Grants and allocations \$ <u>23,087,298.</u>) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>		35,504,360.
b <u>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.</u> ----- ----- ----- (Grants and allocations \$ <u>20,000.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>		20,868,361.
c <u>CHAPTER SERVICES -- TO PROVIDE SUPPORT FOR ACTIVITIES CONDUCTED AT THE CHAPTER AND LOCAL LEVELS.</u> ----- ----- ----- (Grants and allocations \$ <u>2,241,333.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>		7,235,148.
d <u>PUBLIC POLICY -- TO FOCUS ON MAXIMIZING GOVERNMENT SUPPORT FOR DEMENTIA SPECIFIC RESEARCH, PREVENTION AND CARE THROUGH INFLUENCING STATE AND FEDERAL POLICYMAKERS.</u> ----- ----- ----- (Grants and allocations \$ <u>275,677.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>		3,554,718.
e Other program services (attach schedule) <u>SEE STATEMENT 37</u> (Grants and allocations \$ <u>9,392.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>		8,011,582.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		75,174,169.

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	3,964,224.	45	6,272,923.
	46 Savings and temporary cash investments	2,876,582.	46	1,778,883.
	47a Accounts receivable	8,430,134.		
	b Less: allowance for doubtful accounts	347,611.	47c	8,082,523.
	48a Pledges receivable	37,376,867.		
	b Less: allowance for doubtful accounts	3,419,479.	48c	33,957,388.
	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)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	388,133.	52	232,255.
	53 Prepaid expenses and deferred charges	4,424,139.	53	1,168,874.
	54a Investments - publicly-traded securities <input type="checkbox"/> STMT 38 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	68,957,772.	54a	83,818,202.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		55c		
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	14,763,043.			
b Less: accumulated depreciation (attach schedule)	9,243,496.	57c	5,519,547.	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	124,649,668.	59	140,830,595.	
Liabilities	60 Accounts payable and accrued expenses	4,179,673.	60	8,632,448.
	61 Grants payable	37,351,324.	61	42,622,683.
	62 Deferred revenue	3,018,815.	62	97,799.
	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 <input type="checkbox"/> STMT 39)	11,259,803.	65	12,905,659.
66 Total liabilities. Add lines 60 through 65	55,809,615.	66	64,258,589.	
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	32,019,263.	67	38,631,053.
	68 Temporarily restricted	18,592,874.	68	18,819,063.
	69 Permanently restricted	18,227,916.	69	19,121,890.
	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).	68,840,053.	73	76,572,006.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	124,649,668.	74	140,830,595.	

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	102,878,690.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	4,706,400.
2	Donated services and use of facilities	b2	2,089,088.
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>SEE STATEMENT 40</u>	b4	1,201,386.
	Add lines b1 through b4	b	7,996,874.
c	Subtract line b from line a	c	94,881,816.
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 41</u>	d2	364,650.
	Add lines d1 and d2	d	364,650.
e	Total revenue (Part I, line 12). Add lines c and d	e	95,246,466.

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

a	Total expenses and losses per audited financial statements	a	95,146,737.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	2,089,088.
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 42</u>	b4	412,900.
	Add lines b1 through b4	b	2,501,988.
c	Subtract line b from line a	c	92,644,749.
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	92,644,749.

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 43		663,763.	230,806.	12,591.

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

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 51		
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."	75c	X
If "Yes," attach a statement that includes the information described in the instructions.		
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
SEE STATEMENT 54	NONE	205,359.	NONE	NONE

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?	77	X
If "Yes," attach a conformed copy of the changes.		
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	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)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 2,089,088.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	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.)	N/A	
88 b	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	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		X
89 a	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		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?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		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?	N/A	
90 a	List the states with which a copy of this return is filed	SEE STATEMENT 55	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	214
91 a	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 56					5,423,281.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					5,708,286.
95 Interest on savings and temporary cash investments			14	632,639.	
96 Dividends and interest from securities			14	3,600,222.	
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	46,284.	
101 Net income or (loss) from special events			01	-324,158.	
102 Gross profit or (loss) from sales of inventory					-68,422.
103 Other revenue: a					
b ROYALTIES			15	10,417.	
c CHAPTER LICENSE			15	128,734.	
d FEE REIMBURSEMENT					
e OTHER REVENUE			01	111,460.	
104 Subtotal (add columns (B), (D), and (E))				4,205,598.	11,063,145.
105 Total (add line 104, columns (B), (D), and (E)) ▶					15,268,743.

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 57

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
STMT 58	%		NONE	NONE
	%			
	%			
	%			

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

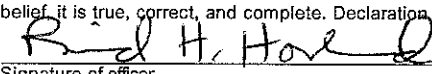
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

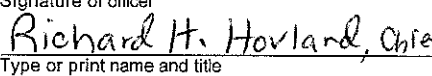
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	N/A

Please Sign Here

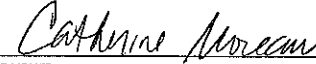
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.


Date 2/5/08



Type or print name and title: Richard H. Howland, Chief Administrative and Financial Officer

Paid Preparer's Use Only

Preparer's signature 	Date <u>1/29/08</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) <u>P00541710</u>
Firm's name (or yours if self-employed), address, and ZIP + 4 <u>GRANT THORNTON LLP</u>	EIN <u>36-6055558</u>		Phone no. <u>312-856-0200</u>
<u>CHICAGO, IL 60604</u>		Form 990 (2006)	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2006

Name of the organization

ALZHEIMER'S ASSOCIATION

Employer identification number

13-3039601

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 59				
Total number of other employees paid over \$50,000 . . . ▶		128		

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 60		
Total number of others receiving over \$50,000 for professional services ▶		31

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 61		
Total number of other contractors receiving over \$50,000 for other services ▶		12

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>717,912.</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 62	2d	X
e Transfer of any part of its income or assets?	2e	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. 63	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	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	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		NONE

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 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 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	79,066,936.	61,022,633.	60,844,789.	71,353,226.	272,287,584.
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	2,507,375.	3,180,329.	1,587,747.	1,378,284.	8,653,735.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,650,558.	2,989,217.	2,103,232.	1,853,158.	9,596,165.
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 64 27,073.				27,073.
23 Total of lines 15 through 22	84,251,942.	67,192,179.	64,535,768.	74,584,668.	290,564,557.
24 Line 23 minus line 17.	81,744,567.	64,011,850.	62,948,021.	73,206,384.	281,910,822.
25 Enter 1% of line 23	842,519.	671,922.	645,358.	745,847.	
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					▶ 26d
22 _____ 26b _____					
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:				
(2005) _____ (2004) _____ (2003) _____ (2002) _____	1,026,417. 1,031,287. 936,525. 1,078,224.				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2005) _____ (2004) _____ (2003) _____ (2002) _____				
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					▶ 27c 280,941,319.
17 _____ 8,653,735. 20 _____ 21 _____					
d Add: Line 27a total . . . _____ 4,072,453. and line 27b total ▶					27d 4,072,453.
e Public support (line 27c total minus line 27d total) ▶					27e 276,868,866.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f 290,564,557.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 95.2865 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 3.3026 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

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

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	5,000.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	717,912.
38	Total lobbying expenditures (add lines 36 and 37)	38	717,912.
39	Other exempt purpose expenditures	39	95,146,740.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	95,864,652.
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	41	1,000,000.
	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		
	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) 2006	(b) 2005	(c) 2004	(d) 2003	(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	717,912.	72,655.	509,800.	509,800.	1,810,167.
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	5,000.	5,000.	5,000.	5,000.	20,000.

