

**ALZHEIMER'S DISEASE & RELATED
DISORDERS ASSOCIATION**

Form 990 for the
Year Ended June 30, 2012

Public Disclosure Copy

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning Jul 1, 2011, **and ending** Jun 30, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
225 N. MICHIGAN AVE. 1700
 City, town or country State ZIP code + 4
CHICAGO IL 60601-7633

D Employer Identification Number
36-3463656

E Telephone number
(312) 335-8700

F Name and address of principal officer:
RICHARD H. HOVLAND 225 N. MICHIGAN AVE. CHICAGO IL 60601-7633

G Gross receipts \$ 80,592,754.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)
 See H(c) Stmt

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ www.alz.org

H(c) Group exemption number ▶ 9334

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation:

M State of legal domicile:

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>				
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	716		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	714		
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,065		
	6	Total number of volunteers (estimate if necessary)	6	21,330		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	850.		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	69,489,983.	Current Year	65,382,775.
	9	Program service revenue (Part VIII, line 2g)	4,028,411.	3,948,639.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,518,411.	1,097,083.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-600,307.	314,396.		
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,436,498.	70,742,893.		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,207,593.	2,090,522.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	43,346,880.	43,998,863.		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,787.			
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>10,663,543.</u>				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).	23,966,985.	24,671,695.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	69,530,245.	70,761,080.		
19	Revenue less expenses. Subtract line 18 from line 12	4,906,253.	-18,187.			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	82,747,395.	End of Year	81,282,964.
	21	Total liabilities (Part X, line 26)	10,155,069.	10,801,292.		
	22	Net assets or fund balances. Subtract line 21 from line 20	72,592,326.	70,481,672.		

Part II Signature Block

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.

Sign Here

Signature of officer: RICHARD H. HOVLAND Date: _____
 Type or print name and title: COO/CFO

Paid Preparer Use Only

Print preparer's name: DANIEL V. ROMANO Preparer's signature: [Signature] Date: 02/07/2013
 Check if self-employed PTIN: P00504182
 Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558
 Firm's address: 17 W JACKSON BLVD, STE 3000 CHICAGO, IL 60604 Phone no: 312-856-0200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Application for Extension of Time To File an Exempt Organization Return

▶ 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ALZHEIMER'S ASSOCIATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 36-3463656
	Number, street, and room or suite no. If a P.O. box, see instructions. 225 N. MICHIGAN AVENUE, 17TH FLOOR	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60601-7633	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ RICHARD HOVLAND, COO/CFO
- Telephone No. ▶ 312-335-5771 FAX No. ▶ 866-699-1246
- 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) 9334. 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 13, 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 July 1, 20 11, and ending June 30, 20 12.

2 If the tax year entered in line 1 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	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

*** Listing of Chapters of the Alzheimer's Association
 included in the Group IRS 990

ST	EIN	CHP #	NAME	ADDRESS	CITY	ZIP
CA	94-2897949	20	Northern California and Nevada	1060 La Avenida	Mountain View	94043
CO	84-0908354	24	Colorado	455 Sherman Street, Suite 500	Danver	80203-3532
CT	42-1540769	28	Connecticut	2075 Sitas Deane Highway, Suite 100	Rocky Hill	06067
FL	59-2008883	33	Southeast Florida	3333 Forest Hill Blvd.	West Palm Beach	33406
FL	36-3487166	37	Central and North Florida	378 Center Pointe Circle, Suite 1280	Altamonte Springs	32701
HI	99-0212360	53	Aloha	1050 Ala Moana Blvd., Suite 2610	Honolulu	96814-4906
IL	37-1224417	58	Central Illinois	606 W. Glen Avenue	Peoria	61614
IL	36-3102348	59	Greater Illinois	8430 West Bryn Mawr, Suite 800	Chicago	60631
IN	35-1747836	67	Greater Indiana	50 East 91st Street, Suite 100	Indianapolis	46240
IA	42-1333384	73	East Central Iowa	317 Seventh Avenue, SE, Suite 402	Cedar Rapids	52401
KS	20-5107941	75	Central and Western Kansas	347 South Laura	Wichita	67211
KY	36-4497854	78	Greater Kentucky and Southern Indiana	Kaden Tower 6100 Dutchmans Lane, Suite 401	Louisville	40205
ME	01-0428502	82	Maine	383 U.S. Route 1, Suite 2C	Scarborough	04074
KS	48-0934474	100	Heart of America	3846 West 75th Street	Praine Village	66208
MO	43-1344786	101	Mid Missoun	2400 Bluff Creek Drive	Columbia	65201
MO	43-1485251	103	Southwest Missoun	1630 W. Elfendale	Springfield	65807
NE	48-0931989	108	Great Plains	1500 South 70th Street, Suite 201	Lincoln	68506
NE	47-0648438	109	Midlands	1941 South 42nd Street, Suite 205	Omaha	68105
NY	36-3487171	117	Central New York	441 West Kirkpatrick Street	Syracuse	13204
NY	14-1695487	118	Hudson Valley/Rockland/Westchester, NY	2 Jefferson Plaza, Suite 103	Poughkeepsie	12601-4027
NY	16-1159941	123	Rochester	435 East Hennetta Road	Rochester	14620
NY	16-1181599	128	Western New York	2805 Wehrle Drive, Suite 6	Williamsville	14221
OH	34-1454446	135	Greater East Ohio Area	70 W. Streetsboro St., Suite 201	Hudson	44236
OH	34-1311175	139	Cleveland Area	23215 Commerce Park Drive, Suite 300	Beachwood	44122
OH	31-0996236	140	Central Ohio	1379 Dublin Road	Columbus	43215
OH	31-1031867	143	Miami Valley	3797 Summit Glen Drive, Suite G100	Dayton	45449
OH	34-1423768	144	Northwest Ohio	2500 North Reynolds Road	Toledo	43615-2820
OK	73-1183372	147	Oklahoma/Arkansas	2448 E. 81st Street, Suite 3000	Tulsa	74137
OR	93-0813252	148	Oregon	1650 Northwest Nailo Parkway, Suite 190	Portland	97209
PA	23-2280056	156	Delaware Valley	399 Market Street, Suite 102	Philadelphia	19106
SC	57-0792592	161	South Carolina	4124 Clemson Blvd., Suite L	Anderson	29621
SD	32-0151779	162	South Dakota	1000 North West Avenue, # 250	Sioux Falls	57104
TX	75-2041194	172	Greater Dallas	4144 North Central Expressway, Suite 750	Dallas	75204
VT	03-0286299	179	Vermont	300 Cornerstone Drive, Suite 128	Williston	05495
VA	54-1309570	181	Central and Western Virginia	The Jordan Building, 1160 Pepsi Place, Suite 306	Charlottesville	22901
VA	54-1204329	182	Southeastern Virginia	6350 Center Drive, Suite 102	Norfolk	23502
VA	52-1196162	184	National Capital Area	3701 Pender Drive, Suite 400	Fairfax	22030
VA	54-1263555	185	Greater Richmond	4600 Cox Road, Suite 130	Glen Allen	23060
WV	36-3487172	191	West Virginia	1601 Second Avenue	Charleston	25387
WI	39-1493227	194	Greater Wisconsin	2900 Curry Lane, Suite A	Green Bay	54311
WI	39-1350965	195	Southeastern Wisconsin	620 South 76th Street, Suite 160	Milwaukee	53214
MS	64-0786327	205	Mississippi Chapter	196 Charmant Drive, Suite 4	Ridgeland	39157
TN	62-1860364	208	Mid South	4825 Trousdale Drive, Suite 220	Nashville	37220
IA	42-1520582	232	Greater Iowa	1730 28th Street	West Des Moines	50266
WA	91-1409620	233	Inland Northwest	910 West 5th Avenue, Suite 256	Spokane	99204
		45				

*** These are the chapters we are estimating to be included in the group return

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [X]

1 Briefly describe the organization's mission:

THE ALZHEIMER'S ASSOCIATION IS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER CARE, SUPPORT, AND RESEARCH. OUR MISSION IS TO ELIMINATE ALZHEIMER'S DISEASE See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,510,211. including grants of \$ 109,065.) (Revenue \$ 2,511.) INFORMATION AND REFERRAL -- SEE SCHEDULE O

4b (Code:) (Expenses \$ 10,119,660. including grants of \$ 12,435.) (Revenue \$ 2,164,942.) WORKSHOPS/CONFERENCES/SEMINARS -- SEE SCHEDULE O

4c (Code:) (Expenses \$ 6,057,602. including grants of \$ 1,951.) (Revenue \$ 107,635.) CARE CONSULTATION -- SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) (Expenses \$ 27,621,620. including grants of \$ 1,967,071.) (Revenue \$ 1,853,654.)

4e Total program service expenses 54,309,093.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1 a 312		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1 b 37		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2 a 1,065		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: <input type="text"/>		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1 a 716		
1 b	Enter the number of voting members included in line 1a, above, who are independent		
	1 b 714		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official	X	
15 b	Other officers of key employees of the organization	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ EACH CHAPTER FILES IN THEIR RESPECTIVE STATES
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ RICHARD H. HOVLAND, COO/CEO 225 N. WISCONSIN AVE. FL. 11 CHICAGO IL 60601-7663 (312) 335-5771

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER DALEY BOARD PRESIDENT	.75	X		X			0	0	0	
(2) SARAH EPSTEIN BOARD VICE PRESIDENT	.75	X		X			0	0	0	
(3) LUCY ROMOLI BOARD VICE PRESIDENT	.75	X		X			0	0	0	
(4) KEVIN PRINGLE BOARD TREASURER	.75	X		X			0	0	0	
(5) RICK SMITH BOARD SECRETARY	.75	X		X			0	0	0	
(6) CLIFA ATLAS BOARD DIRECTOR	.75	X					0	0	0	
(7) JOE COONEY BOARD DIRECTOR	.75	X					0	0	0	
(8) KERRY DE BENEDETTI BOARD DIRECTOR	.75	X					0	0	0	
(9) ORLANDO DE BRUCE BOARD DIRECTOR	.75	X					0	0	0	
(10) ROB FANNO BOARD DIRECTOR	.75	X					0	0	0	
(11) CHUCK HAAS BOARD DIRECTOR	.75	X					0	0	0	
(12) GEOFF HEREDIA BOARD DIRECTOR	.75	X					0	0	0	
(13) LADSON HINTON BOARD DIRECTOR	.75	X					0	0	0	
(14) EVA LAI-KIT JONES BOARD DIRECTOR	.75	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MICHAEL KIRKLAND BOARD DIRECTOR	.75	X						0	0	0
16) JOAN MARKS BOARD DIRECTOR	.75	X						0	0	0
17) PETER REED BOARD DIRECTOR	.75	X						0	0	0
18) PAT SIPPEL BOARD DIRECTOR	.75	X						0	0	0
19) LISA SULLIVAN BOARD DIRECTOR	.75	X						0	0	0
20) ALEX TSAO BOARD DIRECTOR	.75	X						0	0	0
21) HOWARD WAHL BOARD DIRECTOR	.75	X						0	0	0
22) LESLIE WALKER BOARD DIRECTOR	.75	X						0	0	0
23) KELLY ROGERS BOARD CHAIRMAN	4.00	X		X				0	0	0
24) SARAH LORANCE BOARD VICE CHAIRMAN	4.00	X		X				0	0	0
25) TOM HURLEY BOARD SECRETARY	4.00	X		X				0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								5,924,743.	0	379,798.
d Total (add lines 1b and 1c)								5,924,743.	0	379,798.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) JAMES PRUGH BOARD TREASURER	4.00	X		X				0	0	0
27) J.J. JORDAN BOARD MEMBER AT LARGE	4.00	X						0	0	0
28) CHRIS BINKLEY BOARD MEMBER	3.00	X						0	0	0
29) MARGY CHRISTIAN BOARD MEMBER	1.00	X						0	0	0
30) ADAM DUERR BOARD MEMBER	1.00	X						0	0	0
31) ANDREA GEORGE BOARD MEMBER	2.00	X						0	0	0
32) PHILLIP HEATH BOARD MEMBER	2.00	X						0	0	0
33) MARK IORIO BOARD MEMBER	1.00	X						0	0	0
34) KAY LANDEN BOARD MEMBER	3.00	X						0	0	0
35) DONALD MURPHY, MD BOARD MEMBER	1.00	X						0	0	0
36) DONALD OBERNDORF BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) LINDA PEOTTER BOARD MEMBER	1.00	X					0	0	0	
38) GREG PFAHL BOARD MEMBER	2.00	X					0	0	0	
39) BERNARD POSKUS, ESQ BOARD MEMBER	2.00	X					0	0	0	
40) DANIEL THOMAS BOARD MEMBER	3.00	X					0	0	0	
41) HARRY WHITE, MD BOARD MEMBER	1.00	X					0	0	0	
42) FRED WOLFE BOARD MEMBER	1.00	X					0	0	0	
43) PATRICIA GIBBS BOARD CHAIRMAN	2.00	X		X			0	0	0	
44) MARISSA CREAM BOARD VICE CHAIRMAN	1.50	X		X			0	0	0	
45) WILLIAM KOWALEWSKI BOARD SECRETARY	1.50	X		X			0	0	0	
46) DANIEL WOLLMAN BOARD TREASURER	2.00	X		X			0	0	0	
47) GREGORY SMITH BOARD DIRECTOR	.75	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
48) CATHY BUTLER BOARD DIRECTOR	.75	X						0	0	0
49) LINDA WORDEN BOARD DIRECTOR	.75	X						0	0	0
50) RICHARD MEISENHEIMER BOARD DIRECTOR	.75	X						0	0	0
51) MOLLY REESE-GAVIN BOARD DIRECTOR	.75	X						0	0	0
52) CRAIG JOHNSON BOARD DIRECTOR	.75	X						0	0	0
53) JAY KEARNS BOARD DIRECTOR	.75	X						0	0	0
54) JENNIFER KEYES-SMITH BOARD DIRECTOR	.75	X						0	0	0
55) MIKE MARINACCIO BOARD DIRECTOR	.75	X						0	0	0
56) ERIC RENNIE BOARD DIRECTOR	.75	X						0	0	0
57) RICHARD FISHER BOARD IMMEDIATE PAST CHAIRMAN	.75	X						0	0	0
58) ENRIQUE PINEIRO BOARD CHAIR	3.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
59) ELLIOTT STARMAN BOARD VICE CHAIR	1.00	X		X				0	0	0
60) MONIKA KRUMBOCK BOARD TREASURER	1.00	X		X				0	0	0
61) PHILLIP MROZINSKI BOARD ADVISORY MEMBER	1.00	X						0	0	0
62) CARL SADOWSKY BOARD ADVISORY MEMBER	1.00	X						0	0	0
63) SAMUEL FERRERI BOARD EMERITUS DIRECTOR	1.00	X						0	0	0
64) JOSEPH KARP BOARD DIRECTOR	1.00	X						0	0	0
65) JOYCE MCLENDON BOARD DIRECTOR	1.00	X						0	0	0
66) WILLIAM SUSSMAN, ESQ BOARD DIRECTOR	1.00	X						0	0	0
67) JOEL LEVY BOARD DIRECTOR	1.00	X						0	0	0
68) MARYLOU WATCHMAN BOARD DIRECTOR	1.00	X						0	0	0
69) DEBORA THOMPSON BOARD DIRECTOR	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
70) MARK TODD BOARD DIRECTOR	1.00	X						0	0	0
71) BARBARA BREITSTEIN BOARD DIRECTOR	1.00	X						0	0	0
72) STUART GAINES BOARD CHAIR	2.00	X		X				0	0	0
73) JAMIE GLAVICH BOARD VICE CHAIR, SECRETARY	1.00	X		X				0	0	0
74) PAMELA GHEZZI BOARD TREASURER	1.00	X		X				0	0	0
75) RANDY C. BRYAN BOARD MEMBER	1.00	X						0	0	0
76) SALLIE DREYER BOARD MEMBER	1.00	X						0	0	0
77) BRANDY GREGG BOARD MEMBER	1.00	X						0	0	0
78) CARLOS HERNANDEZ BOARD MEMBER	1.00	X						0	0	0
79) KENT JUSTICE BOARD MEMBER	1.00	X						0	0	0
80) WENDA LEWIS BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
81) ROBERT MORGAN BOARD MEMBER	1.00	X					0	0	0	
82) TONY PESARE BOARD MEMBER	1.00	X					0	0	0	
83) KENYATTA RIVERS BOARD MEMBER	1.00	X					0	0	0	
84) TRICIA MEDEIROS BOARD CHAIR	1.00	X		X			0	0	0	
85) WENDY TAKESHITA WONG BOARD VICE CHAIR	1.00	X		X			0	0	0	
86) MICHAEL F.K. (MIKE) BUCK BOARD TREASURER	1.00	X		X			0	0	0	
87) SUZIE NEUFELDT BOARD SECRETARY	1.00	X		X			0	0	0	
88) HELEN ARAKAKI BOARD DIRECTOR	1.00	X					0	0	0	
89) RITABELLE FERNANDES, MD, MPH BOARD DIRECTOR	1.00	X					0	0	0	
90) CRAIG K. NAKAMOTO BOARD DIRECTOR	1.00	X					0	0	0	
91) ALENKA REMEC BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
92) ADELE RUGG BOARD DIRECTOR	1.00	X						0	0	0
93) CHAD YOUNG BOARD DIRECTOR	1.00	X						0	0	0
94) SUSAN DAWSON-TIBBITS BOARD PRESIDENT	.50	X		X				0	0	0
95) NICK ESSER BOARD VICE PRESIDENT	.50	X		X				0	0	0
96) KIM SANDERS BOARD SECRETARY	.50	X		X				0	0	0
97) ERIK PETTIT BOARD TREASURER	.50	X		X				0	0	0
98) LISA BALRAJ BOARD MEMBER AT LARGE	.50	X		X				0	0	0
99) CHRIS BLAKEMAN BOARD MEMBER AT LARGE	.50	X		X				0	0	0
100) DOUGLAS ALLEN BOARD MEMBER	.50	X						0	0	0
101) THOMAS CALDERA, JR. BOARD MEMBER	.50	X						0	0	0
102) KATHY CHAMBERLAIN BOARD MEMBER	.50	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
03) AMANDA CICCARELLI BOARD MEMBER	.50	X						0	0	0
04) JEFFERY JOHNSON BOARD MEMBER	.50	X						0	0	0
05) WILLIAMS PHILLIPS IV BOARD MEMBER	.50	X						0	0	0
06) THERESA TAYLOR BOARD MEMBER	.50	X						0	0	0
07) TERESA TUCKER BOARD MEMBER	.50	X						0	0	0
08) MELODY YUTAKIS BOARD MEMBER	.50	X						0	0	0
09) PAUL CAPONIGRI BOARD CHAIR	10.00	X		X				0	0	0
10) MIKE O'BRIEN BOARD TREASURER	10.00	X		X				0	0	0
11) BRYAN SELANDER BOARD SECRETARY	5.00	X		X				0	0	0
12) JOAN BARRIS BOARD MEMBER	5.00	X						0	0	0
13) KARA CAMPBELL BOARD MEMBER	5.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
14) LAURA FIELD BOARD MEMBER	5.00	X						0	0	0
15) JOSEPH HARRINGTON BOARD MEMBER	5.00	X						0	0	0
16) DANI JACHINO BOARD MEMBER	5.00	X						0	0	0
17) TOM MAZUR BOARD MEMBER	5.00	X						0	0	0
18) KERRY PECK BOARD MEMBER	5.00	X						0	0	0
19) SCOTT PERRY BOARD MEMBER	5.00	X						0	0	0
20) RYAN RIGGS BOARD MEMBER	5.00	X						0	0	0
21) ANGELA RILEY BOARD MEMBER	5.00	X						0	0	0
22) RAJ SHAH BOARD MEMBER	5.00	X						0	0	0
23) SHERI SUPENA BOARD MEMBER	5.00	X						0	0	0
24) JAN TRATNIK BOARD MEMBER	5.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
25) NICK TZITZON BOARD MEMBER	5.00	X						0	0	0
26) CAROLYN CUNNINGHAM BOARD PRESIDENT	6.00	X		X				0	0	0
27) MAUREEN BECHER-SAGE BOARD SECRETARY/TREASURER	6.00	X		X				0	0	0
28) PHIL NICELY BOARD CHAIR RESOURCE MGMT	4.30	X						0	0	0
29) ARTHUR WACHHOLZ BOARD CHAIR MISSION & OUTREACH	4.30	X						0	0	0
30) HALLIE BAILEY BOARD MEMBER AT LARGE	4.30	X						0	0	0
31) DEE DEE KATZMAN BOARD MEMBER AT LARGE	4.30	X						0	0	0
32) MICHAEL BARTH BOARD MEMBER AT LARGE	4.30	X						0	0	0
33) TOM CYRUS BOARD MEMBER AT LARGE	4.30	X						0	0	0
34) SHERRI DAVIES BOARD MEMBER AT LARGE	4.30	X						0	0	0
35) ERIC EASTER BOARD MEMBER AT LARGE	4.30	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
36) ANNE FISHER CAMPBELL BOARD MEMBER AT LARGE	4.30	X						0	0	0
37) SUZANNE FORTE BOARD MEMBER AT LARGE	4.30	X						0	0	0
38) ANITA GALLIARD BOARD MEMBER AT LARGE	4.30	X						0	0	0
39) BRIAN HEALEY BOARD MEMBER AT LARGE	4.30	X						0	0	0
40) JOANN KLOOZ BOARD MEMBER AT LARGE	4.30	X						0	0	0
41) STEVEN MANNING BOARD MEMBER AT LARGE	4.30	X						0	0	0
42) RICHARD MOHS BOARD MEMBER AT LARGE	4.30	X						0	0	0
43) RICK RHODES BOARD MEMBER AT LARGE	4.30	X						0	0	0
44) ANDREA SMILEY BOARD MEMBER AT LARGE	4.30	X						0	0	0
45) JIM STONE BOARD MEMBER AT LARGE	4.30	X						0	0	0
46) FRED UNVERZAGT BOARD MEMBER AT LARGE	4.30	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
47) PATRICK ALLEN BOARD PRESIDENT	1.00	X	X				0	0	0	
48) GARY WICKLUND BOARD VICE PRESIDENT	1.00	X	X				0	0	0	
49) JEREMY MEAD BOARD TREASURER	1.00	X	X				0	0	0	
50) DEBBIE CRAIG BOARD SECRETARY	1.00	X	X				0	0	0	
51) JOEL SCHMIDT BOARD IMMEDIATE PAST PRESIDENT	1.00	X					0	0	0	
52) CAROLYN BARKO BOARD DIRECTOR	1.00	X					0	0	0	
53) RYAN GARDNER BOARD DIRECTOR	1.00	X					0	0	0	
54) HAROLD GETTY BOARD DIRECTOR	1.00	X					0	0	0	
55) GLORIA GIBSON BOARD DIRECTOR	1.00	X					0	0	0	
56) KATHY GOOD BOARD DIRECTOR	1.00	X					0	0	0	
57) ANN HAUGLAND BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
58) ERIC JOHNSON BOARD DIRECTOR	1.00	X						0	0	0
59) DOUG JONTZ BOARD DIRECTOR	1.00	X						0	0	0
60) MONA KNOLL BOARD DIRECTOR	1.00	X						0	0	0
61) KENT ROEDER BOARD DIRECTOR	1.00	X						0	0	0
62) JON SEWELL BOARD DIRECTOR	1.00	X						0	0	0
63) LAURIE SWANSON BOARD DIRECTOR	1.00	X						0	0	0
64) DEBBI ELMORE BOARD PRESIDENT	.25	X		X				0	0	0
65) FRED HERMES BOARD VICE CHAIR	.25	X		X				0	0	0
66) MARY CORRIGAN BOARD SECRETARY	.25	X		X				0	0	0
67) LARRY REGIER BOARD TREASURER	.25	X		X				0	0	0
68) SUZANNE MEEKER BOARD OFFICER	.25	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
69) DAVID HAASE BOARD OFFICER	.25	X						0	0	0
70) DOUG WATSON BOARD OFFICER	.25	X						0	0	0
71) RICHARD ZABEL BOARD OFFICER	.25	X						0	0	0
72) CHRIS SWYERS BOARD OFFICER	.25	X						0	0	0
73) DEEANNE FAHNESTOCK BOARD OFFICER	.25	X						0	0	0
74) RANDY CLINKSCALES BOARD OFFICER	.25	X						0	0	0
75) CINDY JOHNSON BOARD OFFICER	.25	X						0	0	0
76) SHARON REED BOARD CHAIR	1.00	X		X				0	0	0
77) BEN SCHOENBACHLER, MD BOARD VICE CHAIR	1.00	X		X				0	0	0
78) BECKY BEANBLOSSOM BOARD SECRETARY	1.00	X		X				0	0	0
79) TERRY SMALLWOOD BOARD TREASURER	1.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
80) DAVID CASEY, MD BOARD DIRECTOR	1.00	X						0	0	0
81) BARBARA BAILEY COWDEN BOARD DIRECTOR	1.00	X						0	0	0
82) RICHARD EDELSON, PHD, ABPN BOARD DIRECTOR	1.00	X						0	0	0
83) COLMON ELRIDGE, III BOARD DIRECTOR	1.00	X						0	0	0
84) RHONDA FALLER, ESQ BOARD DIRECTOR	1.00	X						0	0	0
85) ALLEN HARRIS, JR. BOARD DIRECTOR	1.00	X						0	0	0
86) HELEN KIENTZ BOARD DIRECTOR	1.00	X						0	0	0
87) JACK KOETTER BOARD DIRECTOR	1.00	X						0	0	0
88) NICKI MCMAHON BOARD DIRECTOR	1.00	X						0	0	0
89) JOE ROSENBERG BOARD DIRECTOR	1.00	X						0	0	0
90) DEBORAH TUGGLE, MN, APRN, CCNS, FCCM BOARD DIRECTOR	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
91) ANN H. VENO, RN, BSN, MBA, LNHA BOARD DIRECTOR	1.00	X					0	0	0	
92) KELLI NALLI BOARD DIRECTOR	1.00	X					0	0	0	
93) KAREN PROFITT NEWMAN, EDD, MSN, RN BOARD DIRECTOR	1.00	X					0	0	0	
94) GLORIA JELINEK BOARD DIRECTOR	1.00	X					0	0	0	
95) MARK NALE BOARD PRESIDENT	1.00	X		X			0	0	0	
96) FELICIA GARANT BOARD TREASURER	1.00	X		X			0	0	0	
97) JAMES E. WARD BOARD SECRETARY	1.00	X		X			0	0	0	
98) ROBERT ARMSTRONG BOARD DIRECTOR	1.00	X					0	0	0	
99) DR. RONALD BAILYN BOARD DIRECTOR	1.00	X					0	0	0	
100) CYNTHIA CAVE BOARD DIRECTOR	1.00	X					0	0	0	
101) WILLIAM JENKS BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
02) DEANE LANPHEAR BOARD DIRECTOR	1.00	X					0	0	0	
03) MARILYN PAGE BOARD DIRECTOR	1.00	X					0	0	0	
04) DAVID MARKS BOARD PRESIDENT	1.50	X		X			0	0	0	
05) JOSEPH PLATT BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
06) CHRIS JONES BOARD TREASURER	1.50	X		X			0	0	0	
07) DEBBIE BIEHL BOARD SECRETARY	1.50	X		X			0	0	0	
08) CATHY TIVOL MASLAN BOARD PAST PRESIDENT	1.00	X					0	0	0	
09) JOHN AISENBREY BOARD MEMBER	1.00	X					0	0	0	
10) BENJAMIN BILLER BOARD MEMBER	1.00	X					0	0	0	
11) KAY GAFFNEY BOARD MEMBER	1.00	X					0	0	0	
12) JANE DICKINSON KRESS BOARD MEMBER	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
13) MIKE LEVITAN BOARD MEMBER	1.00	X					0	0	0	
14) ERIN MARGOLIN BOARD MEMBER	1.00	X					0	0	0	
15) DAVID SCHLEE BOARD MEMBER	1.00	X					0	0	0	
16) MARY STADLER BOARD MEMBER	1.00	X					0	0	0	
17) ROB SWEATT BOARD MEMBER	1.00	X					0	0	0	
18) RICHARD WETZEL BOARD MEMBER	1.00	X					0	0	0	
19) SUZANNE WILLIAMS BOARD MEMBER	1.00	X					0	0	0	
20) LILI VIANELLO BOARD PRESIDENT	1.50	X		X			0	0	0	
21) KAY NIEMEIER BOARD VICE PRESIDENT	.50	X		X			0	0	0	
22) ANDREA BENNA, JD BOARD SECRETARY	.50	X		X			0	0	0	
23) JACK SMITH BOARD TREASURER	1.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
24) GEORGE CARNEY BOARD MEMBER	.50	X					0	0	0	
25) PHILLIP ORSCHELN BOARD MEMBER	.50	X					0	0	0	
26) KATIE SINQUEFIELD BOARD MEMBER	.50	X					0	0	0	
27) REGINALD TURNBULL BOARD MEMBER	.50	X					0	0	0	
28) DR. PAUL HUMPHREY BOARD MEMBER	.50	X					0	0	0	
29) JOHN ORSCHELN BOARD MEMBER	.50	X					0	0	0	
30) DR. GARY L. SMITH BOARD MEMBER	.50	X					0	0	0	
31) LISA PILKINGTON BOARD MEMBER	.50	X					0	0	0	