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:	Yes	No	Amount
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.)			

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 13 of the instructions.)

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

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, 51a(ii) Other assets, b(i) Sales or exchanges, b(ii) Purchases, b(iii) Rental, b(iv) Reimbursement, b(v) Loans, b(vi) Performance, and c.

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 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:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains N/A.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2006

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

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		77,100,177.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		2,877,546.	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.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - EXCLUDED CONTRIBUTIONS
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DESCRIPTION -----	AMOUNT -----
NEW YORK GALA	2,378,796.
CHICAGO GALA	1,055,095.
DC GALA	925,212.
TOTAL	----- 4,359,103. =====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
NEW YORK GALA	165,825.	338,337.	-172,512.
CHICAGO GALA	138,000.	272,891.	-134,891.
DC GALA	114,410.	131,165.	-16,755.
TOTALS	418,235.	742,393.	-324,158.

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES

DESCRIPTION

AMOUNT

SALE OF EDUCATION MATERIALS

344,478.

TOTAL

344,478.
=====

FORM 990, PART I - COST OF GOODS SOLD

DESCRIPTION	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
SALE OF EDUCATION MATERIALS	388,133.	424,374.			399,607.	412,900.
TOTALS	388,133.	424,374.			399,607.	412,900.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAINS IN VALUE OF INVESTMENTS	4,706,400.
CHANGE IN VALUE OF PERPETUAL TRUST	788,486.
TOTAL	5,494,886.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

CHANGE IN VALUE OF SPLIT INTEREST
AGREEMENTS

364,650.

TOTAL

364,650.
=====

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
===== AARP 601 E. STREET NW, SUITE AR-651 WASHINGTON, DC 20049	NONE EXEMPT	PUBLIC POLICY	68,250.
ALEXANDRA HOSPITAL 378 ALEXANDRA ROAD 159964 SINGAPORE SINGAPORE	NONE EXEMPT	EVERYDAY TECHNOLOGY TO SUPPORT ALZ CAREGIVERS	101,369.
ALLIANCE AGING RESEARCH 2021 K STREET NW, SUITE 305 WASHINGTON, DC 20006	NONE EXEMPT	PUBLIC POLICY	1,000.
ALLIANCE FOR HEALTH REFORM 1444 EYE STREET NW, SUITE 910 WASHINGTON, DC 20005	NONE EXEMPT	PUBLIC POLICY	5,000.
ALOHA CHAPTER 1050 AIA MOANA BLVD., SUITE BUILDING D-15 HONOLULU, HI 96814-4906	NONE EXEMPT	GENERAL SUPPORT	3,468.
ALZHEIMER RESEARCH FORUM FOUNDATION 82 DEVONSHIRE STREET BOSTON, MA 02109	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	230,273.
ALZHEIMER'S & RELATED DISORDERS-SOCIETY OF INDIA 17/303 GURUVLOOR ROAD - P.O. BOX 53 6870503 KANAMKULAM KERALA INDIA	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	1,000.

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
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA - MS:BCM 310 HOUSTON, TX 77030	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,260.
BEN GURION UNIVERSITY OF THE NEGEV P.O. BOX 653 84105 BEER SHEVA ISRAEL	NONE EXEMPT	OTHER RESEARCH GRANTS	2,978.
BIG SIOUX CHAPTER 420 CHAMBERS STREET SIOUX CITY, IA 51101	NONE EXEMPT	GENERAL SUPPORT	19.
BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH & SCIENCES DEPARTMENT 1000 STANTON L. YOUNG BLVD., LIB 121 OKLAHOMA CITY, OK 73117	NONE EXEMPT	IIRG AND NIRG	283,232.
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	456,874.
BROWN UNIVERSITY - OFFICE OF SPONSORED PROJECTS 164 ANGELL STREET PROVIDENCE, RI 02912	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	227,698.
BURNHAM INSTITUTE FOR MEDICAL RESEARCH 10901 NORTH TORREY PINES RD. LA JOLLA, CA 92037	NONE EXEMPT	ZENITH GRANTS - RESEARCH	243,555.
CALIFORNIA CENTRAL COAST CHAPTER 3429 EXECUTIVE CENTER DRIVE, SUITE 100 AUSTIN, TX 78731	NONE EXEMPT	GENERAL SUPPORT	4,233.

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 SOUTHLAND CHAPTER 5900 WILSHIRE BLVD., SUITE 1100 LOS ANGELES, CA 90036	NONE EXEMPT	GENERAL SUPPORT	400,000.
CAPITAL OF TEXAS CHAPTER 3429 EXECUTIVE CENTER DRIVE, SUITE 100 AUSTIN, TX 78731	NONE EXEMPT	GENERAL SUPPORT	27,171.
CARITAS ST. ELIZABETH MEDICAL CENTER 736 CAMBRIDGE STREET, OLH 3G BOSTON, MA 02135	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	225,967.
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE PITTSBURGH, PA 15213	NONE EXEMPT	OTHER RESEARCH GRANTS	2,537.
CASE WESTERN RESERVE UNIVERSITY 1009 EUCLID AVENUE CLEVELAND, OH 44106	NONE EXEMPT	ZENITH, IIRG AND NIRG	669,741.
CEINGE - BIOTECHNOLOGIE AVANZATE VIA S. PANSINI 5 80131 NAPOLI ITALY	NONE EXEMPT	OTHER RESEARCH GRANTS	2,915.
CENTER FOR EXCELLENCE IN ASSISTED LIVING 1201 I STREET NW WASHINGTON, DC 20005	NONE EXEMPT	PUBLIC POLICY	5,873.
CENTRAL AND NORTH FLORIDA CHAPTER 988 WOODCOCK ROAD, SUITE 200 ORLANDO, FL 32803-3715	NONE EXEMPT	GENERAL SUPPORT	5,741.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CENTRAL AND WESTERN VIRGINIA 674 HILLSDALE DRIVE, SUITE 1 CHARLOTTESVILLE, VA 22901	NONE EXEMPT	GENERAL SUPPORT	21,413.
CENTRAL ILLINOIS CHAPTER 606 W. GLEN AVENUE PEORIA, IL 61614	NONE EXEMPT	GENERAL SUPPORT	1,664.
CENTRAL NEW YORK CHAPTER 441 WEST KIRKPATRICK STREET SYRACUSE, NY 13204-1361	NONE EXEMPT	GENERAL SUPPORT	2,201.
CENTRAL OHIO CHAPTER 3380 TREMONT ROAD COLUMBUS, OH 43221	NONE EXEMPT	GENERAL SUPPORT	64,034.
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER RESEARCH FOUNDATION 3333 BURNET AVENUE CINCINNATI, OH 45229	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,541.
CLEVELAND AREA CHAPTER 12200 FAIRHILL ROAD CLEVELAND, OH 44120-2531	NONE EXEMPT	GENERAL SUPPORT	25,310.
COLORADO CHAPTER 455 SHERMAN STREET, SUITE 500 DENVER, CO 80203	NONE EXEMPT	GENERAL SUPPORT	13,719.
COLUMBIA UNIVERSITY MEDICAL CENTER RESEARCH ADMINISTRATION 630 WEST 16TH STREET NEW YORK, NY 10032	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,542.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CONGREX SWEDEN AB BOX 5078 S-402 22 BOTEBOG SWEDEN	NEW INVESTIGATOR INITIATED RESEARCH GRANT	3,000.
CONNECTICUT CHAPTER 279 NEW BRITAIN ROAD, SUITE 5 KENSINGTON, CT 06037	GENERAL SUPPORT	10,216.
DALHOUSIE UNIVERSITY 6299 SOUTH STREET - HENRY HICKS AC B3H 4H6 EAST HALIFAX NOVA SCOTIA CANADA	OTHER RESEARCH GRANIS	2,478.
DELAWARE VALLEY CHAPTER 399 MARKET STREET, SUITE 102 PHILADELPHIA, PA 19106	GENERAL SUPPORT	17,826.
DESERT SOUTHWEST CHAPTER 1028 E. MCDOWELL ROAD PHOENIX, AZ 85006-2622	GENERAL SUPPORT AND PUBLIC POLICY	43,178.
DREXEL UNIVERSITY - OFFICE OF RESEARCH 3201 ARCH STREET - SUITE 1000 PHILADELPHIA, PA 19104	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,551.
DUKE UNIVERSITY MEDICAL CENTER 2424 ERWIN ROADHOCK PLAZA, SUITE 1103 DURHAM, NC 27705	INVESTIGATOR INITIATED RESEARCH GRANT	456,875.