32) RICHARD OLIVER, PHD BOARD MEMBER	.50	X					0	0	0	
33) DAVID TOMLINSON BOARD MEMBER	.50	X					0	0	0	
34) BENEZIA WILLIAMS BOARD MEMBER	.50	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
35) LINDA FISHER BOARD MEMBER	.50	X					0	0	0	
36) LOIS ZERRER BOARD PRESIDENT	4.00	X		X			0	0	0	
37) KAREN KRITTENBRINK BOARD PRESIDENT	4.00	X		X			0	0	0	
38) VICKI KARLOVICH BOARD SECRETARY	2.00	X		X			0	0	0	
39) COLLEEN NEILL BOARD SECRETARY, PRESIDENT	4.00	X		X			0	0	0	
40) MARY BEESON BOARD TREASURER	2.00	X		X			0	0	0	
41) BETTY PARNELL BOARD DIRECTOR	2.00	X					0	0	0	
42) TOM SHORT BOARD DIRECTOR	2.00	X					0	0	0	
43) MARY NEWMAN BOARD DIRECTOR	2.00	X					0	0	0	
44) KATHLEEN O'DELL BOARD DIRECTOR	2.00	X					0	0	0	
45) JOEL THOMAS BOARD DIRECTOR	2.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
46) KAREN LASTER BOARD DIRECTOR	2.00	X						0	0	
47) ESTHER MUNCH BOARD DIRECTOR	2.00	X						0	0	
48) SARAH DAVISON BOARD DIRECTOR	2.00	X						0	0	
49) JOY PITTS BOARD DIRECTOR	2.00	X						0	0	
50) DOUG CURRY BOARD CHAIR	2.00	X		X				0	0	
51) WANDA HULS BOARD PAST CHAIR	2.00	X		X				0	0	
52) RHONDA SAUNDERS BOARD SECRETARY	2.00	X		X				0	0	
53) KYLE SITZMAN BOARD TREASURER	2.00	X		X				0	0	
54) RENNIE WALT BOARD VICE CHAIR	2.00	X		X				0	0	
55) BRUCE BAILEY BOARD DIRECTOR	2.00	X						0	0	
56) CHRIS GILLESPIE BOARD DIRECTOR	2.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
57) JOHN HANIGAN BOARD DIRECTOR	2.00	X						0	0	0
58) CAL MARTIN BOARD DIRECTOR	2.00	X						0	0	0
59) JOSEPHINE RODRIGUEZ BOARD DIRECTOR	2.00	X						0	0	0
60) HOLLY HUERTER MORGAN BOARD CHAIR	1.00	X		X				0	0	0
61) ROBIN DONOVAN BOARD VICE CHAIR	1.00	X		X				0	0	0
62) KIRSTINE SULLIVAN BOARD SECRETARY	1.00	X		X				0	0	0
63) JAKE HOLDENRIED BOARD TREASURER	1.00	X		X				0	0	0
64) WILLIAM BURKE BOARD MEMBER	1.00	X						0	0	0
65) MATTHEW DRISCOLL BOARD MEMBER	1.00	X						0	0	0
66) GARY DEVOSS BOARD MEMBER	1.00	X						0	0	0
67) C. K. DURYEA BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
68) SHARI FLOWERS BOARD MEMBER	1.00	X					0	0	0	
69) TIM MCCORMACK BOARD MEMBER	1.00	X					0	0	0	
70) JANE PROCHASKA BOARD MEMBER	1.00	X					0	0	0	
71) JACK RUESCH BOARD MEMBER	1.00	X					0	0	0	
72) JESSIE SITZ BOARD MEMBER	1.00	X					0	0	0	
73) JOHN SHARP BOARD MEMBER	1.00	X					0	0	0	
74) KATHY TEWHILL BOARD MEMBER	1.00	X					0	0	0	
75) STEVE ZUBROD BOARD MEMBER	1.00	X					0	0	0	
76) PAUL STEPIEN BOARD PRESIDENT	1.00	X		X			0	0	0	
77) SCOTT L. HARRIS BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
78) KEITH B. RUNG BOARD INTERIM PRESIDENT	1.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
79) MARY PAT OLIKER BOARD SECRETARY	1.00	X		X				0	0	0
80) KARL JACOB BOARD TREASURER	1.00	X		X				0	0	0
81) ELLEN SOMERS BOARD MEMBER AT LARGE	1.00	X						0	0	0
82) ANNE ARVANTIDES BOARD MEMBER	1.00	X						0	0	0
83) LARRY P. MALFITANO BOARD MEMBER	1.00	X						0	0	0
84) ROBIN BENNETT BOARD MEMBER	1.00	X						0	0	0
85) JEAN M. CARNESE BOARD MEMBER	1.00	X						0	0	0
86) M. PAULA HENNERTY BOARD MEMBER	1.00	X						0	0	0
87) JAY P. SULLIVAN BOARD MEMBER	1.00	X						0	0	0
88) CHRISTINE HASEMANN BOARD MEMBER	1.00	X						0	0	0
89) ELIZABETH PERRY, ESQ BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
90) JULIE CROWLEY BOARD MEMBER	1.00	X					0	0	0	
91) THOMAS J. GROOMS, ESQ BOARD MEMBER	1.00	X					0	0	0	
92) KAREN LESPERANCE BOARD CHAIR	4.00	X		X			0	0	0	
93) WILLIAM M. (ANDY) CAHN BOARD 1ST VICE CHAIR	4.00	X		X			0	0	0	
94) NEIL KLAR BOARD 2ND VICE CHAIR	4.00	X		X			0	0	0	
95) FRANCES M PANTALEO BOARD SECRETARY	4.00	X		X			0	0	0	
96) JAMES B. MCEVOY BOARD TREASURER	4.00	X		X			0	0	0	
97) D.A. ABRAMS BOARD MEMBER	2.00	X					0	0	0	
98) DIANE APARISIO BOARD MEMBER	2.00	X					0	0	0	
99) DONNA MARIA BLANCERO BOARD MEMBER	2.00	X					0	0	0	
100) KAREN BURNS BOARD MEMBER	2.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule D)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
01) ALAN DILLON BOARD MEMBER	2.00	X						0	0	0
02) LAWRENCE T. FORCE BOARD MEMBER	2.00	X						0	0	0
03) KAREN GANIS BOARD MEMBER	2.00	X						0	0	0
04) CHRSTINA ELSYE HORSFORD BOARD MEMBER	2.00	X						0	0	0
05) FAITH KOTZKER BOARD MEMBER	2.00	X						0	0	0
06) RICHARD MCGUINNESS BOARD MEMBER	2.00	X						0	0	0
07) CAROL MONTELEONI BOARD MEMBER	2.00	X						0	0	0
08) ALANA SWEENY BOARD MEMBER RESIGNED JAN '12	2.00	X						0	0	0
09) HEATHER WORZEL BOARD MEMBER RESIGNED OCT '11	2.00	X						0	0	0
10) VICTORIA G. HINES BOARD CHAIR	1.00	X		X				0	0	0
11) DANIEL KATZ BOARD VICE CHAIR	1.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
12) RANDY TERHO BOARD SECRETARY	1.00	X		X				0	0	0
13) CHARLES RUNYON BOARD TREASURER	1.00	X		X				0	0	0
14) LISA BYOLE, MD, MPH BOARD MEMBER	1.00	X						0	0	0
15) MARCUS BURELL BOARD MEMBER	1.00	X						0	0	0
16) TODD BUTLER BOARD MEMBER	1.00	X						0	0	0
17) BRIAN HEPPARD BOARD MEMBER	1.00	X						0	0	0
18) NORMA HOLLAND BOARD MEMBER	1.00	X						0	0	0
19) SHEILA KONAR BOARD MEMBER	1.00	X						0	0	0
20) LOIS WILLIAMS-NORMAN BOARD MEMBER	1.00	X						0	0	0
21) CAROL PODGORSKI, PHD BOARD MEMBER	1.00	X						0	0	0
22) KAY PREY BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
23) MOLLIE RICHARDS BOARD MEMBER	1.00	X					0	0	0	
24) BILL RYAN BOARD MEMBER	1.00	X					0	0	0	
25) G. RUSSELL WEST BOARD MEMBER	1.00	X					0	0	0	
26) MILES ZATKOWSKY BOARD MEMBER	1.00	X					0	0	0	
27) ERIC G. WIEDEMANN, PSY.D BOARD PRESIDENT	1.00	X		X			0	0	0	
28) MICHELLE RAINKA, PHARM.D BOARD SECRETARY	1.00	X		X			0	0	0	
29) KYLE J. ROOKEY, CPA BOARD TREASURER	1.00	X		X			0	0	0	
30) ESTELLE BRICKNER, MSW BOARD OF DIRECTORS	1.00	X					0	0	0	
31) HORACIO A. CAPOTE, MD BOARD OF DIRECTORS	1.00	X					0	0	0	
32) RANDI DRESSEL BOARD OF DIRECTORS	1.00	X					0	0	0	
33) RICHARD GEHRING, LCSW BOARD OF DIRECTORS	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
34) MICHAEL L. GROSS BOARD OF DIRECTORS	1.00	X					0	0	0	
35) LAURIE MENZIES, ESQ. BOARD OF DIRECTORS	1.00	X					0	0	0	
36) PAM PERKINS BOARD OF DIRECTORS	1.00	X					0	0	0	
37) CHRIS PHILLIPS BOARD OF DIRECTORS	1.00	X					0	0	0	
38) MARK STEVENS BOARD OF DIRECTORS	1.00	X					0	0	0	
39) BARBARA S. TSCHAMLER BOARD OF DIRECTORS	1.00	X					0	0	0	
40) DAVID ZAPFEL, MPA BOARD OF DIRECTORS	1.00	X					0	0	0	
41) JENNIFER LILE BOARD PRESIDENT	.25	X		X			0	0	0	
42) D. JOE FLEMMING BOARD VICE PRESIDENT	.25	X		X			0	0	0	
43) ROBERT PACANOVSKY BOARD SECRETARY	.25	X		X			0	0	0	
44) ELIZABETH KOZENKO BOARD TREASURER	.25	X		X			0	0	0	
1b Sub-total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule C)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
45) MICHELLE HENRY BOARD TRUSTEE	.25	X					0	0	0	
46) DOUG MACKAY BOARD TRUSTEE	.25	X					0	0	0	
47) LARRY RAY BOARD TRUSTEE	.25	X					0	0	0	
48) SUE STEIGER BOARD TRUSTEE	.25	X					0	0	0	
49) DR. DAN VANDUSSEN BOARD TRUSTEE	.25	X					0	0	0	
50) DEBBIE GUILLERMO BOARD TRUSTEE	.25	X					0	0	0	
51) BRIAN J. RICHARDSON BOARD PRESIDENT	.50	X		X			0	0	0	
52) GAIL L. SANDS BOARD VICE PRESIDENT	.50	X		X			0	0	0	
53) STEVEN OSGOOD BOARD VICE PRESIDENT	.50	X		X			0	0	0	
54) ROBERT A. DURHAM BOARD VICE PRESIDENT	.50	X		X			0	0	0	
55) ROBERT L. BAZZARELLI BOARD VICE PRESIDENT	.50	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
156) JEFFERY K. PATTERSON BOARD VICE PRESIDENT AT LARGE	.50	X		X				0	0	0
157) JIM NASH BOARD VICE PRESIDENT AT LARGE	.50	X		X				0	0	0
158) BONNIE H. MARCUS BOARD SECRETARY	.50	X		X				0	0	0
159) JANICE L. CULVER, CPA BOARD TREASURER	.50	X		X				0	0	0
160) COLLETTE APPOLITO BOARD TRUSTEE	.50	X						0	0	0
161) LEWIS M. BAUM BOARD TRUSTEE	.50	X						0	0	0
162) ANTONY BONAVIDA BOARD TRUSTEE	.50	X						0	0	0
163) CHRISTINE F. BRANCHE BOARD TRUSTEE	.50	X						0	0	0
164) CRAIG M. BROWN BOARD TRUSTEE	.50	X						0	0	0
165) PABLO A. CASTRO, III BOARD TRUSTEE	.50	X						0	0	0
166) PAUL D. COULTER, PHD BOARD TRUSTEE	.50	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
167) BONNIE N. DICK BOARD TRUSTEE	.50	X					0	0	0	
168) NEIL GOLLI BOARD TRUSTEE	.50	X					0	0	0	
169) BETSY JOHNSON BOARD TRUSTEE	.50	X					0	0	0	
170) DANIELLE M. MORRIS BOARD TRUSTEE	.50	X					0	0	0	
171) ESTHER POTASH BOARD TRUSTEE	.50	X					0	0	0	
172) MARSHA K. SPITZ BOARD TRUSTEE	.50	X					0	0	0	
173) RONALD C. STANSBURY BOARD TRUSTEE	.50	X					0	0	0	
174) ADRIAN D. THOMPSON BOARD TRUSTEE	.50	X					0	0	0	
175) MATHEW S. WAYNE, MD BOARD TRUSTEE	.50	X					0	0	0	
176) JILL WHELAN BOARD TRUSTEE	.50	X					0	0	0	
177) JOANIE JOHNSON BOARD PAST PRESIDENT	1.00	X		X			0	0	0	
1b Sub-total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
178) GREG COMFORT BOARD PRESIDENT	1.00	X		X				0	0	0
179) JOHN PETRO BOARD VICE PRESIDENT	1.00	X		X				0	0	0
180) PATRICK KELLY BOARD SECRETARY	1.00	X		X				0	0	0
181) JIM KEIM BOARD TREASURER	1.00	X		X				0	0	0
182) BILL BLACK BOARD MEMBER	1.00	X						0	0	0
183) JOHN BURKHART, MD BOARD MEMBER	1.00	X						0	0	0
184) JIM FLYNN BOARD MEMBER	1.00	X						0	0	0
185) COLLEEN GLYNN BOARD MEMBER	1.00	X						0	0	0
186) GLORIA GROAT BOARD MEMBER	1.00	X						0	0	0
187) PAM LIEBERT BOARD MEMBER	1.00	X						0	0	0
188) JEFFREY MILKS, MD BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
89) TYUS NEDD BOARD MEMBER	1.00	X					0	0	0	
90) JEANNY SIMAITIS BOARD MEMBER	1.00	X					0	0	0	
91) CHUCK WHITE BOARD MEMBER	1.00	X					0	0	0	
92) JOHN WISEMAN BOARD MEMBER	1.00	X					0	0	0	
93) DENNIS STAUFFER BOARD PRESIDENT	5.00	X		X			0	0	0	
94) STEVE ARNOLD BOARD VP FOR FINANCE/TREASURER	4.00	X		X			0	0	0	
95) DAVID DUDON BOARD VP FOR CHAPTER PROGRAMS	6.00	X					0	0	0	
96) MARK LEVY BOARD VP FOR DEVELOPMENT	5.00	X					0	0	0	
97) JIM STAHLER BOARD VP FOR PUBLIC POLICY	2.00	X					0	0	0	
98) VICKIE CARRAHER BOARD SECRETARY	4.00	X		X			0	0	0	
99) GARY CONLEY BOARD TRUSTEE	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
100) CHARLIE HOLDERMAN BOARD TRUSTEE	6.00	X						0	0	0
101) LARRY LAWHORNE, MD BOARD TRUSTEE	5.00	X						0	0	0
102) MICHELE LUCUK BOARD TRUSTEE	1.00	X						0	0	0
103) JOEL SIEFERT BOARD TRUSTEE	2.00	X						0	0	0
104) JOE STEWART BOARD TRUSTEE	4.00	X						0	0	0
105) DAVID DIMMER BOARD PRESIDENT	2.00	X		X				0	0	0
106) GAIL DOXIE BOARD VICE PRESIDENT	2.00	X		X				0	0	0
107) WILLIAM MESSER BOARD VICE PRESIDENT	2.00	X		X				0	0	0
108) DAVID KOENIG BOARD TREASURER	2.00	X		X				0	0	0
109) WILLIAM CONLISK BOARD SECRETARY	2.00	X		X				0	0	0
110) FALEY BANKS BOARD MEMBER	.50	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
11) PATTY GELP BOARD MEMBER	.50	X						0	0	0
12) JUDITH KEESEE BOARD MEMBER	.50	X						0	0	0
13) ROBERT KEESEE BOARD MEMBER	.50	X						0	0	0
14) MICHAEL MALONE BOARD MEMBER	1.00	X						0	0	0
15) DIANE WINGER BOARD MEMBER	.50	X						0	0	0
16) CRAIG SILBERG BOARD CHAIRMAN	3.00	X		X				0	0	0
17) DAVID DEARMAN BOARD SECRETARY/TREASURER	3.00	X		X				0	0	0
18) CHRISTIAN BALDWIN BOARD MEMBER	3.00	X						0	0	0
19) GALE BOLLINGER BOARD MEMBER	3.00	X						0	0	0
20) JUSTIN BROWN BOARD MEMBER	3.00	X						0	0	0
21) BEVERLY CASTLEBERRY BOARD MEMBER	3.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
122) JEFF COPE BOARD MEMBER	3.00	X						0	0	0
123) COLLEEN DAME BOARD MEMBER	3.00	X						0	0	0
124) SUSAN DORNBLASER BOARD MEMBER	3.00	X						0	0	0
125) DAVID FERGUSON BOARD MEMBER	3.00	X						0	0	0
126) DOUG FRANKLIN BOARD MEMBER	3.00	X						0	0	0
127) KIM S. FRENCH BOARD MEMBER	3.00	X						0	0	0
128) ROB GARRETT BOARD MEMBER	3.00	X						0	0	0
129) JUDY A. GIBSON BOARD MEMBER	3.00	X						0	0	0
130) SCOTT B. GRAUER BOARD MEMBER	3.00	X						0	0	0
131) RICK HADRAVA BOARD MEMBER	3.00	X						0	0	0
132) CHARLIE HARDING BOARD MEMBER	3.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
133) JAMES HOLMAN BOARD MEMBER	3.00	X					0	0	0	
134) SALLY HOOD BOARD MEMBER	3.00	X					0	0	0	
135) LETITIA JACKSON BOARD MEMBER	3.00	X					0	0	0	
136) JILL KING BOARD MEMBER	3.00	X					0	0	0	
137) JACKIE KOURI BOARD MEMBER	3.00	X					0	0	0	
138) DAVID LAWSON BOARD MEMBER	3.00	X					0	0	0	
139) CHRISTIAN LEIKAM BOARD MEMBER	3.00	X					0	0	0	
140) BILL LISSAU BOARD MEMBER	3.00	X					0	0	0	
141) DAVID LOFTIS BOARD MEMBER	3.00	X					0	0	0	
142) DAVID MEANS BOARD MEMBER	3.00	X					0	0	0	
143) DAVID MURLETTE BOARD MEMBER	3.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
144) SARA MURPHY BOARD MEMBER	3.00	X					0	0	0	
145) JIM OGEZ BOARD MEMBER	3.00	X					0	0	0	
146) WILLIAM ORR BOARD MEMBER	3.00	X					0	0	0	
147) TOM PALMER BOARD MEMBER	3.00	X					0	0	0	
148) D. DEWAYNE PATTERSON BOARD MEMBER	3.00	X					0	0	0	
149) ERIN PETERS BOARD MEMBER	3.00	X					0	0	0	
150) DR. CALIN PRODAN BOARD MEMBER	3.00	X					0	0	0	
151) JOSEPH RAY BOARD MEMBER	3.00	X					0	0	0	
152) DR. CHANDINI SHARMA BOARD MEMBER	3.00	X					0	0	0	
153) GREGORY SHAW BOARD MEMBER	3.00	X					0	0	0	
154) HARRY SHELINE BOARD MEMBER	3.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
155) SHELLEY SIGNOFF BOARD MEMBER	3.00	X						0	0	0
156) JULIE SLOAN BOARD MEMBER	3.00	X						0	0	0
157) SUSAN WALKER BOARD MEMBER	3.00	X						0	0	0
158) JIM WEBB BOARD MEMBER	3.00	X						0	0	0
159) PAUL WILLIAMS BOARD MEMBER	3.00	X						0	0	0
160) JUDY CLARK BOARD PRESIDENT	1.00	X		X				0	0	0
161) DR. MICHAEL VILLANUEVA BOARD TREASURER	1.00	X		X				0	0	0