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
EAST CENTRAL IOWA CHAPTER 1570 42ND STREET NE CEDAR RAPIDS, IA 52402	NONE EXEMPT	GENERAL SUPPORT	195.
EASTERN NORTH CAROLINA CHAPTER 400 OBERLIN ROAD, SUITE 220 RALEIGH, NC 27605-1351	NONE EXEMPT	GENERAL SUPPORT	14,296.
EASTERN TENNESSEE CHAPTER 2200 SUTHERLAND AVENUE, SUITE H-102 KNOXVILLE, TN 37919	NONE EXEMPT	GENERAL SUPPORT	2,094.
EMORY UNIVERSITY 1599 CLIFTON ROAD NE (4TH FLOOR MALLSTOP) 1599-001-1BA ATLANTA, GA 30322	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,110.
ENH RESEARCH INSTITUTE 1001 UNIVERSITY PLACE EVANSTON, IL 60201	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	57,960.
FLORIDA GULF COAST CHAPTER 9365 U.S. HIGHWAY 19N, SUITE B PINELLAS PARK, FL 33782	NONE EXEMPT	GENERAL SUPPORT	3,865.
FLORIDA INSTITUTE OF TECHNOLOGY 150 W. UNIVERSITY BLVD. MELBOURNE, FL 32901	NONE EXEMPT	OTHER RESEARCH GRANTS	2,464.
GEORGETOWN UNIVERSITY 4000 RESERVOIR ROAD-NW ROOM 162, BLDG. D WASHINGTON, DC 20007	NONE EXEMPT	OTHER RESEARCH GRANTS	2,227.

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 BLVD., SUITE 10 ATLANTA, GA 30345	NONE EXEMPT	GENERAL SUPPORT	39,255.
GREAT MICHIGAN CHAPTER 20300 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076	NONE EXEMPT	PUBLIC AWARENESS/EDUCATION	10,000.
GREAT PLAINS CHAPTER 5601 SOUTH 27TH STREET, SUITE 201 LINCOLN, NE 68512	NONE EXEMPT	GENERAL SUPPORT	3,658.
GREATER CINCINNATI CHAPTER 644 LINN STREET, SUITE 1026 CINCINNATI, OH 45203	NONE EXEMPT	GENERAL SUPPORT	10,787.
GREATER DALLAS CHAPTER 4144 N. CENTRAL EXPRESSWAY, SUITE 750 DALLAS, TX 75204	NONE EXEMPT	GENERAL SUPPORT	50,016.
GREATER EAST OHIO AREA CHAPTER 1815 WEST MARKET STREET, SUITE 301 AKRON, OH 44313	NONE EXEMPT	GENERAL SUPPORT	1,721.
GREATER INDIANA CHAPTER 9135 NORTH MERIDIAN STREET, SUITE B-4 INDIANAPOLIS, IN 46260	NONE EXEMPT	GENERAL SUPPORT	6,294.
GREATER IOWA CHAPTER 1730 28TH STREET WEST DES MOINES, IA 50266	NONE EXEMPT	GENERAL SUPPORT AND PUBLIC POLICY	74,474.

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 KENTUCKY AND SOUTHERN INDIANA CHAPTER 3703 TAYLORSVILLE ROAD, SUITE 102 LOUISVILLE, KY 40220	NONE EXEMPT	GENERAL SUPPORT	5,695.
GREATER MARYLAND CHAPTER 1850 YORK ROAD, SUITE D TIMONIDUM, MD 21093	NONE EXEMPT	GENERAL SUPPORT	51,260.
GREATER MICHIGAN CHAPTER 20300 CIVIC CENTER DRIVE, SUITE 100 SOUTHFIELD, MI 48076	NONE EXEMPT	GENERAL SUPPORT AND PUBLIC AWARENESS & EDUC	23,019.
GREATER NEW JERSEY CHAPTER 400 MORRIS AVENUE, SUITE 251 DENVER, NJ 07834	NONE EXEMPT	GENERAL SUPPORT	39,685.
GREATER PENNSYLVANIA CHAPTER 3544 NORTH PROGRESS AVENUE, SUITE 205 HARRISBURG, PA 17110	NONE EXEMPT	GENERAL SUPPORT	14,202.
GREATER RICHMOND CHAPTER 4600 COX ROAD, SUITE 130 GLEN ALLEN, VA 23060	NONE EXEMPT	GENERAL SUPPORT	14,377.
GREATER WISCONSIN 2900 CURRY LANE, SUITE A GREEN BAY, WI 54311	NONE EXEMPT	GENERAL SUPPORT	1,541.
HEART OF AMERICA CHAPTER 3846 WEAT 75TH STREET PRAIRIE VILLAGE, KS 66208	NONE EXEMPT	GENERAL SUPPORT	6,419.

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
HEBREW REHABILITATION CENTER 1200 CENTER STREET BOSTON, MA 02131	NONE EXEMPT	OTHER RESEARCH GRANTS	2,914.
HOUSTON AND SOUTHEAST TEXAS 2242 WEST HOLCOMBE BLVD. HOUSTON, TX 77030-2008	NONE EXEMPT	GENERAL SUPPORT	35,936.
HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY CHAPTER 2 JEFFERSON PLAZA, SUITE 103 FOUGHKEEPSIE, NY 12601	NONE EXEMPT	GENERAL SUPPORT	20,014.
INDIANA UNIVERSITY SCHOOL OF MEDICINE 950 WEST WALNUT STREET, R-11 BUILDING INDIANAPOLIS, IN 46202	NONE EXEMPT	LIRG AND OTHER RESEARCH GRANTS	233,903.
INLAND NORTHWEST CHAPTER 910 WEST 5TH AVENUE, SUITE 256 SPOKANE, WA 99204	NONE EXEMPT	GENERAL SUPPORT	586.
INSTITUTE FOR NEURODEGENERATIVE DISORDERS 60 TEMPLE STREET, SUITE 8B NEW HAVEN, CT 06510	NONE EXEMPT	OTHER RESEARCH GRANTS	2,604.
JOAN AND SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE, BOX 89 NEW YORK, NY 10021	NONE EXEMPT	ZENITH GRANTS - RESEARCH	243,878.
JOHNS HOPKINS UNIVERSITY 733 NORTH BROADWAY BALTIMORE, MD 21205	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	459,717.

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
KEYSTONE SYMPOSIA P.O. DRAWER 1630 SILVERTHORNE, CO 80498	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	2,000.
LONG ISLAND CHAPTER 3281 VETERANS MEMORIAL HIGHWAY, SUITE E-13 RONKONKOMA, NY 11779	NONE EXEMPT	GENERAL SUPPORT	6,863.
LOUGHBOROUGH UNIVERSITY RESEARCH OFFICE RUTHLAND HALL LELL 3TU LOUGHBOROUGH LEICESTERSHIRE UNITED KINGDOM	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	3,000.
LOUISIANA CHAPTER 3717 GOVERNMENT STREET, SUITE 7 ALEXANDRIA, LA 71302	NONE EXEMPT	GENERAL SUPPORT	49,846.
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER 433 BOLIVAR STREET NEW ORLEANS, LA 70112	NONE EXEMPT	OTHER RESEARCH GRANTS	2,503.
MAINE CHAPTER 170 US ROUTE 1, SUITE 250 PALMOUTH, ME 04105	NONE EXEMPT	GENERAL SUPPORT	2,596.
MASSACHUSETTS CHAPTER 311 ARSENAL STREET WATERTOWN, MA 02472	NONE EXEMPT	GENERAL SUPPORT AND PUBLIC POLICY	149,290.

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
MASSACHUSETTS GENERAL HOSPITAL-RESEARCH MANAGEMENT 50 STANFORD STREET - SUITE 1001 BOSTON, MA 02114	NONE EXEMPT	IIRG AND NIRG	555,220.
MAYO CLINIC - JACKSONVILLE 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	NONE EXEMPT	ZENITH, IIRG AND OTHER RESEARCH GRANTS	233,913.
MCMASTER UNIVERSITY-FACULTY OF HEALTH SCIENCES 1200 MAIN STREET, WEST HSC 1B7 L6N 3Z5 HAMILTON ONTARIO CANADA	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,437.
MIAMI VALLEY CHAPTER 3797 SUMMIT GLEN DRIVE, SUITE G-100 DAYTON, OH 45449	NONE EXEMPT	GENERAL SUPPORT	2,538.
MICHIGAN GREAT LAKES CHAPTER 107 APRIL DRIVE, SUITE 1 ANN ARBOR, MI 48103	NONE EXEMPT	GENERAL SUPPORT	13,062.
MIDLANDS CHAPTER 1941 SOUTH 42ND STREET, SUITE 205 OMAHA, NE 68105	NONE EXEMPT	GENERAL SUPPORT	15,001.
MID-MISSOURI CHAPTER 2400 BLUFF CREEK DRIVE COLUMBIA, MO 65201	NONE EXEMPT	GENERAL SUPPORT	2,212.
MID-SOUTH CHAPTER 4205 HILLSBORO PIKE, SUITE 216 NASHVILLE, TN 37215-3439	NONE EXEMPT	GENERAL SUPPORT	8,328.

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 4550 WEST 77TH STREET, SUITE 200 MINNEAPOLIS, MN 55435	NONE EXEMPT	GENERAL SUPPORT	43,427.
MISSISSIPPI CHAPTER 1900 DUNBARION DRIVE, SUITE H JACKSON, MS 39216	NONE EXEMPT	GENERAL SUPPORT	1,219.
MONTANA CHAPTER 3010 11TH AVENUE NORTH BILLINGS, MT 59101	NONE EXEMPT	GENERAL SUPPORT	526.
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L. LEVY PLACE, BOX 1075 NEW YORK, NY 10029	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	914,886.
NATIONAL ALLIANCE FOR CAREGIVING 4720 MONTGOMERY LANE BETHESDA, MD 20814	NONE EXEMPT	PUBLIC POLICY	1,000.
NATIONAL CAPITAL AREA 11240 WAPLES MILL ROAD, SUITE 402 FAIRFAX, VA 22030	NONE EXEMPT	GENERAL SUPPORT	64,138.
NCCNHR 1424 16TH STREET NW, SUITE 202 WASHINGTON, DC 20036	NONE EXEMPT	PUBLIC POLICY	6,348.
NEW MEXICO CHAPTER 9500 MONTGOMERY N.E., SUITE 209 ALBUQUERQUE, NM 87111	NONE EXEMPT	GENERAL SUPPORT	3,477.

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 ACADEMY OF SCIENCE 2 EAST 63RD STREET NEW YORK, NY 10021	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	1,000.
NEW YORK CITY CHAPTER 360 LEXINGTON AVENUE, 4TH FLOOR NEW YORK, NY 10017	NONE EXEMPT	GENERAL SUPPORT	24,605.
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	NONE EXEMPT	IRIG AND OTHER RESEARCH GRANTS	461,496.
NORTH CAROLINA CHAPTER 3800 SHAMROCK DRIVE CHARLOTTE, NC 28215-3220	NONE EXEMPT	PATIENT & FAMILY SERVICES	2,590.
NORTH CENTRAL TEXAS CHAPTER 101 SUMMIT AVENUE, SUITE 300 FORT WORTH, TX 76102	NONE EXEMPT	GENERAL SUPPORT	5,437.
NORTHEAST/SOUTHEAST TENNESSEE 735 BROAD STREET, SUITE 300 CHATTANOOGA, TN 37402	NONE EXEMPT	GENERAL SUPPORT	3,624.
NORTHEASTERN NEW YORK CHAPTER 85 WATERVIET AVENUE ALBANY, NY 12206-2083	NONE EXEMPT	GENERAL SUPPORT	5,483.
NORTHERN CALIFORNIA AND NEVADA CHAPTER 1060 LAAVENIDA STREET MOUNTAIN VIEW, CA 94043	NONE EXEMPT	GENERAL SUPPORT AND PUBLIC POLICY	125,461.