162) KATHERINE JIMENEZ BOARD SECRETARY	1.00	X		X				0	0	0
163) KURT SCHRADER BOARD HONORARY MEMBER	.05	X						0	0	0
164) RON WYDEN BOARD HONORARY MEMBER	.05	X						0	0	0
165) WENDY BOND BOARD MEMBER	.05	X						0	0	0
1b Sub-total							▶			
c Total from continuation sheets to Part VII, Section A							▶			
d Total (add lines 1b and 1c)							▶			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
166) ROBERT TOZER BOARD MEMBER	.05	X						0	0	0
167) SCOTT BURTON BOARD MEMBER	.05	X						0	0	0
168) DAVID WALTERS BOARD MEMBER	.05	X						0	0	0
169) ADELE TIBERIUS BOARD MEMBER	.05	X						0	0	0
170) GAIL GREBE BOARD MEMBER	.05	X						0	0	0
171) ANDREA P. CLEARKIN BOARD CHAIR	2.00	X		X				0	0	0
172) ANDREW L. HUNT BOARD VICE CHAIR	2.00	X		X				0	0	0
173) RICARDO HURTADO BOARD VICE CHAIR	2.00	X		X				0	0	0
174) CHAD DEHART, CPA BOARD TREASURER	2.00	X		X				0	0	0
175) DOUGLAS L. CHAEET, FACHE BOARD SECRETARY	2.00	X		X				0	0	0
176) GEORGE M. CHAMBERLAIN, JR., ESQ BOARD MEMBER	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
177) CHRIS GRUBER BOARD MEMBER	2.00	X						0	0	0
178) ROBERT G. CONOVER BOARD MEMBER	2.00	X						0	0	0
179) CYNTHIA P. EISEN BOARD MEMBER	2.00	X						0	0	0
180) STEPHEN A. FELDMAN, ESQ BOARD MEMBER	2.00	X						0	0	0
181) KAREN GURSKI, MD BOARD MEMBER	2.00	X						0	0	0
182) GEORGE V. HAGER, JR., CPA BOARD MEMBER	2.00	X						0	0	0
183) DAVID R. HOFFMAN, ESQ BOARD MEMBER	2.00	X						0	0	0
184) GREG TIGANI BOARD MEMBER	2.00	X						0	0	0
185) PATRICK MCKOY BOARD MEMBER	2.00	X						0	0	0
186) CAROL F. LIPPA, MD BOARD MEMBER	2.00	X						0	0	0
187) ROBERT F. MARINO BOARD MEMBER	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
188) VAL F. NUNNENHAMP, JR. BOARD MEMBER	2.00	X					0	0	0	
189) SHERYL L. WILLIAMS BOARD MEMBER	2.00	X					0	0	0	
190) TOM SIBSON, CPA BOARD MEMBER	2.00	X					0	0	0	
191) MICHAEL RUSSOMANO BOARD MEMBER	2.00	X					0	0	0	
192) CARL UNDERLAND BOARD MEMBER	2.00	X					0	0	0	
193) GORDON M. WASE, ESQ BOARD MEMBER	2.00	X					0	0	0	
194) MICHAEL P. WALKER, ESQ BOARD MEMBER	2.00	X					0	0	0	
195) BEN MUSTIAN BOARD CHAIR	5.00	X		X			0	0	0	
196) GAIL STOKES BOARD VICE CHAIR	5.00	X		X			0	0	0	
197) DEB LEWIS BOARD SECRETARY	5.00	X		X			0	0	0	
198) TOM KIRBY BOARD TREASURER	5.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
99) AMANDA LONG BOARD DIRECTOR	2.00	X					0	0	0	
00) ANNE MANGUM BOARD DIRECTOR	2.00	X					0	0	0	
01) BARBARA BARHAM BOARD DIRECTOR	2.00	X					0	0	0	
02) CARROLL CAMPBELL, III BOARD DIRECTOR	2.00	X					0	0	0	
03) CHARLES BROWN BOARD DIRECTOR	2.00	X					0	0	0	
04) DAVID HAMMETT BOARD DIRECTOR	2.00	X					0	0	0	
05) FORD PEARSE BOARD DIRECTOR	2.00	X					0	0	0	
06) GEORGE WEST BOARD DIRECTOR	2.00	X					0	0	0	
07) GERALD HUSKAMP BOARD DIRECTOR	2.00	X					0	0	0	
08) JERRY NEELY BOARD DIRECTOR	2.00	X					0	0	0	
09) JOHN ABSHER BOARD DIRECTOR	2.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
10) LUCIEN RICHARDS BOARD DIRECTOR	2.00	X					0	0	0	
11) MARGARET COKER BOARD DIRECTOR	2.00	X					0	0	0	
12) MELANIE NORTHCUTT BOARD DIRECTOR	2.00	X					0	0	0	
13) PAUL OKEN BOARD DIRECTOR	2.00	X					0	0	0	
14) RENE KILBURN BOARD DIRECTOR	2.00	X					0	0	0	
15) SARA ROWAN BOARD DIRECTOR	2.00	X					0	0	0	
16) SETH ZAMEK BOARD DIRECTOR	2.00	X					0	0	0	
17) WALTON MCLEOD BOARD DIRECTOR	2.00	X					0	0	0	
18) WILLIAM VAN HORN BOARD DIRECTOR	2.00	X					0	0	0	
19) GREG WILCOX BOARD CO-PRESIDENT	1.00	X		X			0	0	0	
20) CRAIG ELLERBROEK BOARD CO-PRESIDENT	1.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
21) RUTH SCHEMME BOARD SECRETARY	1.00	X		X				0	0	0
22) CINDY MEYER BOARD TREASURER	1.00	X		X				0	0	0
23) DR JAMES BARKER BOARD DIRECTOR	1.00	X						0	0	0
24) JOCELYN DEPATIE BOARD DIRECTOR	1.00	X						0	0	0
25) DR MCVAY BOARD DIRECTOR	1.00	X						0	0	0
26) THOMAS SIMMONS BOARD DIRECTOR	1.00	X						0	0	0
27) STEVEN WESTRA BOARD DIRECTOR	1.00	X						0	0	0
28) REBECCA WILSON BOARD DIRECTOR	1.00	X						0	0	0
29) JACK BROYLES BOARD CHAIRMAN	2.00	X		X				0	0	0
30) A. JAY FINEGOLD BOARD CO-VICE CHAIRMAN	2.00	X		X				0	0	0
31) KEITH ASHBURN BOARD CO-VICE CHAIRMAN	2.00	X		X				0	0	0
1b Sub-total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
32) DEBORAH GARRETT BOARD SECRETARY	2.00	X		X				0	0	0
33) STACEY JONES ANGEL BOARD TREASURER	2.00	X		X				0	0	0
34) BETTY NEUMAN BOARD GOV & NOMINATING COMM.	2.00	X						0	0	0
35) RITA HORTENSTINE BOARD EXECUTIVE COMM MEMBER	2.00	X						0	0	0
36) MARK CAMERON BOARD DEVELOPMENT COMM CHAIR	2.00	X						0	0	0
37) MATT JOHNSON BOARD SERVICES COMMITTEE CHAIR	2.00	X						0	0	0
38) DAVID DOWNEY BOARD PUBLIC POLICY COMMITTEE	2.00	X						0	0	0
39) SALLY HOGLUND BOARD DIRECTOR	2.00	X						0	0	0
40) DEAN KADESKY BOARD DIRECTOR	2.00	X						0	0	0
41) PETE RUSH BOARD DIRECTOR	2.00	X						0	0	0
42) BARBARA SYPULT BOARD DIRECTOR	2.00	X						0	0	0
1b Sub-total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
43) JEFF OWENS BOARD DIRECTOR	2.00	X						0	0	0
44) RANDOLPH D. BROCK, III BOARD PRESIDENT	2.00	X		X				0	0	0
45) DANIEL BEAN BOARD SECRETARY	2.00	X		X				0	0	0
46) J. PAUL GIULIANI BOARD TREASURER	2.00	X		X				0	0	0
47) MARIANNE APFELBAUM BOARD DIRECTOR	2.00	X						0	0	0
48) DON GEORGE BOARD DIRECTOR	2.00	X						0	0	0
49) E. RAY DINSTEL BOARD CHAIRMAN	1.00	X		X				0	0	0
50) CAROL A. MANNING, PHD BOARD VICE CHARIMAN	1.00	X		X				0	0	0
51) JENNIFER FEIST BOARD TREASURER	1.00	X		X				0	0	0
52) MONIQUE M. SHOLES, MA, LNHA BOARD SECRETARY	1.00	X		X				0	0	0
53) BRIAN B. PHELPS BOARD DIRECTOR	1.00	X						0	0	0
1b Sub-total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule C)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
54) RON FEINMAN, ESQ BOARD DIRECTOR	1.00	X					0	0	0	
55) VINCENT CIBBARELLI, PHD BOARD DIRECTOR	1.00	X					0	0	0	
56) ROGER BOLES BOARD DIRECTOR	1.00	X					0	0	0	
57) BARRY N. MOORE, PHD BOARD DIRECTOR	1.00	X					0	0	0	
58) MARGIE SHAVER BOARD DIRECTOR	1.00	X					0	0	0	
59) JEFFERY D. ULMER, CPA BOARD DIRECTOR	1.00	X					0	0	0	
60) WILLIAM L. HOWARD, CCIM: EMERITUS BOARD DIRECTOR	1.00	X					0	0	0	
61) DAVID R. STEPHENS BOARD CHAIR	4.00	X		X			0	0	0	
62) MARION E. BACKUS BOARD VICE CHAIR	4.00	X		X			0	0	0	
63) GLENN A. JENNER BOARD TREASURER	2.00	X		X			0	0	0	
64) JOHN H. KELLAM BOARD SECRETARY	2.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
65) KELLY R. WILLIAMS BOARD DIRECTOR	1.00	X						0	0	0
66) SHANNON KANE BOARD DIRECTOR	1.00	X						0	0	0
67) JAMIE ALBANO BOARD DIRECTOR	1.00	X						0	0	0
68) LEE JAMERSON BOARD DIRECTOR	2.00	X						0	0	0
69) KATRINA PARKER BOARD DIRECTOR	2.00	X						0	0	0
70) BETTY JO ROBERTS BOARD DIRECTOR	2.00	X						0	0	0
71) LISA DECOSTE BOARD DIRECTOR	2.00	X						0	0	0
72) ROBERT COMEAU BOARD CHAIR	2.00	X		X				0	0	0
73) SCOTT E. HUCH BOARD VICE CHAIR	2.00	X		X				0	0	0
74) JORDAN SMYTH, JR. BOARD VICE CHAIR	2.00	X		X				0	0	0
75) JODI LYONS BOARD SECRETARY	2.00	X		X				0	0	0
1b Sub-total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
76) ERIC STEINMILLER BOARD FINANCE CHAIR	2.00	X						0	0	0
77) MICHAEL L. HERRINTON BOARD AUDIT CHAIR	2.00	X						0	0	0
78) DR. JAMES BICKSEL BOARD DIRECTOR	2.00	X						0	0	0
79) MARK BIERBOWER BOARD DIRECTOR	2.00	X						0	0	0
80) PATRICK BRANNELLY BOARD DIRECTOR	2.00	X						0	0	0
81) TIMOTHY F. BELANGER BOARD DIRECTOR	2.00	X						0	0	0
82) ANNE P. CONSTANT, ED.D. BOARD DIRECTOR	2.00	X						0	0	0
83) DAVID HADDOCK BOARD DIRECTOR	2.00	X						0	0	0
84) JANE OTTENBERG BOARD DIRECTOR	2.00	X						0	0	0
85) SUSAN HEISEY BOARD DIRECTOR	2.00	X						0	0	0
86) ROBERT D. KANTOR BOARD DIRECTOR	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
87) RICHARD RAMLALL BOARD DIRECTOR	2.00	X					0	0	0	
88) LINDA MAURANO BOARD DIRECTOR	2.00	X					0	0	0	
89) GRANT MCLAUGHLIN BOARD DIRECTOR	2.00	X					0	0	0	
90) TOM WIITHMAN BOARD DIRECTOR	2.00	X					0	0	0	
91) BISHOP COUNCIL NEDD, II BOARD DIRECTOR	2.00	X					0	0	0	
92) RYAN TRIPLETTE BOARD DIRECTOR	2.00	X					0	0	0	
93) MARILYN TUCKER BOARD DIRECTOR	2.00	X					0	0	0	
94) MATT HARPER BOARD PRESIDENT	2.00	X		X			0	0	0	
95) MARIE KOLENDO BOARD TREASURER	2.00	X		X			0	0	0	
96) BRENDA MITCHELL BOARD SECRETARY	2.00	X		X			0	0	0	
97) STEVEN ZABEL BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
98) JOHN BEASLEY BOARD DIRECTOR	1.00	X					0	0	0	
99) BETTY FAHAD BOARD DIRECTOR	1.00	X					0	0	0	
00) NICK FARONE BOARD DIRECTOR	1.00	X					0	0	0	
01) VALERY HOPSON BELLE BOARD DIRECTOR	1.00	X					0	0	0	
02) ARLENE HAYES BOARD DIRECTOR	1.00	X					0	0	0	
03) FRANK MCCARTHY BOARD DIRECTOR	1.00	X					0	0	0	
04) SCOTT PACIOCCO BOARD DIRECTOR	1.00	X					0	0	0	
05) RUSSELL PERKINS BOARD DIRECTOR	1.00	X					0	0	0	
06) SHANNON REVIERE BOARD DIRECTOR	1.00	X					0	0	0	
07) LYNN SEWARD BOARD DIRECTOR	1.00	X					0	0	0	
08) IVAN TOLBERT BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
09) CHET WADE BOARD DIRECTOR	1.00	X					0	0	0	
10) THELMA WATSON BOARD DIRECTOR	1.00	X					0	0	0	
11) ANDREA YORK BOARD DIRECTOR	1.00	X					0	0	0	
12) JERRY WALKER BOARD PRESIDENT	2.00	X		X			0	0	0	
13) EDWARD MARTIN BOARD 1ST VICE PRESIDENT	1.00	X		X			0	0	0	
14) TERESA MILLER BOARD 2ND VICE PRESIDENT	1.00	X		X			0	0	0	
15) DAVID HIGGINS BOARD SECRETARY	1.00	X		X			0	0	0	
16) BARRY DOBSON BOARD TREASURER	1.00	X		X			0	0	0	
17) LAURA BOONE BOARD DIRECTOR	1.00	X					0	0	0	
18) CHAD BROADWATER BOARD DIRECTOR	1.00	X					0	0	0	
19) ANDREW BROWNFIELD BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
20) MARK DAVIS BOARD DIRECTOR	1.00	X					0	0	0	
21) NANCY DODSON BOARD DIRECTOR	1.00	X					0	0	0	
22) SHANNA HALL BOARD DIRECTOR	1.00	X					0	0	0	
23) SHERYL HOLDREN BOARD DIRECTOR	1.00	X					0	0	0	
24) WILLIAM HUTCHENS BOARD DIRECTOR	1.00	X					0	0	0	
25) CANDACE JONES BOARD DIRECTOR	1.00	X					0	0	0	
26) CAMILLE RILEY BOARD DIRECTOR	1.00	X					0	0	0	
27) SCOTT SAUNDERS BOARD DIRECTOR	1.00	X					0	0	0	
28) WALLACE SUTTLE BOARD DIRECTOR	1.00	X					0	0	0	
29) ANGELA VANCE BOARD DIRECTOR	1.00	X					0	0	0	
30) JULIE WARDEN BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
31) RANDALL WRIGHT BOARD DIRECTOR	1.00	X					0	0	0	
32) ANNETTE ZAVAREEI BOARD DIRECTOR	1.00	X					0	0	0	
33) BRAD BECKMAN BOARD PRESIDENT	.50	X		X			0	0	0	
34) DIANA BROWN BOARD VICE PRESIDENT	.50	X		X			0	0	0	
35) DAVID LORITZ BOARD TREASURER	.50	X		X			0	0	0	
36) KATIE DYKES BOARD SECRETARY	.50	X		X			0	0	0	
37) JIM BRUST BOARD DIRECTOR	.50	X					0	0	0	
38) STEPHANIE LA PLANT BOARD DIRECTOR	.50	X					0	0	0	
39) PAT RICHARDSON BOARD DIRECTOR	.50	X					0	0	0	
40) SHANNON TODD BOARD DIRECTOR	.50	X					0	0	0	
41) JACKIE WAALEN BOARD DIRECTOR	.50	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
42) DANIEL WALSH BOARD DIRECTOR	.50	X					0	0	0	
43) BONNIE WEYERS BOARD DIRECTOR	.50	X					0	0	0	
44) LARRY WHITE BOARD DIRECTOR	.50	X					0	0	0	
45) BETH MEYER-ARNOLD BOARD PRESIDENT	1.00	X		X			0	0	0	
46) ELLEN DIZARD BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
47) MARK STENZEL BOARD SECRETARY	1.00	X		X			0	0	0	
48) DALE MUEHL BOARD TREASURER	1.00	X		X			0	0	0	
49) TOM BAYLERIAN BOARD DIRECTOR	1.00	X					0	0	0	
50) PEARLEAN CANNON BOARD DIRECTOR	1.00	X					0	0	0	
51) AL CASTRO BOARD DIRECTOR	1.00	X					0	0	0	
52) SUE COLEGROVE BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
53) JIM DAVIS BOARD DIRECTOR	1.00	X					0	0	0	
54) LYN GEBOY BOARD DIRECTOR	1.00	X					0	0	0	
55) DAVID HAGMAN BOARD DIRECTOR	1.00	X					0	0	0	
56) PHILLIP E. HICKMAN BOARD DIRECTOR	1.00	X					0	0	0	
57) JOHN KUROWSKI BOARD DIRECTOR	1.00	X					0	0	0	
58) BRUCE LINDL BOARD DIRECTOR	1.00	X					0	0	0	
59) RICHARD LONDON, MD BOARD DIRECTOR	1.00	X					0	0	0	
60) JAMES R. MUELLER BOARD DIRECTOR	1.00	X					0	0	0	
61) ALLYSON OLIVIER BOARD DIRECTOR	1.00	X					0	0	0	
62) JACQUELYN RICE BOARD DIRECTOR	1.00	X					0	0	0	
63) DAVID SIMBERO BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
64) JANICE KNIGHT BOARD DIRECTOR	2.00	X					0	0	0	
65) NIKKI BEVON BOARD DIRECTOR	2.00	X					0	0	0	
66) ASHLEY HARRIS BOARD DIRECTOR	2.00	X					0	0	0	
67) WILLIAM B. HOWELL BOARD DIRECTOR	2.00	X					0	0	0	
68) CYNTHIA LUTHER BOARD DIRECTOR	2.00	X					0	0	0	
69) CELIA MANLEY BOARD DIRECTOR	2.00	X					0	0	0	
70) PAMALA WILSON BOARD DIRECTOR	2.00	X					0	0	0	
71) MARSHALL BELAGA BOARD DIRECTOR	2.00	X					0	0	0	
72) WILLIAM MEEKS BOARD DIRECTOR	2.00	X					0	0	0	
73) JANET BUTTS BOARD DIRECTOR	2.00	X					0	0	0	
74) MELANIE FORTENBERRY BOARD DIRECTOR	2.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
75) SUSAN GRAVES BOARD DIRECTOR	2.00	X					0	0	0	
76) JAY VANWINKLE BOARD DIRECTOR	2.00	X					0	0	0	
77) ANGELA SKINNER BOARD DIRECTOR	2.00	X					0	0	0	
78) BRUCE DUNCAN BOARD CHAIR	1.00	X		X			0	0	0	
79) SHAUN STAUFFER BOARD VICE CHAIR	1.00	X		X			0	0	0	
80) GEORGE JENSEN BOARD TREASURER	1.00	X		X			0	0	0	
81) MELINDA VANCE BOARD SECRETARY	1.00	X		X			0	0	0	
82) MIKE BRENT BOARD MEMBER EMERITUS	1.00	X					0	0	0	
83) CONNIE LATTA BOARD MEMBER	1.00	X					0	0	0	
84) ALAN JOHNSTON BOARD MEMBER	1.00	X					0	0	0	
85) PATRICIA OLENICK BOARD MEMBER	1.00	X					0	0	0	
1b Sub-total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
86) DEREK M. SMITH BOARD MEMBER	1.00	X						0	0	0