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
NORTHWEST OHIO CHAPTER 2500 NORTH REYNOLDS ROAD TOLEDO, OH 43615-2820	NONE EXEMPT	GENERAL SUPPORT	1,141.
NORTHWESTERN UNIVERSITY - RUBLOFF BUILDING 750 NORTH LAKE SHORE DRIVE - 7TH FLOOR CHICAGO, IL 60611	NONE EXEMPT	ZENITH AND OTHER RESEARCH GRANTS	343,876.
OKLAHOMA/ARKANSAS CHAPTER 6465 SOUTH YALE, SUITE 312 TULSA, OK 74136-7810	NONE EXEMPT	GENERAL SUPPORT	132,490.
ORANGE COUNTY CHAPTER 17771 COWAN, SUITE 200 IRVINE, CA 92614	NONE EXEMPT	GENERAL SUPPORT AND PUBLIC AWARENESS & EDUC	63,769.
OREGON CHAPTER 1311 N.W. 21ST AVENUE PORTLAND, OR 97209	NONE EXEMPT	GENERAL SUPPORT	4,490.
OREGON HEALTH AND SCIENCES 3181 SW SAM JACKSON PARK RD. MAILCODE L106 PORTLAND, OR 97239	NONE EXEMPT	OTHER RESEARCH GRANTS	2,503.
PALMETTO CHAPTER 2999 SUNSET BLVD., SUITE 102 WEST COLUMBIA, SC 29169	NONE EXEMPT	GENERAL SUPPORT	2,865.
PALO ALTO INSTITUTE FOR RESEARCH AND EDUCATION, INC. 3801 MIRANDA AVENUE PALO ALTO, CA 94304	NONE EXEMPT	OTHER RESEARCH GRANTS	124,736.

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
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE 4170 CITY AVENUE PHILADELPHIA, PA 19131	NONE EXEMPT	OTHER RESEARCH GRANTS	2,865.
PURDUE UNIVERSITY-SPONSORED PROGRAM SERVICES - YOUNG HALL 302 WOOD STREET WEST LAFAYETTE, IN 47907	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	225,532.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROSS AVENUE, SUITE 102 LOS ANGELES, CA 90095	NONE EXEMPT	OTHER RESEARCH GRANTS	5,011.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE - MAIL CODE 0742 LA JOLLA, CA 92093-0742	NONE EXEMPT	OTHER RESEARCH GRANTS	2,543.
RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. RIVERVIEW CENTER 150 BROADWAY - SUITE 301 MENDHANS, NY 12204	NONE EXEMPT	IRRG AND OTHER RESEARCH GRANTS	232,333.
RHODE ISLAND CHAPTER 245 WATERMELON STREET, SUITE 306 PROVIDENCE, RI 02906	NONE EXEMPT	GENERAL SUPPORT	760.
ROCHESTER CHAPTER 435 EAST HENRIETTA ROAD ROCHESTER, NY 14620	NONE EXEMPT	GENERAL SUPPORT	3,281.

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
RUSH UNIVERSITY MEDICAL CENTER 1753 WEST HARRISON AVENUE CHICAGO, IL 60612	NONE EXEMPT	IIRG AND OTHER RESEARCH GRANTS	459,640.
SAN DIEGO CHAPTER 4950 MURPHY CANYON ROAD, SUITE 250 SAN DIEGO, CA 92123	NONE EXEMPT	PUBLIC POLICY	80,000.
SAN DIEGO/IMPERIAL CHAPTER 4950 MURPHY CANYON ROAD, SUITE 250 SAN DIEGO, CA 92123	NONE EXEMPT	GENERAL SUPPORT	124,790.
SEPULVEDA RESEARCH CORPORATION 16111 PLUMMER STREET - SUITE 111 SEPULVEDA, CA 91343	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,532.
SOUTH CAROLINA CHAPTER 4124 CLEMSON BLVD., SUITE L ANDERSON, SC 29621	NONE EXEMPT	GEN SUPPORT, PUB POL AND PATIENT & FAMILY SVC	28,503.
SOUTH CENTRAL WISCONSIN CHAPTER 517 NORTH SEGOE, SUITE 301 MADISON, WI 53705	NONE EXEMPT	GENERAL SUPPORT	2,578.
SOUTHEAST FLORIDA 4700 NORTH CONGRESS AVENUE, SUITE 101 WEST PALM BEACH, FL 33407	NONE EXEMPT	GENERAL SUPPORT	247.
SOUTHEASTERN VIRGINIA 6315 NORTH CENTER DRIVE, SUITE 233 NORFOLK, VA 23502	NONE EXEMPT	GENERAL SUPPORT AND PATIENT & FAMILY SVCS	27,447.

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
SOUTHEASTERN WISCONSIN CHAPTER 6130 WEST NATIONAL AVENUE, SUITE 200 MILWAUKEE, WI 53214	NONE EXEMPT	GENERAL SUPPORT	6,212.
SOUTHWEST MISSOURI CHAPTER 1500 SOUTH GLENSTONE SPRINGFIELD, MO 65804	NONE EXEMPT	GENERAL SUPPORT	2,202.
ST. LOUIS CHAPTER 9374 OLIVE BLVD. ST. LOUIS, MO 63132-3214	NONE EXEMPT	GENERAL SUPPORT	6,436.
ST. LOUIS UNIVERSITY 221 NORTH GRAND BOULEVARD ST. LOUIS, MO 63103	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	195,053.
STAR CHAPTER 4400 N. MESA, SUITE 9 EL PASO, TX 79902	NONE EXEMPT	GENERAL SUPPORT	50,016.
SUN HEALTH RESEARCH INSTITUTE 10515 WEST SANTA FE DRIVE SUN CITY, AZ 85351	NONE EXEMPT	IIRG AND ZENITH GRANTS	472,686.
SUNNYBROOK HEALTH SCIENCES CENTRE A3332075 BAYVIEW AVENUE MAN 3M5 TORONTO ONTARIO CANADA	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	229,160.
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF IL - CHICAGO 809 S. MARSHFIELD, MB 502, M/C 551 CHICAGO, IL 60612	NONE EXEMPT	IIRG AND NIRG	325,988.

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 CURATORS OF THE UNIVERSITY OF MISSOURI OFFICE OF SPONSORED PROGRAMS ADMINISTRATION 310 JESSE HALL COLUMBIA, MO 65211	NONE EXEMPT	EVERYDAY TECHNOLOGY TO SUPPORT ALZ CAREGIVERS	192,477.
THE HOSPITAL FOR SICK CHILDREN 555 UNIVERSITY AVENUE M5G 1X8 TORONTO ONTARIO CANADA	NONE EXEMPT	IIRG AND OTHER RESEARCH GRANTS	196,044.
THE INSTITUTE FOR MOLECULAR MEDICINE (IMM) 16371 GOTHARD ST., H HUNTINGTON BEACH, CA 92647	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	227,246.
THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	NONE EXEMPT	IIRG AND ZENITH GRANTS	246,439.
THE MENTAL HEALTH RESEARCH INSTITUTE OF VICTORIA 155 OAK STREET PARKVILLE 3052 MELBOURNE VICTORIA AUSTRIA	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	223,857.
THE NATHAN S. KLINE INSTITUTE FOR PSYCHIATRIC RESEARCH 140 OLD ORANGEBURG RD., BUILDING 35 ORANGEBURG, NY 10962	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	456,875.
THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY ROAD COLUMBUS, OH 43210	NONE EXEMPT	IIRG, IIRG AND OTHER RESEARCH GRANTS	328,293.

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 RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,437.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 3333 CALIFORNIA STREET, SUITE 315 SAN FRANCISCO, CA 94118	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,515.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN DIEGO 9500 GILMAN DRIVE - DEPT. 0934 LA JOLLA, CA 92093	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,551.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES UCLA WILSHIRE CENTER, SUITE 1200 LOS ANGELES, CA 90024	NONE EXEMPT	IIRG AND NIRG	325,988.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA-IRVINE OFFICE OF RESEARCH ADMINISTRATION IRVINE, CA 92697-7600	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	230,052.
THE REGENTS OF THE UNIVERSITY OF COLORADO 3100 MARINE STREET, ROOM 479 BOULDER, CO 80309	NONE EXEMPT	ZENITH GRANTS - RESEARCH	244,856.
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE ST. - ROOM 1054 ANN ARBOR, MI 48109	NONE EXEMPT	IIRG AND NIRG	782,684.