87) FAYE WEAVER BOARD MEMBER	1.00	X						0	0	0
88) AL WIGGINS BOARD MEMBER	1.00	X						0	0	0
89) BRAD HINTON BOARD MEMBER	1.00	X						0	0	0
90) REV JAMES COLLINS BOARD MEMBER	1.00	X						0	0	0
91) REP LAURA HALL BOARD MEMBER	1.00	X						0	0	0
92) MISSY SISLER BOARD CHAIR	1.00	X		X				0	0	0
93) CURTIS FORD BOARD IMMEDIATE PAST CHAIR	1.00	X		X				0	0	0
94) TOM SAUBER BOARD VICE CHAIR	1.00	X		X				0	0	0
95) DEBBIE RUSSELL BOARD TREASURER	1.00	X		X				0	0	0
96) DEBBIE MINER BOARD SECRETARY	1.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
97) DINA BICKELL BOARD DIRECTOR	1.00	X					0	0	0	
98) PEGGY JENIKINS BOARD DIRECTOR	1.00	X					0	0	0	
99) DAVE MARTIN BOARD DIRECTOR	1.00	X					0	0	0	
00) HEIDI GOETTSCH BOARD DIRECTOR	1.00	X					0	0	0	
01) STEVE HABERNICHT BOARD DIRECTOR	1.00	X					0	0	0	
02) MIKE MORRIS BOARD DIRECTOR	1.00	X					0	0	0	
03) TOM HOBT BOARD DIRECTOR	1.00	X					0	0	0	
04) DARSHINI JAYAWARDENA BOARD DIRECTOR	1.00	X					0	0	0	
05) CHAR SCHLEPP BOARD DIRECTOR	1.00	X					0	0	0	
06) HEIKE SCHMOLCK BOARD DIRECTOR	1.00	X					0	0	0	
07) STAN THURSTON BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule C)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
'08) PAIGE PATTON-MORRIS BOARD PRESIDENT	.50	X		X				0	0	0
'09) LON PAGE BOARD VICE PRESIDENT	.50	X		X				0	0	0
'10) ROSEMARY THIELMAN BOARD SECRETARY	.50	X		X				0	0	0
'11) JAMES SCHAEFER BOARD TREASURER	.50	X		X				0	0	0
'12) BRIAN CASEY BOARD DIRECTOR	.50	X						0	0	0
'13) LORENE HARRIS BOARD DIRECTOR	.50	X						0	0	0
'14) AUDRE HYATT BOARD DIRECTOR	.50	X						0	0	0
'15) BARB MAHONEY BOARD DIRECTOR	.50	X						0	0	0
'16) TIM NICKOLAUS BOARD DIRECTOR	.50	X						0	0	0
'17) MELISSA POLAND-KNAPIK BOARD DIRECTOR	.50	X						0	0	0
'18) MAUREEN SCHMITTER-EDGECOMBE BOARD DIRECTOR	.50	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
'19) AMY SHIVES BOARD DIRECTOR	.50	X					0	0	0	
'20) BRUCE LYAU CFO	40.00			X			103,735.	0	8,563.	
'21) WILLIAM FISHER CEO	40.00			X			201,252.	0	22,591.	
'22) KEITH SWANSON VICE PRESIDENT OF FINANCE	40.00			X			103,467.	0	5,173.	
'23) LINDA MITCHELL PRESIDENT/CEO	50.00			X			130,307.	0	6,515.	
'24) JAMES VUMBACO CFO	45.00			X			76,999.	0	3,867.	
'25) PATRICIA CLARK EXECUTIVE DIRECTOR	45.00			X			110,000.	0	4,865.	
'26) GRACE GRANT-BROWN COO	40.00			X			94,658.	0	480.	
'27) ELLEN BROWN CEO	40.00			X			100,944.	0	1,712.	
'28) JESSICA FEAZELL DIR. OF FINANCE & OPERATIONS	40.00			X			52,264.	0	0	
'29) KATHRYN REDINGTON CEO	40.00			X			84,761.	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
30) ELIZABETH STEVENSON EXECUTIVE DIRECTOR	40.00			X			75,075.	0	5,791.	
31) NIKKI VULGARIS-RODRIGUEZ EXECUTIVE DIRECTOR	40.00			X			67,178.	0	1,354.	
32) JANET DEVLIN CFO	40.00			X			114,758.	0	17,156.	
33) ERNA COLBORN PRESIDENT/CEO	40.00			X			193,158.	0	33,416.	
34) WANDA J. LEW DIR. OF FINANCE & OPERATIONS	40.00			X			100,470.	0	4,239.	
35) HEATHER ALLEN HERSHBERGER EXECUTIVE DIRECTOR	40.00			X			136,882.	0	22,536.	
36) KELLY HAUER EXECUTIVE DIRECTOR	37.50			X			73,500.	0	0	
37) DYANA SCHAEFER FINANCE DIRECTOR	40.00			X			43,514.	0	0	
38) MARSHA HILLS EXECUTIVE DIRECTOR	40.00			X			56,600.	0	0	
39) TERI SHIRK EXECUTIVE DIRECTOR	40.00			X			114,238.	0	19,137.	
40) LAURIE TRENHOLM EXECUTIVE DIRECTOR	40.00			X			77,920.	0	5,060.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
'41) DEBRA R. BROOK EXECUTIVE DIRECTOR	50.00			X			100,000.	0	0	
'42) JANIE ELSON FINANCE DIRECTOR	30.00			X			40,170.	0	0	
'43) LINDA NEWKIRK EXECUTIVE DIRECTOR	50.00			X			62,000.	0	0	
'44) REBECCA ARGILAGOS EXECUTIVE DIRECTOR	55.00			X			51,043.	0	0	
'45) KAREN NOEL PRESIDENT/CEO	40.00			X			69,378.	0	7,037.	
'46) DEBBIE SOULA FINANCE DIRECTOR	40.00			X			31,500.	0	2,400.	
'47) DUANE J. GROSS PRESIDENT/CEO	40.00			X			84,003.	0	2,520.	
'48) THERESA RILEY CFO	40.00			X			9,039.	0	0	
'49) WILLIAM STARLIPER CFO	40.00			X			41,617.	0	0	
'50) CATHERINE JAMES CEO	40.00			X			68,320.	0	1,389.	
'51) JENNIFER SCHEUERMANN DIRECTOR, FINANCE & OPERATIONS	35.00			X			70,021.	0	3,144.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
'52) ELAINE SPROAT PRESIDENT/CEO	35.00			X			92,323.	0	7,812.	
'53) HANNELORE STEVENS CONTROLLER	34.00			X			58,897.	0	8,147.	
'54) DAVID MIDLAND PRESIDENT/CEO	40.00			X			108,857.	0	8,635.	
'55) COLLEEN M. WENZEL FINANCE DIRECTOR	40.00			X			44,378.	0	0	
'56) LEILANI J. PELLETIER, MB EXECUTIVE DIRECTOR	40.00			X			65,167.	0	0	
'57) JOAN SILLASEN FINANCE DIRECTOR	40.00			X			55,010.	0	0	
'58) PAMELA SCHUELLERMAN EXECUTIVE DIRECTOR	40.00			X			82,171.	0	8,743.	
'59) NANCY A. DOUGLAS FINANCE DIRECTOR	40.00			X			67,778.	0	10,851.	
'60) NANCY B. UDELSON EXECUTIVE DIRECTOR	40.00			X			95,617.	0	13,230.	
'61) NANETTE MANN ARRIAGA FINANCE DIRECTOR	40.00			X			57,394.	0	0	
'62) KENNETH STRONG, JR. EXECUTIVE DIRECTOR	40.00			X			97,843.	0	6,444.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
'63) JUDITH FOWLER ASSOCIATE DIRECTOR - FINANCE	37.50			X			68,220.	0	10,268.	
'64) ERIC VANVLYMEN EXECUTIVE DIRECTOR	37.50			X			75,288.	0	5,697.	
'65) SALLI BOLLIN EXECUTIVE DIRECTOR	40.00			X			71,815.	0	15,662.	
'66) DAVID F. ROSE SVP FINANCE	40.00			X			65,010.	0	2,112.	
'67) MARK FRIED PRESIDENT/CEO	40.00			X			97,892.	0	3,247.	
'68) KATHLEEN CODY EXECUTIVE DIRECTOR	40.00			X			15,768.	0	0	
'69) REGINA BRADSON VP FINANCE AND OPERATIONS	37.50			X			68,107.	0	0	
'70) WENDY L. CAMPBELL PRESIDENT/CEO	37.50			X			111,213.	0	0	
'71) VELMA HAGGAN VP OF FINANCE & OPERATIONS	40.00			X			53,493.	0	1,605.	
'72) CINDY ALEWINE PRESIDENT/CEO	40.00			X			95,584.	0	2,868.	
'73) JANE ASPAAS EXECUTIVE DIRECTOR	37.50			X			48,667.	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
'74) JANICE H. ESTES VP FINANCE & OPERATIONS	40.00			X			40,572.	0	0	
'75) MICHAEL P. SPENCER PRESIDENT/CEO	40.00			X			56,503.	0	0	
'76) MARTHA RICHARDSON EXECUTIVE DIRECTOR	37.50			X			73,760.	0	0	
'77) SUSAN B. FRIEDMAN EXECUTIVE DIRECTOR	40.00			X			82,468.	0	0	
'78) GINO V. COLOMBARA PRESIDENT/CEO	40.00			X			67,883.	0	6,043.	
'79) SUSAN KUDLA FINN PRESIDENT/CEO	40.00			X			102,444.	0	6,864.	
'80) BEN KORDESTANI CFO & COO	40.00			X			125,000.	0	23,472.	
'81) KEVIN NORTHROP DIRECTOR OF FINANCE/OPERATIONS	40.00			X			67,120.	0	1,342.	
'82) SHARON PETERSON CEO	40.00			X			87,126.	0	1,743.	
'83) SUSAN GRAVES FINANCE DIRECTOR	12.00			X			29,807.	0	0	
'84) JANE MARKS EXECUTIVE DIRECTOR	40.00			X			64,902.	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
'85) KIM KINNER EXECUTIVE DIRECTOR	40.00			X			63,121.	0	842.	
'86) CHRISTINA PACKARD DIRECTOR OF FINANCE AND HR	40.00			X			59,126.	0	14,551.	
'87) THOMAS HLAVACEK EXECUTIVE DIRECTOR	40.00			X			98,761.	0	8,261.	
'88) MARY "PATTY" DUNN EXECUTIVE DIRECTOR	40.00			X			54,694.	0	6,180.	
'89) GLENDA BERRY PRESIDENT/ CEO	37.50			X			110,798.	0	0	
'90) HOLLY BRADFORD FINANCE DIRECTOR	45.00			X			57,835.	0	1,930.	
'91) CAROL SIFFLE EXECUTIVE DIRECTOR	45.00			X			93,234.	0	2,806.	
'92) MARK HAVENS INTERIM EXECUTIVE DIRECTOR	40.00			X			46,750.	0	0	
'93) ROBYN MOORE CHIEF DEVELOPMENT OFFICER	40.00					X	101,571.	0	4,988.	
'94) LISA LEE VP, DEVELOPMENT	40.00					X	106,005.	0	16,510.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 1,734,110.					
	b Membership dues	1 b 4,100.					
	c Fundraising events	1 c 5,618,331.					
	d Related organizations	1 d 150,000.					
	e Government grants (contributions)	1 e 6,218,475.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 51,657,759.					
	g Noncash contributions included in lns 1a-1f: \$	406,084.					
	h Total. Add lines 1a-1f		65,382,775.				
PROGRAM SERVICE REVENUE	2 a WORKSHOP/CONFERENCES/SEMINARS		Business Code				
		624100	2,215,023.	2,215,023.	0.	0.	
	b RESPITE PROGRAMS	624100	992,298.	992,298.	0.	0.	
	c SUPPORT GROUPS	624100	133,068.	133,068.	0.	0.	
	d CARE CONSULTATION	624100	39,773.	39,773.	0.	0.	
	e EARLY STAGE PROGRAMMIN	624100	35,310.	35,310.	0.	0.	
	f All other program service revenue		533,167.	533,167.	0.	0.	
	g Total. Add lines 2a-2f		3,948,639.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		956,254.	0.	0.	956,254.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		38,979.	0.	0.	38,979.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	8,347,299.				
		(ii) Other	156,035.				
		b Less: cost or other basis and sales expenses	8,191,845.	170,660.			
		c Gain or (loss)	155,454.	-14,625.			
	d Net gain or (loss)		140,829.	0.	0.	140,829.	
	8 a Gross income from fundraising events (not including: \$ 5,618,331. of contributions reported on line 1c). See Part IV, line 18.	a 1,296,896.					
		b Less: direct expenses	b 1,455,112.				
c Net income or (loss) from fundraising events			-158,216.	0.	0.	-158,216.	
9 a Gross income from gaming activities. See Part IV, line 19.	a 97,245.						
	b Less: direct expenses	b 2,363.					
	c Net income or (loss) from gaming activities		94,882.	0.	0.	94,882.	
10 a Gross sales of inventory, less returns and allowances	a 53,680.						
	b Less: cost of goods sold	b 29,881.					
	c Net income or (loss) from sales of inventory		23,799.	21,143.	0.	2,656.	
Miscellaneous Revenue		Business Code					
11 a CALIFORNIA COUNCIL	900099	158,960.	158,960.	0.	0.		
b MISCELLANEOUS	900099	155,142.	0.	0.	155,142.		
c ADVERTISING	900099	850.	0.	850.	0.		
d All other revenue							
e Total. Add lines 11a-11d		314,952.					
12 Total revenue. See instructions		70,742,893.	4,128,742.	850.	1,230,526.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	260,473.	260,473.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,830,049.	1,830,049.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	6,982,420.	4,702,875.	1,252,810.	1,026,735.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	29,236,010.	23,579,107.	1,652,926.	4,003,977.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).	461,804.	323,119.	78,671.	60,014.
9 Other employee benefits	4,162,603.	3,236,163.	333,269.	593,171.
10 Payroll taxes	3,156,026.	2,464,019.	267,775.	424,232.
11 Fees for services (non-employees):				
a Management	75,925.	43,072.	18,714.	14,139.
b Legal	266,889.	171,765.	17,694.	77,430.
c Accounting	693,731.	314,387.	330,705.	48,639.
d Lobbying	169,881.	166,758.	1,146.	1,977.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	92,812.	27,801.	60,193.	4,818.
g Other.	2,882,102.	2,207,582.	233,074.	441,446.
12 Advertising and promotion	2,197,584.	1,584,655.	21,529.	591,400.
13 Office expenses	5,306,619.	3,742,944.	472,779.	1,090,896.
14 Information technology	414,449.	306,690.	50,270.	57,489.
15 Royalties				
16 Occupancy	5,346,752.	4,129,247.	480,462.	737,043.
17 Travel	1,751,372.	1,341,098.	132,164.	278,110.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,595,606.	1,753,341.	74,114.	768,151.
20 Interest	55,855.	35,299.	13,096.	7,460.
21 Payments to affiliates	565,987.	548,499.	3,385.	14,103.
22 Depreciation, depletion, and amortization	661,786.	505,102.	83,289.	73,395.
23 Insurance	228,030.	158,600.	42,248.	27,182.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PROGRAM EXPENSE</u>	422,528.	422,528.	0.	0.
b <u>PLEDGE WRITE-OFFS</u>	164,580.	22,059.	89,503.	53,018.
c <u>MISCELLANEOUS SUPPLIES</u>	143,905.	88,075.	0.	55,830.
d				
e All other expenses	635,302.	343,786.	78,628.	212,888.
25 Total functional expenses. Add lines 1 through 24e.	70,761,080.	54,309,093.	5,788,444.	10,663,543.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	1,266,184.	710,294.	6,880.	549,010.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	16,864,882.	1	17,968,315.
	2 Savings and temporary cash investments	13,297,715.	2	8,253,424.
	3 Pledges and grants receivable, net	4,295,843.	3	4,793,323.
	4 Accounts receivable, net	6,431,880.	4	7,606,972.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	33,441.	8	18,599.
	9 Prepaid expenses and deferred charges	901,166.	9	908,891.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,346,871.		
	b Less: accumulated depreciation	10b 6,896,106.	2,992,081.	10c 3,450,765.
	11 Investments — publicly traded securities	27,553,124.	11	27,475,707.
	12 Investments — other securities. See Part IV, line 11	1,067,000.	12	1,067,000.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,310,263.	15	9,739,968.
16 Total assets. Add lines 1 through 15 (must equal line 34)	82,747,395.	16	81,282,964.	
LIABILITIES	17 Accounts payable and accrued expenses.	7,650,527.	17	8,720,607.
	18 Grants payable	20,008.	18	32,925.
	19 Deferred revenue	439,802.	19	457,332.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	348,680.	23	323,295.
	24 Unsecured notes and loans payable to unrelated third parties	273,126.	24	12,534.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,422,926.	25	1,254,599.
	26 Total liabilities. Add lines 17 through 25	10,155,069.	26	10,801,292.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	51,648,901.	27	49,709,061.
	28 Temporarily restricted net assets	15,455,064.	28	15,531,058.
	29 Permanently restricted net assets	5,488,361.	29	5,241,553.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	72,592,326.	33	70,481,672.	
34 Total liabilities and net assets/fund balances	82,747,395.	34	81,282,964.	