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 SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,280.
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET- FRANKIN BLDG. P-221 PHILADELPHIA, PA 19104	NONE EXEMPT	ZENITH GRANTS - RESEARCH	243,787.
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM OFFICE OF GRANTS & CONTRACTS ADMINISTRATION 1530 3RD AVENUE BIRMINGHAM, AL 35294	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	230,983.
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	188,231.
THE UNIVERSITY OF NORTH CAROLINA OFFICE OF SPONSORED REVENUE 104 AIRPORT DRIVE, SUITE 220 CHAPEL HILL, NC 27599	NONE EXEMPT	OTHER RESEARCH GRANTS	2,478.
THE UNIVERSITY OF QUEENSLAND-CUMBRAE STEWART BLDG. UNIVERSITY OF QUEENSLAND 4072 ST. LUCIA BRISBANE AUSTRIA	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	226,243.
THE WASHINGTON CENTER FOR INTERNSHIPS P.O. BOX 890812 CHARLOTTE, NC 28289	NONE EXEMPT	PUBLIC POLICY	13,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THOMAS JEFFERSON UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION 201 SOUTH 11TH STREET M PHILADELPHIA, PA 19107	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,958.
TORONTO REHABILITATION INSTITUTE 550 UNIVERSITY AVENUE M5G 2A2 TORONTO ONTARIO CANADA	NONE EXEMPT	EVERYDAY TECHNOLOGY TO SUPPORT ALZ CAREGIVERS	152,167.
TRUSTEES OF BOSTON UNIVERSITY - MEDICAL CAMPUS 881 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,193.
TRUSTEES OF COLUMBIA UNIVERSITY RESEARCH ADMINISTRATION 630 WEST 168TH STREET NEW YORK, NY 10032	NONE EXEMPT	ZENITH AND OTHER RESEARCH GRANTS	249,149.
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET- FRANKIN BLDG. P-221 PHILADELPHIA, PA 19104	NONE EXEMPT	OTHER RESEARCH GRANTS	1,600.
UNIVERSITY OF BRITISH COLUMBIA-#102 TECH ENT FACIL 116190 AGRONOMY ROAD V6T 1Z3 VANCOUVER BC CANADA	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	96,821.
UNIVERSITY OF CATANIA-PHYSIOLOGICAL SCIENCES VIALE ANDREA DORIA 6 - CITTA UNIVER CATANIA ITALY	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,434.

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 CENTRAL FLORIDA BURNETT COLLEGE OF BIOMEDICAL SCIENCES 4000 CENTRAL FLORIDA BLVD.-BMS BLDG. RM. 223 ORLANDO, FL 32816-2364	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	42,461.
UNIVERSITY OF DELAWARE - SELF HELP DEPT. OF CHEMISTRY AND BIOCHEMISTRY NEWARK, DE 19716	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	1,000.
UNIVERSITY OF DUNDEE-RESEARCH AND INNOVATION SVCS 11 PERTH ROAD UK DDI 4HN DUNDEE IRELAND UNITED KINGDOM	NONE EXEMPT	EVERYDAY TECHNOLOGY TO SUPPORT ALZ CAREGIVERS	189,569.
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE 3901 RAINBOW BOULEVARD KANSAS CITY, KS 66160	NONE EXEMPT	ITRG AND NIRG	325,858.
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKRAD HALL LEXINGTON, KY 40506	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,585.
UNIVERSITY OF KUOPIA SAVILAHENTIE 9 - P.O. BOX 1627 70211 KUOPIO FINLAND	NONE EXEMPT	OTHER RESEARCH GRANTS	2,865.
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION OFFICE OF GRANTS MANAGEMENT JOUETT HALL - BELKNAP CAMPUS LOUISVILLE, KY 40292	NONE EXEMPT	OTHER RESEARCH GRANTS	2,865.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF MARYLAND BALTIMORE COUNTY 100 HILLTOP CIRCLE BALTIMORE, MD 21250	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	229,594.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL OFFICE OF RESEARCH 55 LAKE AVENUE NORTH WORCESTER, MA 01655	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,437.
UNIVERSITY OF MINNESOTA-TWIN CITIES 450 MCNAMARA ALUMNI CENTER 200 OAK STREET S.E. MINNEAPOLIS, MN 55455	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,273.
UNIVERSITY OF NEW MEXICO-FINANCIAL SERVICES HSCMSC 52201 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131-0001	NONE EXEMPT	OTHER RESEARCH GRANTS	1,754.
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE AT FORT WORTH 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,915.
UNIVERSITY OF PITTSBURGH-OFFICE OF RESEARCH 350 THACKERAY HALL 139 UNIVERSITY PLACE PITTSBURGH, PA 15260	NONE EXEMPT	IRRG AND NIRG	328,552.
UNIVERSITY OF ROCHESTER 517 HYLAN BUILDING, BOX 270140 ROCHESTER, NY 14627	NONE EXEMPT	NIRG AND HATFIELD RESEARCH GRANTS	327,189.

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
UNIVERSITY OF SOUTH CAROLINA RESEARCH FOUNDATION 901 SUMTER STREET, SUITE 501 COLUMBIA, SC 29208	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,551.
UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD., SUITE 160 TAMPA, FL 33612	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	231,280.
UNIVERSITY OF SOUTHERN CALIFORNIA DEPT. OF CONTRACTS AND GRANTS 1540 ALCAZAR STREET, CHP 100 LOS ANGELES, CA 90033	NONE EXEMPT	OTHER RESEARCH GRANTS	231,410.
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BLVD. GALVESTON, TX 77555	NONE EXEMPT	IIRG AND NIRG	327,029.
UNIVERSITY OF TEXAS MEDICAL SCHOOL 301 UNIVERSITY BLVD. GALVESTON, TX 77555	NONE EXEMPT	OTHER RESEARCH GRANTS	1,564.
UNIVERSITY OF TORONTO 27 KING'S COLLEGE CIRCLE-SIMCOE HAL M5S 1A1 TORONTO ONTARIO CANADA	NONE EXEMPT	OTHER RESEARCH GRANTS	2,375.
UNIVERSITY OF UTAH 75 S 2000 E - ROOM 111 SALT LAKE CITY, UT 84112	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	228,437.