BAA

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,742,893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,761,080.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72,592,326.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,092,467.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	70,481,672.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2 b	Were the organization's financial statements audited by an independent accountant?	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2 d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

BAA

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	75,819,991.	76,355,603.	73,509,025.	69,489,983.	65,382,775.	360,557,377.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	75,819,991.	76,355,603.	73,509,025.	69,489,983.	65,382,775.	360,557,377.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						360,557,377.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	75,819,991.	76,355,603.	73,509,025.	69,489,983.	65,382,775.	360,557,377.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,141,782.	1,253,494.	1,276,921.	1,003,401.	995,233.	6,670,831.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					850.	850.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	728,278.	262,446.	4,634,803.	1,979,019.	1,551,939.	9,156,485.
11 Total support. Add lines 7 through 10						376,385,543.
12 Gross receipts from related activities, etc (see instructions)					12	4,158,623.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	95.79%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	95.83%
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

19a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

OTHER INCOME, PART II LINE 10

2011 TOTAL OTHER INCOME \$1,551,939 INCLUDES:

INCOME FROM FUNDRAISING EVENTS-GROSS \$1,394,141

GROSS SALES OF INVENTORY \$2,656

MISCELLANEOUS REVENUE \$155,142

2010 TOTAL OTHER INCOME \$1,979,019 INCLUDES:

INCOME FROM FUNDRAISING EVENTS-GROSS \$1,865,794

REIMBURSEMENTS \$17,555

REFUNDS \$11,505

MISCELLANEOUS REVENUE \$84,165

2009 TOTAL OTHER INCOME \$4,634,803 INCLUDES:

INCOME FROM FUNDRAISING EVENTS-NET \$4,434,793

GROSS SALES OF INVENTORY \$110,261

MISCELLANEOUS REVENUE \$89,749

2008 TOTAL OTHER INCOME INCLUDES:

MISCELLANEOUS REVENUE \$262,446

2007 TOTAL OTHER INCOME INCLUDES:

MISCELLANEOUS REVENUE \$728,278

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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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 an organization 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 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 777,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 427,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 334,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 191,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 324,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ ----- 249,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ ----- 180,742.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ ----- 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ ----- 106,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ ----- 81,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ ----- 77,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ ----- 22,922.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ ----- 61,747.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ ----- 43,211.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ ----- 31,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ ----- 30,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ ----- 27,686.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ ----- 21,122.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ ----- 15,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	----- ----- -----	\$ ----- 12,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 67,066.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 1,344,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 185,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 124,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 73,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ ----- 28,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ ----- 22,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ ----- 19,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ ----- 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ ----- 231,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 58,221.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 52,416.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 35,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 12,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ ----- 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	----- ----- -----	\$ ----- 43,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	----- ----- -----	\$ ----- 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	----- ----- -----	\$ ----- 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	----- ----- -----	\$ ----- 96,022.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	----- ----- -----	\$ ----- 50,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	----- ----- -----	\$ ----- 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	----- ----- -----	\$ ----- 104,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	----- ----- -----	\$ ----- 545,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	----- ----- -----	\$ ----- 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ ----- 131,847.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	----- ----- -----	\$ ----- 92,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	----- ----- -----	\$ ----- 86,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	----- ----- -----	\$ ----- 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	----- ----- -----	\$ ----- 31,293.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 40,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 34,369.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number 36-3463656

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	----- ----- -----	\$ ----- 120,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	----- ----- -----	\$ ----- 96,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	----- ----- -----	\$ ----- 55,773.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	----- ----- -----	\$ ----- 51,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	----- ----- -----	\$ ----- 35,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	----- ----- -----	\$ ----- 30,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	----- ----- -----	\$ ----- 27,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	----- ----- -----	\$ ----- 23,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	----- ----- -----	\$ ----- 162,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	----- ----- -----	\$ ----- 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	----- ----- -----	\$ ----- 33,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	----- ----- -----	\$ ----- 30,356.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	----- ----- -----	\$ ----- 25,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	----- ----- -----	\$ ----- 22,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 630,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 362,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 147,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 130,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 90,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	----- ----- -----	\$ ----- 54,993.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	----- ----- -----	\$ ----- 325,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	----- ----- -----	\$ ----- 176,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	----- ----- -----	\$ ----- 105,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	----- ----- -----	\$ ----- 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	----- ----- -----	\$ ----- 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	----- ----- -----	\$ ----- 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	----- ----- -----	\$ ----- 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	----- ----- -----	\$ ----- 125,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	----- ----- -----	\$ ----- 320,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	----- ----- -----	\$ ----- 220,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATIONEmployer identification number
36-3463656**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	----- ----- -----	\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	----- ----- -----	\$ 120,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	----- ----- -----	\$ 83,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	----- ----- -----	\$ 79,496.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	----- ----- -----	\$ 64,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	----- ----- -----	\$ ----- 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	----- ----- -----	\$ ----- 9,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	----- ----- -----	\$ ----- 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	----- ----- -----	\$ ----- 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	----- ----- -----	\$ ----- 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ ----- 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	----- ----- -----	\$ ----- 38,284.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	----- ----- -----	\$ ----- 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	----- ----- -----	\$ ----- 11,689.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	----- ----- -----	\$ ----- 96,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	----- ----- -----	\$ ----- 74,407.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	----- ----- -----	\$ ----- 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	----- ----- -----	\$ ----- 194,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATIONEmployer identification number
36-3463656**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	----- ----- -----	\$ ----- 32,126.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	----- ----- -----	\$ ----- 24,202.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	----- ----- -----	\$ ----- 163,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	----- ----- -----	\$ ----- 29,027.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATIONEmployer identification number
36-3463656**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134	----- ----- -----	\$ ----- 68,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135	----- ----- -----	\$ ----- 54,439.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136	----- ----- -----	\$ ----- 47,600.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137	----- ----- -----	\$ ----- 40,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138	----- ----- -----	\$ ----- 37,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	----- ----- -----	\$ ----- 35,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140	----- ----- -----	\$ ----- 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141	----- ----- -----	\$ ----- 245,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142	----- ----- -----	\$ ----- 50,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143	----- ----- -----	\$ ----- 231,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144	----- ----- -----	\$ ----- 88,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	----- ----- ----- -----	\$ ----- 46,983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146	----- ----- ----- -----	\$ ----- 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147	----- ----- ----- -----	\$ ----- 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148	----- ----- ----- -----	\$ ----- 23,179.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149	----- ----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150	----- ----- ----- -----	\$ ----- 7,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number 36-3463656

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152	----- ----- -----	\$ 1,052,981.	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.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Employer identification number 36-3463656

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

▶ Complete if the organization is described below.

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

Open to Public
Inspection

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

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours ▶ _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4 a Was a correction made? Yes No
b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c) , except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures
(The term 'expenditures' means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b Total lobbying expenditures to influence a legislative body (direct lobbying)
- c Total lobbying expenditures (add lines 1a and 1b)
- d Other exempt purpose expenditures
- e Total exempt purpose expenditures (add lines 1c and 1d).

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess 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.

- g Grassroots nontaxable amount (enter 25% of line 1f)
- h Subtract line 1g from line 1a. If zero or less, enter -0-
- i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		5,245.
d Mailings to members, legislators, or the public?	X		36,380.
e Publications, or published or broadcast statements?	X		50.
f Grants to other organizations for lobbying purposes?	X		11,117.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		389,120.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		138,047.
i Other activities?	X		45,792.
j Total. Add lines 1c through 1i.			625,751.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Pt II-B Line 1i LOBBYING ACTIVITIES:

NEARLY ALL OF THE CHAPTER NETWORK LOBBYING IS THROUGH STAFF OR

VOLUNTEERS. REPORTABLE EXPENSES ARE USED FOR GRASSROOTS ACTIVITIES

AND ADVOCACY.

Part IV Supplemental Information (continued)

AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES, BUSINESSES AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE COMING CLOSE TO FINDING BETTER TREATMENTS THAT COULD DRASTICALLY ALTER THE COURSE OF THE DISEASE. THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF PREVENTION AND ULTIMATELY A CURE, AS WELL AS FOR HEALTH AND LONG-TERM COVERAGE TO ENSURE HIGH QUALITY COST EFFECTIVE CARE FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. MORE THAN 400,000 GRASS ROOTS ADVOCATES SPEAK UP FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND HELP ENCOURAGE CONGRESS TO INCREASE FUNDING FOR RESEARCH AND CARE. POLICY ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage restricted, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, Revenues, Assets. Rows include whether the organization elected not to report art collections and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	8,813,533.	8,353,819.	6,114,473.	5,009,678.	
b Contributions	-19,383.	309,660.	2,467,101.	1,439,492.	
c Net investment earnings, gains, and losses	162,174.	476,415.	504,494.	-257,143.	
d Grants or scholarships	1,500.	554.	318,775.		
e Other expenditures for facilities and programs	636,228.	311,936.	395,346.	72,083.	
f Administrative expenses	12,533.	13,871.	18,128.	5,471.	
g End of year balance	8,306,063.	8,813,533.	8,353,819.	6,114,473.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	6,000.	160,101.		166,101.
b Buildings		1,884,888.	464,767.	1,420,121.
c Leasehold improvements		1,431,905.	865,687.	566,218.
d Equipment		5,917,281.	4,745,545.	1,171,736.
e Other		946,696.	820,107.	126,589.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,450,765.

Part VII Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) . . . ▶		

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST/ SPLIT INTEREST AGREEMENTS	9,668,997.
(2) GIFT ANNUITIES	70,971.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	9,739,968.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER UNITRUST AGREEMENT	999,449.
(3) DEFERRED RENT	160,223.
(4) CAPITAL LEASE OBLIGATIONS	52,487.
(5) GIFT ANNUITIES	42,075.
(6) UNCLAIMED PAYMENTS	365.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	1,254,599.

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2 a	
b	Donated services and use of facilities	2 b	
c	Recoveries of prior year grants	2 c	
d	Other (Describe in Part XIV.)	2 d	
e	Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b	Other (Describe in Part XIV.)	4 b	
c	Add lines 4a and 4b		4 c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2 a	
b	Prior year adjustments	2 b	
c	Other losses	2 c	
d	Other (Describe in Part XIV.)	2 d	
e	Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b	Other (Describe in Part XIV.)	4 b	
c	Add lines 4a and 4b		4 c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt V Line 4 PT V ENDOWMENT FUNDS

THE DATA ENTERED IN COLUMNS (B) PRIOR YEAR, (C) TWO YEARS BACK

AND (D) THREE YEARS BACK DIFFER FROM THE PREVIOUSLY FILED

TAX RETURN. THE SCHEDULE REFLECTS PRIOR YEAR(S) ACTIVITY

FOR THE CHAPTERS INCLUDED IN THIS YEAR'S TAX RETURN.

USE OF ENDOWMENTS AND ENDOWMENT FUNDS FOR 18 CHAPTERS

PERCENTAGES LISTED BELOW:

Part XIV Supplemental Information (continued)

NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER -

100% PERMANENT ENDOWMENT

THE ENDOWMENT FUNDS ARE FOR THE USE OF RESPITE SERVICES.

SOUTHEAST FLORIDA CHAPTER -

100% PERMANENT ENDOWMENT.

ENDOWMENT FUNDS ARE USED TO FUND PROGRAMS, SERVICES, AND OPERATIONS.

CENTRAL AND NORTH FLORIDA CHAPTER -

100% PERMANENT ENDOWMENT

THE INCOME FROM THIS PERMANENT ENDOWMENT IS TO BE USED TO FUND OPERATIONS.

ALOHA CHAPTER -

88% PERMANENT ENDOWMENT

12% BOARD DESIGNATED OR QUASI-ENDOWMENT

THE FERN HAYES ENDOWMENT (\$100,000) SUPPORTS PURCHASE OF BOOKS ON ALZHEIMER'S DISEASE FOR LIBRARIES ON THE ISLAND OF KAUAI. THE QUASI-ENDOWMENT (\$13,675) IS SPECIFICALLY FOR THE USE OF BOOKS, NEWSLETTERS, AND OUTREACH. THE WEINBERG FOUNDATION ENDOWMENT WAS TRANSFERED TO ANOTHER ORGANIZATION ALONG WITH THE RIGHTS TO OCCUPY THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER. THIS WAS BASED ON THE RESTRICTED PURPOSE OF THE ENDOWMENT.

EAST CENTRAL IOWA CHAPTER -

100% BOARD DESIGNATED OR QUASI-ENDOWMENT

Part XIV Supplemental Information (continued)

THE FUND WAS CREATED WITH PROCEEDS FROM VARIOUS MONEY MARKET
ACCOUNTS USED FOR CASH RESERVE PURPOSES WITH THE INTENT OF CREATING
A HIGHER RETURN ON THE RESERVES FUND. THE NATURE OF THE FUNDS ARE
LIQUID AND ALLOWS THE BOARD ACCESS TO THE REVENUE FOR THE SOLE
PURPOSE OF IMPLEMENTING THE MISSION OF THE ASSOCIATION.

GREATER KENTUCKY AND SOUTHERN INDIANA CHAPTER -

100% PERMANENT ENDOWMENT

ATTACHED TO THE CHAPTER'S BEST FRIENDS ADULT DAY CARE CENTER WAS A
PERMANENTLY RESTRICTED ENDOWMENT WHOSE INTEREST WAS USED FOR THE
ADULT DAY CENTER. DURING THE FISCAL YEAR, THE ADULT DAY CENTER, ALONG
WITH THE ENDOWMENT, WAS TRANSFERRED TO ANOTHER ORGANIZATION.

CENTRAL NEW YORK CHAPTER -

100% PERMANENT ENDOWMENT

THE PERMANENT ENDOWMENT IS TO BE MAINTAINED INTACT IN PERPETUITY
FOR EDUCATION AND FAMILY SERVICES.

ROCHESTER CHAPTER -

57% BOARD DESIGNATED OR QUASI-ENDOWMENT

43% PERMANENT ENDOWMENT

THE BOARD DESIGNATED FUNDS WILL BE USED TO SUPPORT THE ORGANIZATION'S
PROGRAMS AS DEEMED NECESSARY. THE PERMANENT ENDOWMENTS ARE USED
TO SUPPORT PROGRAMS AND SERVICES AS SPECIFIED BY THE DONORS.

WESTERN NEW YORK CHAPTER -

100% PERMANENT ENDOWMENT

EARNINGS ARE UNRESTRICTED AND USED FOR PURPOSE APPROVED BY THE BOARD.

Part XIV Supplemental Information (continued)-----
CLEVELAND AREA CHAPTER ------
99.96% BOARD DESIGNATED OR QUASI-ENDOWMENT-----
0.04% PERMANENT ENDOWMENT-----
\$1000 IS A PERMANENT ENDOWMENT, THE REMAINDER IS A BOARD DESIGNATED-----
ENDOWMENT. THE BOARD DESIGNATED ENDOWMENT IS INTENDED AS A RESERVE-----
AND ALSO TO BUILD INFRASTRUCTURE, AS WELL AS OTHER PROJECTS WHICH THE-----
BOARD FEELS ARE APPROPRIATE USE OF THE FUNDS.-----
CENTRAL OHIO CHAPTER ------
100% PERMANENT ENDOWMENT-----
THE ASSOCIATION IS THE BENEFICIARY OF FUNDS HELD IN TRUST BY THE-----
COLUMBUS FOUNDATION, WHICH ARE NOT UNDER THE CONTROL OF THE-----
ASSOCIATION TRUSTEES. THERE WILL BE NO RESTRICTIONS AND USED AS NEEDED.-----
MIAMI VALLEY CHAPTER ------
58% PERMANENT ENDOWMENT-----
42% BOARD DESIGNATED OR QUASI-ENDOWMENT-----
THE ENDOWMENT USE IS UNRESTRICTED AT THIS TIME.-----
OREGON CHAPTER ------
99% PERMANENT ENDOWMENT-----
1% TEMPORARILY RESTRICTED ENDOWMENT-----
THE ENDOWMENT IS USED FOR RESPITE CARE FOR THE MCGINTY CONFERENCE.-----
ONLY INTEREST EARNED ON THE ENDOWMENT CAN BE USED.-----
DELAWARE VALLEY CHAPTER ------
90% TEMPORARILY RESTRICTED ENDOWMENT

Part XIV Supplemental Information (continued)

Pt X LINE 2, FIN 48 FOOTNOTE

IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48 ("FIN 48") (NOW REFERRED TO AS ASC 740-10-25-6, "ASC 740"), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109", WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH THE BROADER CONCEPTS PREVIOUSLY OUTLINED IN ASC 740. THE CHAPTERS ADOPTED THIS NEW GUIDANCE AS OF JULY 1, 2009. THIS GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNIZED AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY THE TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE POSITION MAY BE CHALLENGED. THE CHAPTERS ARE EXEMPT FROM INCOME TAX UNDER INTERNAL CONTROL CODE ("IRC") SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE TAX RETURN YEARS ENDING 2008, 2009, 2010 AND 2011 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE ADOPTION OF THIS GUIDANCE DID NOT HAVE ANY IMPACT ON THE CHAPTERS' FINANCIAL STATEMENTS. THE CHAPTERS RECEIVE INDIVIDUAL AUDITS AND 19 CHAPTERS INCLUDED A

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA (S)	LUNCHEON (S) /DINNER (S)	72	(add column (a) through column (c))	
		(event type)	(event type)	(total number)		
1	Gross receipts	2,607,887.	1,343,380.	2,846,613.	6,797,880.	
2	Less: Charitable contributions	2,251,856.	1,087,167.	2,167,071.	5,506,094.	
3	Gross income (line 1 minus line 2)	356,031.	256,213.	679,542.	1,291,786.	
DIRECT EXPENSES	4	Cash prizes	0.	2,350.	1,900.	4,250.
	5	Noncash prizes	32,185.	0.	9,842.	42,027.
	6	Rent/facility costs	142,261.	36,443.	160,989.	339,693.
	7	Food and beverages	118,048.	179,018.	198,937.	496,003.
	8	Entertainment	18,444.	18,985.	15,821.	53,250.
	9	Other direct expenses	288,136.	102,269.	117,380.	507,785.
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,443,008.	
11	Net income summary. Combine line 3, column (d), and line 10 ▶				-151,222.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
1	Gross revenue			97,245.	97,245.	
DIRECT EXPENSES	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			2,363.	2,363.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				2,363.	
8	Net gaming income summary. Combine lines 1, column (d) and line 7 ▶				94,882.	

9 Enter the state(s) in which the organization operates gaming activities: See Part III, Line 9 (continued)

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SEE PART IV SUPPLEMENTARY SCHEDULE -----

Address ▶ _____

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ N/A -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer Employee Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PART III, LINE 6 VOLUNTEER LABOR

SOUTHEASTERN VIRGINIA CHAPTER - 100% VOLUNTEER LABOR

GREATER WISCONSIN CHAPTER - 90% VOLUNTEER LABOR

SOUTHEASTERN WISCONSIN - 75% VOLUNTEER LABOR

PART III, LINE 11 ORGANIZATION OPERATES GAMING ACTIVITIES WITH NONMEMBERS

THE ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

IS NOT A MEMBERSHIP ORGANIZATION AS DESCRIBED BY THE IRS. THE

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Name of the organization: **ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION**
Employer identification number: **36-3463656**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.
Part III can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITY OF LAUDERDALE LAKES 4320 NW 36TH ST. LAUDERDALE LAKES FL 33319	59-0974050	501 (A)	100,000.				RENOVATIONS
(2) WRIGHT STATE UNIV-NURSING 3640 COLONEL GLENN HWY DAYTON OH 45435	31-0732831	501 (C) 3	20,000.				RESOURCE CTR
(3) DALLAS FOUNDATION 3963 MAPLE AVE., STE 390 DALLAS TX 75219	75-2890371	501 (C) 3	72,815.				GEN. SUPPORT
(4) UT SOUTHWESTERN MED CTR 5325 HARRY HINES DALLAS TX 75219	75-6002868	501 (c) 3	7,500.				GEN. SUPPORT
(5) BLONDES VS BRUNETTES 4144 N CENTRAL EXPRESSWAY DALLAS TX 75204	26-4720200	501 (c) 3	28,750.				WEBSITE
(6) MS STATE DEPT. OF HEALTH 570 E WOODROW WILSON DR. JACKSON MS 39216	64-0897726	501 (A)	20,000.				SURVEY
(7) ----- ----- -----							
(8) ----- ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6

3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RESPITE - VARIOUS	5,920	1,788,505.			
2 CONFERENCE REGISTRATION/STUDIES	99	29,962.			
3 SAFE RETURN PROGRAM	165	11,582.			
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS FOR 33 CHAPTERS:

NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER -

THE CHAPTER RECORDS ALL GRANT AWARDS AND RESPITE PAYMENTS ON SEPARATE

LEDGERS. RESPITE CRITERIA IS AS FOLLOWS: THE FAMILY MUST LIVE IN NORTHERN

CALIFORNIA; THE PERSON WITH DEMENTIA MUST HAVE ALZHEIMER'S DISEASE OR A

RELATED DISORDER; THE PRIMARY CAREGIVER MUST BE PROVIDING SUBSTANTIAL

SUPPORT FOR THE PERSON WITH DEMENTIA; THE PRIMARY CAREGIVER MUST BE IN

NEED OF RESPITE OR ADDITIONAL RESPITE; AND THE PRIMARY CAREGIVER REQUIRES

FUNDING TO PAY FOR THE RESPITE. ALSO, GRANT AWARDS ARE ISSUED BASED ON THE

See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

BAA

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4 a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c** X
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a** X
- b** Any related organization? **5 b** X
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a** X
- b** Any related organization? **6 b** X
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III **8** X

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 WILLIAM FISHER	(i)	179,252.	0.	22,000.	15,750.	6,841.	223,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ERNA COLBORN	(i)	186,491.	6,667.	0.	0.	33,416.	226,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 HEATHER ALLEN HERSHBERGER	(i)	118,882.	18,000.	0.	4,722.	17,814.	159,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: **ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION** Employer identification number: **36-3463656**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total ▶ \$ _____											

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CENTRIC PROJECTS	BOARD MEMBER IS OWNER	224,536.	CONSTRUCTION SERVICES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Pt IV, Line 1 BUSINESS TRANSACTIONS - INTERESTED PERSONS

RICHARD WETZEL IS A BOARD MEMBER OF THE HEART OF AMERICA CHAPTER AND IS THE OWNER OF THE COMPANY CENTRIC PROJECTS. DURING THE FISCAL YEAR, HEART OF AMERICA OBTAINED CONSTRUCTION SERVICES FROM CENTRIC PROJECTS WHILE RICHARD WETZEL WAS AN OWNER OF CENTRIC PROJECTS. THIS TRANSACTION IS REPORTED ON SCHEDULE L. RICHARD WETZEL WAS NOT INVOLVED IN THE BUSINESS TRANSACTION OR THE DECISION TO ENGAGE CENTRIC PROJECTS. HEART OF AMERICA CONSIDERED OTHER COMPETITIVE OFFERINGS. THE TRANSACTION WAS CONDUCTED AT ARM'S LENGTH AND AT FAIR MARKET VALUE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

► **Complete if the organizations answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.**

**Open To Public
Inspection**

Name of the organization **ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION** Employer identification number **36-3463656**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,125.	COST
6 Cars and other vehicles	X	52	28,729.	COST
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	20	45,398.	COST
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory	X	57	26,955.	COST
20 Drugs and medical supplies	X	1	300.	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SUPPLIES)	X	1,432	287,519.	COST
26 Other ► (OFFICE FURN./PHONE SYSTEM)	X	2	13,500.	COST
27 Other ► (PRINTING/BROCHURES)	X	2	558.	COST
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If 'Yes,' describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Pt I col (b) THE NUMBER OF CONTRIBUTIONS REPORTED IS A COMBINATION OF THE
NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED.

Pt I Line 32b NONCASH CONTRIBUTIONS - THIRD PARTIES

ROCHESTER CHAPTER -

THE CHAPTER'S INVESTMENT FIRM LIQUIDATES THE STOCK
CONTRIBUTIONS.

COLORADO CHAPTER -

SEVERAL COMPANIES RECEIVE CARS DONATED TO THE CHAPTER
THE COMPANIES PICK-UP THE CARS, AUCTION THEM AND ISSUE
A FORM 1098-C TO THE DONOR REFLECTING THE SALE AMOUNT.
THE COMPANY THEN FORWARDS THE NET CASH PROCEEDS TO THE
CHAPTER.

SCHEDULE N
(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	06/30/12	178,834.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N.MICH.AVE CHICAGO IL 60601	501 (C) 3
	ACCOUNT RECEIVABLES	06/30/12	44,521.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N.MICH.AVE CHICAGO IL 60601	501 (C) 3
	PREPAID EXP/DEPOSITS	06/30/12	16,778.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N.MICH.AVE CHICAGO IL 60601	501 (C) 3
	EQUIPMENT	06/30/12	19,969.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N.MICH.AVE CHICAGO IL 60601	501 (C) 3
	INVESTMENTS	06/30/12	377,050.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N.MICH.AVE CHICAGO IL 60601	501 (C) 3
	LIABILITIES	06/30/12	-24,368.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N.MICH.AVE CHICAGO IL 60601	501 (C) 3

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III.▶

	Yes	No
2 a		X
2 b	X	
2 c		X
2 d		X

SEE PART III

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART I - LIQUIDATION, TERMINATION, OR DISSOLUTION

THE VERMONT AND SOUTHWEST MISSOURI CHAPTERS DISSOLVED ON JUNE 30, 2012. ALL ASSETS AND LIABILITIES OF THE VERMONT AND SOUTHWEST MISSOURI CHAPTERS WERE TRANSFERRED TO THE NATIONAL ALZHEIMER'S ASSOCIATION.

Part I, Line 2e EMPLOYEES OF TRANSFEREE ORGANIZATIONS

OFFICERS OF THE VERMONT AND SOUTHWEST MISSOURI CHAPTERS, MARTHA RICHARDSON AND TERESA MCCULLOUGH, BECAME EMPLOYEES OF THE NATIONAL ALZHEIMER'S ASSOCIATION AS OF 7/1/12.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

Pt III, Line 4

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICES - CHAPTERS PARTICIPATE IN THE
ALZHEIMER'S ASSOCIATION* NATIONWIDE COMMON PROGRAM
PLAN. THE ASSOCIATION'S PORTFOLIO OF PROGRAMS INCLUDE:

INFORMATION AND REFERRAL - PROVIDES SUPPORT AND INFORMATION
ABOUT ALZHEIMER'S DISEASE AND RELATED DEMENTIAS, PROGRAMS AND
SERVICES PROVIDED BY THE ASSOCIATION, AND COMMUNITY RESOURCES
AS THEY RELATE TO ALZHEIMER'S DISEASE AND RELATED DISORDERS
THROUGH A 24/7 TOLL FREE HELP LINE AND FACE TO FACE MEETINGS.
IN FY2012, THE ALZHEIMER'S ASSOCIATION CONDUCTED 361,686
INFORMATION AND REFERRAL SESSIONS AND RECEIVED 262,824 CALLS
TO THE HELPLINE. THE ASSOCIATION'S WEBSITE (ALZ.ORG) RECEIVES
APPROXIMATELY 1.4 MILLION VISITS EACH MONTH. ONLINE PROGRAMS
INCLUDE: SELF-SERVICE EDUCATION PROGRAMS, ALZ CONNECTED*, A
SOCIAL NETWORKING SUPPORT TOOL, ALZHEIMER'S NAVIGATOR*, AN ACTION
PLANNING TOOL, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN 14
LANGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFORMATION,
PORTALS IN SPANISH, CHINESE, VIETNAMESE, JAPANESE, AND KOREAN,
A VIRTUAL LIBRARY, AND A SAFETY CENTER.

CARE CONSULTATION - IMPROVES THE AFFECTS OF INDIVIDUALS AND THEIR
CAREGIVER'S QUALITY OF LIFE AND DECREASES THE STRESSFUL IMPACT
OF ALZHEIMER'S AND DEMENTIA. CARE CONSULTANTS IDENTIFY AREAS

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

OF NEED AND PROVIDE ASSISTANCE AND PSYCHOSOCIAL SUPPORT BY PROVIDING
EDUCATION ABOUT THE DISEASE AND SYMPTOM MANAGEMENT, PROBLEM
SOLVING, PLANNING FOR FUTURE NEEDS, AND PROVIDING LINKAGES WITH
RESOURCES, PARTICULARLY DURING TRANSITIONAL OR CRISIS SITUATIONS.
CARE CONSULTATIONS WERE DELIVERED IN FY2012.