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 WASHINGTON 1100 N.E. 45TH STREET, SUITE 300 SEATTLE, WA 98105	NONE EXEMPT	NIHG AND OTHER RESEARCH GRANTS	104,537.
UNIVERSITY OF WISCONSIN (UWM RESEARCH)-273 MITCHELL HALL 3203 NORTH DOWNER STREET MILWAUKEE, WI 53211	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	230,326.
UT SOUTHWESTERN MEDICAL CENTER 75 S 2000 E - ROOM 111 SALT LAKE CITY, UT 84112	NONE EXEMPT	OTHER RESEARCH GRANTS	234,998.
UTAH CHAPTER 855 EAST 4800 SOUTH, SUITE 100 SALT LAKE CITY, UT 84107	NONE EXEMPT	GENERAL SUPPORT	2,986.
VANDERBILT UNIVERSITY MEDICAL CENTER OFFICE OF RESEARCH 3319 WEST END AVENUE, SUITE 100 NASHVILLE, TN 37203	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	456,546.
VERMONT CHAPTER 172 NORTH MAIN STREET BARRE, VT 05641	NONE EXEMPT	GENERAL SUPPORT	1,600.
VIAJES IBERIA CONGRESOS GRAN VIA ASIMA 23 CIF A-07001415 PALMA DE MALLORCA SPAIN	NONE EXEMPT	GENERAL SUPPORT	599,220.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSIT OFFICE OF SPONSORED PROGRAMS 1880 PRATT DRIVE, SUITE 200 BLACKSBURG, VA 24060	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	229,277.
VMRF 3350 LA JOLLA VILLAGE DRIVE - 151 - A SAN DIEGO, CA 92161	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,551.
VU UNIVERSITY MEDICAL CENTER POSTBUS 7057 1007 MB AMSTERDAM NETHERLANDS	NONE EXEMPT	OTHER RESEARCH GRANTS	240,000.
VU UNIVERSITY MEDICAL CENTER - DEPT OF NUCLEAR MED DE BOELELAAN 1117 1081 HV AMSTERDAM NETHERLANDS	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,551.
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD. WINSTON-SALEM, NC 27157	NONE EXEMPT	INVESTIGATOR INITIATED RESEARCH GRANT	229,090.
WASHINGTON UNIVERSITY IN ST. LOUIS 660 SOUTH EUCLID AVENUE ST. LOUIS, MO 63110	NONE EXEMPT	IIRG, NIRG, ZENITH AND OTHER RESEARCH GRANTS	559,521.
WEST VIRGINIA 1111 LEE STREET, EAST CHARLESTON, WV 25301	NONE EXEMPT	GENERAL SUPPORT	678.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WESTERN AND CENTRAL WASHINGTON STATE 12721 30TH AVENUE NE., SUITE 101 SEATTLE, WA 98125-4312	NONE EXEMPT	GENERAL SUPPORT	16,600.
WESTERN CAROLINA CHAPTER 3800 SHAMROCK DRIVE CHARLOTTE, NC 28215-3220	NONE EXEMPT	GENERAL SUPPORT	6,606.
WESTERN NEW YORK CHAPTER 2805 WEHRLE DRIVE, SUITE 6 (VIALE ANDREA DORIA 6) WILLIAMSVILLE, NY 14221	NONE EXEMPT	GENERAL SUPPORT	2,128.
WESTERN UNIVERSITY OF HEALTH SCIENCES 309 EAST SECOND STREET POMONA, CA 91766	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	97,551.
WINEN CENTER FOR ALZHEIMER'S DISEASE AND MEMORY DISORDERS UNIVERSITY OF MIAMI-MT. SINAIR MEDICAL CENTER MIAMI, FL 33140	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	10,000.
XVTH INTERNATIONAL CONGRESS C/O RICHARD LEWIS, MD & WILLIAM O. WHETSELL OXFORD HOUSE, SUITE 211 VANDERBUILT MED CTR NASHVILLE, TN 37232	NONE EXEMPT	NEW INVESTIGATOR INITIATED RESEARCH GRANT	3,000.
YALE UNIVERSITY 47 COLLEGE STREET, SUITE 203-P.O. BOX 208047 NEW HAVEN, CT 06520	NONE EXEMPT	IIRG AND OTHER RESEARCH GRANTS	230,884.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

MISCELLANEOUS ADJUSTMENTS - SEE NOTE 1
 225 N. MICHIGAN AVENUE, FLOOR 17
 CHICAGO, IL 60601

NONE
 EXEMPT

VARIOUS - SEE NOTE 1

1,008,770.

TOTAL CONTRIBUTIONS PAID

25,633,700.

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

CURRENT OFFICER NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
HARRY JOHNS			
COMPENSATION:	314,200.	49,874.	134,658.
CONTRIBUTIONS TO BENEFIT PLANS:	123,179.	19,552.	52,791.
EXPENSE ACCOUNT:	7,933.	1,259.	3,399.
RICHARD HOVLAND			
COMPENSATION:	103,969.	16,503.	44,559.
CONTRIBUTIONS TO BENEFIT PLANS:	22,229.	3,528.	9,527.
EXPENSE ACCOUNT:	NONE	NONE	NONE
TOTALS	571,510.	90,716.	244,934.

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

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OUR 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.

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

DESCRIPTION

PATIENT FAMILY SERVICES

TOTALS

GRANTS AND ALLOCATIONS	EXPENSES
9,392.	8,011,582.
9,392.	8,011,582.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
COMMERCIAL PAPER	26,827,939.	36,584,634.	FMV
ACCRUED INCOME	52,438.	54,722.	FMV
FIXED INCOME FUNDS	8,734,693.	6,366,227.	FMV
EQUITY FUNDS	33,342,702.	40,812,619.	FMV
TOTALS	68,957,772.	83,818,202.	

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED RENT	3,154,036.	3,238,251.
DUE TO CHAPTERS	176,512.	101,999.
SHARED FUNDRAISING JV PAYABLES	3,117,350.	4,695,083.
GIFT ANNUITY OBLIGATIONS	4,811,905.	4,870,326.
TOTALS	----- 11,259,803. =====	----- 12,905,659. =====

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

DESCRIPTION -----	AMOUNT -----
CHANGE IN VALUE OF PERPETUAL TRUST	788,486.
COST OF GOODS SOLD	412,900.

TOTAL	1,201,386.
	=====

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

DESCRIPTION -----	AMOUNT -----
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	364,650.
TOTAL	----- 364,650. =====

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

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	412,900.
TOTAL	412,900.

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

NAME AND ADDRESS	TITLE AND TIME 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	498,732.	195,522.	12,591.
RICHARD HOVLAND 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	CHIEF ADMIN AND FIN OFFICER 55.00	165,031.	35,284.	NONE
EVAN THOMPSON 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	CHAIR EXEC COMM AND DIRECTOR 10.00	NONE	NONE	NONE
PAUL ATTEA 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	VICE CHAIR EX COM 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 TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601				
RANDOLPH 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	DIRECTOR AND EXEC COMMITTEE 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
MARK E FLYNN 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	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE

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

NAME AND ADDRESS ----- CHICAGO, IL 60601	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
WILLIAM KAYE 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
JOHN OSHER 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
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	TREASURER AND DIRECTOR 10.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROBERT A WOOLDRIDGE 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
JEROME H STONE 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR AND EXEC COMMITTEE 10.00	NONE	NONE	NONE
MARILYN S ALBERT PHD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
MICHAEL ARTHUR 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 5.00	NONE	NONE	NONE
R THOMAS BODKIN	DIRECTOR 5.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601				
LANE BOWEN 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
CHRISTINE FEARS BRANCHE 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
HEATHER BURNS 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	DIRECTOR 5.00	NONE	NONE	NONE

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

NAME AND ADDRESS ----- CHICAGO, IL 60601	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
RICHARD DELLA PENNA MD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
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
MICHAEL FUCHS 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 TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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 CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
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	DIRECTOR 5.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601				
JENNIFER MANLY PHD 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
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
DAVID HYDE PIERCE 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 TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CHICAGO, IL 60601				
OSCAR PONDER 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
JAMES PRUGH 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
STEWART PUTNAM 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
PETER RABINS MD MPH 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

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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 CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
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
TENNY TSAI 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	DIRECTOR 5.00	NONE	NONE	NONE
JOANNE VIDINSKY	DIRECTOR 5.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601		663,763.	230,806.	12,591.
GRAND TOTALS				

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GARY BEITING 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	NONE	32,692.	NONE	NONE
RONALD CHAMPAGNE 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	NONE	59,921.	NONE	NONE
DANIEL WILLIAMS 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	NONE	112,746.	NONE	NONE
GRAND TOTALS				
	NONE	205,359.	NONE	NONE

FORM 990, PART VI, LINE 90A - STATES

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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					4,613,045.
CAREGIVER TRAINING					4,850.
SAFE RETURN REGISTRATION FEES					710,833.
MEDICAL AND SCIENTIFIC JOURNAL					94,553.
TOTALS					5,423,281.

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	REGISTRATION FEES RECEIVED ARE RECEIVED FROM PARTICIPANTS TO ATTEND CONFERENCES THAT BRING TOGETHER LEADERS IN ALZHEIMER'S RESEARCH, CARE AND ADVOCACY.
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	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 IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
WAADS/AA, LLC 225 N. MICHIGAN CHICAGO, IL 60601 13-3039601	100.000000	ORGANIZE INTL CONFERENCE	NONE	NONE
TOTAL INCOME			NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
STEPHEN MCCONNELL 225 N. MICHIGAN AVENUE CHICAGO, IL 60601	VP PUB POL/PROG SVC 37.50	184,785.	48,586.	NONE
ANGELA GEIGER 225 N. MICHIGAN AVENUE CHICAGO, IL 60601	VP CONSTITUENT RELTN 37.50	182,212.	45,616.	20,240.
BARBARA NEWHOUSE 225 N. MICHIGAN AVE. CHICAGO, IL 60601	VP CHAPTER RELATIONS 37.50	163,034.	29,283.	NONE
MARK GERMANO 225 N. MICHIGAN AVENUE CHICAGO, IL 60601	VP RELATIONSHIP DEVT 37.50	158,733.	30,562.	NONE
WILLIAM THIES 225 N. MICHIGAN AVENUE CHICAGO, IL 60601	VP MED & SCIENT AFF 37.50	153,975.	49,166.	NONE
TOTAL COMPENSATION		842,739.	203,213.	20,240.

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

TG MADISON INC TOWER PLACE SUITE#2850,3340PEACHTREE RD. ATLANTA, GA 30326	CONSULTANT	4,021,129.
DATA ASSOCIATES P.O. BOS 267 WESTON, MA 02493	CONSULTANT	1,972,236.
THOMPSON HABIB DENISON 80 HAYDEN AVENUE, SUITE 300 LEXINGTON, MA 02421	CONSULTANT	1,408,056.
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	MARKETING CONSULTANT	911,589.
WEBER SHANDWICK 676 NORTH ST. CLAIR ST. SUITE 1000 CHICAGO, IL 60611	MARKETING CONSULTANT	479,620.
TOTAL COMPENSATION		8,792,630.

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

MICHIGAN PLAZA P.O. BOX 88181 EXPEDITE WAY CHICAGO, IL 60695	REALTOR	1,499,488.
MERCURY ENVELOPE COMPANY 100 MERRICK RD. ROCKVILLE CENTRE, NY 11570	DIRECT MAIL PROCESS.	767,509.
OPEN FIRST 4333 DAVENPORT RD. FREDRICKSBURG, VA 22408	DIRECT MAIL PROCESS.	423,760.
MOORE WALLACE P.O. BOX 93514 CHICAGO, IL 60673	PRINTER/INVENTORY	335,015.
PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03096	DIRECT MAIL PROCESS.	247,746.
	TOTAL COMPENSATION	<u>3,273,518.</u>

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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SEE PART V, FORM 990

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

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

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
OTHER REVENUE	27,073.				27,073.
TOTALS	27,073.				27,073.

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
MUTUAL FUNDS	VAR	VAR	7,394,320.	7,377,446.	16,874.
TREASURY NOTES	VAR	VAR	6,875,885.	6,846,683.	29,202.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			14,270,205.	14,224,129.	46,076.
CAPITAL GAINS (LOSSES) FROM OTHER ASSETS					
SALE OF FIXED ASSETS	VAR	VAR	1,288.	1,080.	208.
TOTAL CAPITAL GAINS (LOSSES) FROM OTHER ASSETS			1,288.	1,080.	208.
Totals			14,271,493.	14,225,209.	46,284.

JSA
6F0970 2.000

EIN: 13-3039601
 FYE: 06/30/2007

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	3,564,277.	243,666.	810,473.	2,753,804.
Equipment	9,687,790.	1,820,460.	7,353,926.	2,333,864.
Furniture & Fixtures	1,510,976.	265,569.	1,079,097.	431,879.
Property, Plant & Equipment	<u>14763043.</u>	<u>2,329,695.</u>	<u>9,243,496.</u>	<u>5,519,547.</u>
Construction in Progress	NONE	NONE	NONE	NONE
Total Fixed Assets, line 57	<u>14763043.</u>		<u>9,243,496.</u>	<u>5,519,547.</u>
Total Depreciation Expense, line 42		<u>2,329,695.</u>		

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

FEDERAL FOOTNOTES

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LINE 22 - MISCELLANEOUS GRANTS ADJUSTMENTS

RETURNED GRANTS	\$ (96,748)
ADJUST UNAMORTIZED GRANT DISCOUNT ON ALL GRANTS	58,728
MISCELLANEOUS ACCRUALS	23,631
MISCELLANEOUS GRANT ADJUSTMENTS	(8,868)
NET PRESENT VALUE ADJUSTMENTS ON PRIOR YEAR GRANTS	771,256
SHARED FUNDRAISING - COMMUNITY HEALTH CHARITIES COMBINED FEDERAL CAMPAIGN EXPENSE ACCRUAL FOR ALL 50 STATES PLUS DISTRICT OF COLUMBIA, PUERTO RICO AND OVERSEAS	260,771
TOTAL ADJUSTMENTS	<u>\$1,008,770</u>

FEDERAL FOOTNOTES

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THE ALZHEIMER ASSOCIATION HAS 100% OWNERSHIP OF A SINGLE-MEMBER LLC CALLED WORLD ASSOCIATION OF ALZHEIMER'S DISEASE SCIENTISTS/ALZHEIMER'S ASSOCIATION, LLC. (WAADS/AA, LLC). IT SERVES AS A PASS-THROUGH ENTITY TO CONDUCT CERTAIN ACTIVITIES FOR A BI-ANNUAL INTERNATIONAL CONFERENCE ON ALZHEIMERS. IT DOES NOT HAVE ANY ASSETS OR REVENUES AND IS BEING DISSOLVED IN FY 2008. ALL ACTIVITY OF WAADS/AA, LLC IS REPORTED WITHIN THE FORM 990 FOR THE ALZHEIMER'S ASSOCIATION.