CONSUMER EDUCATION - CHAPTERS PROVIDE A VARIETY OF EDUCATIONAL
SEMINARS OFFERED IN COMMUNITIES NATIONWIDE. 472,436 INDIVIDUALS
ATTENDED EDUCATION PROGRAMS IN FY2012.

SUPPORT GROUPS - CHAPTERS PROVIDE SUPPORT GROUPS FOR
CAREGIVERS AND PERSONS WITH THE DISEASE OFFERED IN A VARIETY
OF LOCATIONS TO MEET THE NEEDS OF DIVERSE COMMUNITIES.
276,074 SUCH PROGRAMS WERE DELIVERED IN FY2012.

SAFETY SERVICES - CHAPTERS PROVIDE NATIONWIDE PROGRAMS, SUCH
AS MEDICALERT + ALZHEIMER'S ASSOCIATION SAFE RETURN* AND
ALZHEIMER'S ASSOCIATION COMFORT ZONE*, WHICH ADDRESSES THE
SAFETY NEEDS OF PERSONS WITH THE DISEASE AND THEIR CAREGIVERS.

EARLY STAGE PROGRAMMING - ADDRESSES THE UNIQUE NEEDS OF
INDIVIDUALS IN THE EARLY STAGES OF ALZHEIMER'S OR A RELATED
DEMENTIA. CHAPTERS ADDRESS EARLY STAGE NEEDS THROUGH EDUCATION
PROGRAMS, SUPPORT GROUPS, AND ENGAGEMENT OPPORTUNITIES DESIGNED
TO HELP INDIVIDUALS AND FAMILIES COPE WITH THE DIAGNOSIS AND
EMPOWER THEM TO MAKE DECISIONS REGARDING THEIR FUTURE AND
MAKE THE MOST OF LIFE FOLLOWING THEIR DIAGNOSIS.

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

* THESE ARE NAMES THAT ARE TRADEMARKS TO ALZHEIMER'S ASSOCIATION

PT IV, LINE 12A

INDEPENDENT AUDITED FINANCIAL STATEMENTS

ALL CHAPTERS INCLUDED IN THE GROUP RETURN OBTAINED SEPARATE

INDEPENDENT AUDITS. THERE IS NOT AN AUDIT FOR THE GROUP.

Pt VI, Line 1a GOVERNING BODY

THE CHAPTERS HAVE INDIVIDUAL GOVERNING BODIES AND BY-LAWS. THE
CHAPTER BY-LAWS DESCRIBE THE PROCESS BY WHICH COMMITTEES OF THE
BOARD OF DIRECTORS ARE CREATED AND MEMBERS APPOINTED. THE BY-LAWS
MAY HAVE PROVISIONS FOR AN EXECUTIVE COMMITTEE WHICH AUTHORIZES THE
EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD IN MANAGEMENT
OF THE BUSINESS AND IN THE AFFAIRS OF THE CORPORATION, AS NEEDED AND
SUBJECT TO LIMITATIONS CONTAINED WITHIN THE BY-LAWS AND STATE
CORPORATE LAW.

THE CHAPTERS MAY HAVE OTHER COMMITTEES AS REQUIRED BY
THE ALZHEIMER'S ASSOCIATION POLICIES AND PROCEDURES
OR ARE OTHERWISE FORMED TO CARRYOUT THE PURPOSES OF THE
CHAPTER AND NOT HAVING OR EXERCISING THE AUTHORITY OF THE BOARD OF
DIRECTORS ARE ESTABLISHED BY RESOLUTION OF THE BOARD.

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Pt VI, Line 3 DELEGATION OF CONTROL OVER MANAGEMENT DUTIES

BACK OFFICE ACCOUNTING (BOA) IS A FEE-FOR-SERVICE PROVIDED BY THE NATIONAL ALZHEIMER'S ASSOCIATION. THE TYPES OF SERVICES PROVIDED VARIES BY CHAPTER, BUT MAY INCLUDE BEING RESPONSIBLE FOR THE INTEGRITY OF THE FINANCIAL REPORTING; DEVELOPING ACCOUNTING POLICY AND CONTROL PROCEDURES; ISSUING FINANCIAL STATEMENTS; PRESENTING FINANCIAL INFORMATION TO CHAPTER EXECUTIVE DIRECTORS AND BOARDS; ASSISTING CHAPTER EXECUTIVE DIRECTORS IN PREPARING ANNUAL FINANCIAL BUDGETS; AND/OR PREPARING THE ANNUAL FINANCIAL STATEMENTS AND DISCLOSURE NOTES THAT ARE EXAMINED BY EXTERNAL AUDITORS.

BOA SERVICES ARE PROVIDED TO THE FOLLOWING 14 CHAPTERS:

ALOHA CHAPTER

CENTRAL ILLINOIS CHAPTER

EAST CENTRAL IOWA CHAPTER

GREATER KENTUCKY AND SOUTHERN INDIANA CHAPTER

MAINE CHAPTER

GREAT PLAINS CHAPTER

OREGON CHAPTER

SOUTH DAKOTA CHAPTER

VERMONT CHAPTER

CENTRAL AND WESTERN VIRGINIA CHAPTER

SOUTHEASTERN VIRGINIA CHAPTER

GREATER WISCONSIN CHAPTER

MID SOUTH CHAPTER

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INLAND NORTHWEST CHAPTER

PT VI-B, LINE 11b

FORM 990 REVIEW PROCESS

THE CHAPTER DATA FOR THE RETURN WAS COMPILED FROM THE CHAPTERS' FINANCIAL STATEMENTS AND ACCOMPANYING DOCUMENTATION. THIS WAS REVIEWED AND COMPILED BY NATIONAL STAFF. THE RETURN WAS FURTHER REVIEWED BY GRANT THORNTON LLP. THE GROUP 990 RETURN WAS NOT REVIEWED BY INDIVIDUAL CHAPTER'S BOARDS.

Pt VI, Line 12c CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

45 OF 45 CHAPTERS ANSWERED YES.

THE FOLLOWING ANSWERED YES:

NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER -

DIRECTORS AND OFFICERS SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AT THE BOARD OF DIRECTORS ANNUAL MEETING. THE BOARD DEVELOPMENT COMMITTEE VETS OUT ANY CONFLICT AS IT KNOWS EACH MEMBERS MAIN SOURCE OF EMPLOYMENT AND/OR PROFESSION. IF A MEMBER HAS A CONFLICT, HE OR SHE WILL NOT BE ABLE TO VOTE. EMPLOYEES SIGN AN EMPLOYEE ACKNOWLEDGEMENT AT HIRE.

COLORADO CHAPTER -

THE CHAIRMAN OF THE BOARD AND THE PRESIDENT/CEO HAVE ONGOING CONVERSATIONS AND MEETINGS WITH INDIVIDUAL BOARD MEMBERS REGARDING

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MEMBER ACTIVITIES, PARTICIPATION, AND INVOLVEMENT. ALL BOARD MEMBERS AND OFFICERS ARE REQUIRED TO REVIEW, DOCUMENT, AND SIGN WRITTEN CONFLICT OF INTEREST STATEMENTS DISCLOSING ANY POTENTIAL CONFLICTS ON AN ANNUAL BASIS. ANY POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND IF CONFLICTS ARE IDENTIFIED, THEY WOULD BE ACTED UPON BY THE EXECUTIVE COMMITTEE. ACTIONS WOULD INCLUDE REQUESTING THE BOARD MEMBER TO RECTIFY THE POTENTIAL CONFLICT, REQUESTING THE ABSTENTION FROM VOTING AND COMMENT ON RELATED MOTIONS IN MEETINGS, AND IF NECESSARY REMOVAL OF THE BOARD MEMBER.

CONNECTICUT CHAPTER -

THE BOARD OF DIRECTORS AND OFFICERS MUST EXECUTE A CONFLICT OF INTEREST DECLARATION, ACCORDING TO OUR POLICY, ANNUALLY. THIS IS THE MEANS USED TO MONITOR AND ENFORCE THE POLICY. A BOARD MEMBER MUST SELF DISCLOSE THAT HE/SHE HAS A CONFLICT WHEN ADDRESSING ISSUES ASSOCIATED WITH AND TO BE VOTED ON BY THE BOARD. WHEN DISCLOSED THE BOARD MEMBER WILL NOT PARTAKE IN THE DISCUSSION, REFRAIN FROM VOTING ON THAT ISSUE, AND NOT BE PRESENT DURING THE VOTE. THE QUORUM PERCENTAGE WILL BE ADJUSTED ACCORDINGLY FOR THAT PARTICULAR VOTE.

SOUTHEAST FLORIDA CHAPTER -

A CONFLICT OF INTEREST FORM IS SUBMITTED TO OFFICERS, DIRECTORS AND EMPLOYEES ANNUALLY. ANY DISCLOSURES REGARDING CONFLICTS OF INTEREST WOULD BE BROUGHT TO THE BOARD FOR REVIEW AND DISCUSSION. A BOARD MEMBER WHO HAS A CONFLICT WOULD BE REQUIRED TO ABSTAIN FROM ANY VOTES RELATING TO THE CONFLICT.

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CENTRAL AND NORTH FLORIDA CHAPTER -

ANNUAL CONFLICT OF INTEREST STATEMENTS ARE SIGNED AND DISCUSSED AT THE BOARD MEETING ANNUALLY. IF AN OFFICER'S, DIRECTOR'S OR TRUSTEE'S EMPLOYMENT STATUS CHANGES ANY TIME DURING THE YEAR, THEY MUST FILE AN UPDATED CONFLICT OF INTEREST STATEMENT. IF FOR ANY REASON THERE IS REASON TO BELIEVE THERE IS A CONFLICT OF INTEREST ON A SPECIFIC PROPOSAL OR IN CONFLICT WITH POLICIES TO BE VOTED ON BY THE GOVERNING BOARD, THE RESPECTIVE BOARD MEMBER MUST DISCLOSE THE POTENTIAL CONFLICT, RECUSE THEMSELVES FROM FURTHER DISCUSSION AND NOT CAST A VOTE ON THE ITEM DISCUSSED.

ALOHA CHAPTER -

THE CHAPTER PROHIBITS STAFF, BOARD MEMBERS, AND COMMITTEE MEMBERS, IN THEIR OFFICIAL CAPACITY, FROM KNOWINGLY ENGAGING IN ANY ACTIVITY OR TAKING ANY POSITION WHICH CONFLICTS WITH, HAS THE POTENTIAL FOR CONFLICTING WITH, OR APPEARS TO CONFLICT WITH THE INTEREST OF THE ALZHEIMER'S ASSOCIATION. STAFF, BOARD MEMBERS, AND COMMITTEE MEMBERS ARE PROHIBITED FROM USING CONFIDENTIAL INFORMATION GAINED IN THE COURSE OF THE RELATIONSHIP WITH THE CHAPTER FOR HIS/HER OWN BENEFIT, OR THE BENEFIT OF OTHERS. NO BOARD, COMMITTEE MEMBERS, OR KEY VOLUNTEER IS ALLOWED TO BENEFIT FINANCIALLY AS A RESULT OF HIS/HER ROLE WITH THE CHAPTER. STAFF AND BOARD MEMBERS MUST DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AND MUST DOCUMENT THESE CONFLICTS FOR THE CHAPTER FILES. ANY BOARD MEMBERS DEEMED IN CONFLICT OF INTEREST WITH A MATTER REQUIRING BOARD ACTION MUST BE ABSENT DURING THE BOARD'S REVIEW AND VOTE ON SUCH MATTER. THIS ABSENCE DURING DISCUSSION AND VOTE MUST BE RECORDED IN BOARD MINUTES. ALL VOLUNTEERS AND STAFF

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----- MUST SIGN THE CONFLICT OF INTEREST STATEMENT. -----

----- CENTRAL ILLINOIS CHAPTER - -----

----- THE CHAPTER MAINTAINS A CONFLICT OF INTEREST POLICY BETWEEN BOARD, -----
 ----- COMMITTEES AND EMPLOYEES. AN ANNUAL REVIEW OF ALL BOARD RELATIONSHIPS -----
 ----- IS CONDUCTED TO IDENTIFY POTENTIAL CONFLICTS. DURING THE YEAR, ANY -----
 ----- CHANGES RESULTING IN POTENTIAL CONFLICTS ARE DOCUMENTED AND -----
 ----- ANNOUNCED TO OTHER OFFICERS AND BOARD MEMBERS. ANY AFFECTED -----
 ----- MEMBERS OR OFFICERS RECUSE THEMSELVES FROM VOTING ON ITEMS WHERE A -----
 ----- POTENTIAL CONFLICT IS INVOLVED. -----

----- GREATER ILLINOIS CHAPTER - -----

----- OFFICERS AND BOARD MEMBERS SIGN A NEW CONFLICT OF INTEREST FORM EACH -----
 ----- FISCAL YEAR, CONFIRMING THEIR COMPLIANCE WITH THE ALZHEIMER'S -----
 ----- ASSOCIATION POLICY. THESE FORMS ARE REVIEWED BY THE CHAIR OF THE BOARD -----
 ----- AND THE CHAIR OF THE BOARD'S GOVERNANCE COMMITTEE, AND ANY POTENTIAL -----
 ----- CONFLICTS ARE INVESTIGATED BY THEM. THE BOARD MEMBER IS REQUIRED TO -----
 ----- SELF-DISCLOSE ANY CHANGES IN CONFLICTS OF INTEREST DURING THE YEAR TO THE -----
 ----- BOARD CHAIR. DEPENDING ON THE POTENTIAL CONFLICT, BOARD MEMBERS -----
 ----- COULD BE ASKED TO RECUSE THEMSELVES FROM CERTAIN VOTES OR ASKED TO -----
 ----- RESIGN FROM THE BOARD. -----

----- GREATER INDIANA CHAPTER - -----

----- AS A ROUTINE ITEM AT THE AUGUST BOARD OF DIRECTORS MEETING, ALL -----
 ----- MEMBERS ARE GIVEN INSTRUCTIONS ON WHAT CONSTITUTES A CONFLICT OF -----
 ----- INTEREST AND THEN EACH MEMBER SIGNS HIS/HER FORM. ANY MEMBER WHO IS -----
 ----- NOT IN ATTENDANCE AT THAT MEETING IS CONTACTED BY THE EXECUTIVE -----

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ASSISTANT, WHO DILIGENTLY FOLLOWS UP WITH EACH ONE TO ASSURE THAT ALL MEMBERS HAVE A CURRENT FORM ON FILE EACH YEAR. ANY MEMBER WITH SUCH CONFLICT WOULD BE PRECLUDED FROM DISCUSSION OR VOTING ON ANY ITEM OF CONFLICT WHICH WOULD COME BEFORE THE BOARD.

EAST CENTRAL IOWA CHAPTER -

EACH EMPLOYEE MUST CONDUCT HIM OR HERSELF IN A WAY THAT DOES NOT CAUSE CRITICISM FROM THE PUBLIC OR DAMAGE THE ASSOCIATION'S REPUTATION. IT IS THE RESPONSIBILITY OF ALL EMPLOYEES TO PROTECT AGAINST THE UNAUTHORIZED DISCLOSURE OF CONFIDENTIAL INFORMATION. THIS IS ALL IN OUR EMPLOYEE HANDBOOK AND IS MONITORED VIA THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ARE ALSO REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT. WHEN A CONFLICT ARISES, IT IS BROUGHT TO THE ATTENTION OF THE BOARD.

CENTRAL AND WESTERN KANSAS CHAPTER -

EVERY YEAR THE BOARD MEMBERS ARE PRESENTED WITH THE "CONFLICT OF INTEREST" POLICY. THEY ARE ASKED TO REVIEW THE DOCUMENT AND CONFIRM THAT EVERYTHING STILL APPLIES. THEN THE MEMBERS SIGN THE DOCUMENT. FULL DISCLOSURE, BY NOTICE IN WRITING, SHALL BE MADE BY THE INTERESTED PARTIES TO THE FULL BOARD OF DIRECTORS IN ALL CONFLICTS OF INTEREST. THE BOARD WILL THEN DETERMINE IF A CONFLICT OF INTEREST EXISTS, IF SO THE BOARD WILL VOTE TO AUTHORIZE OR REJECT THE TRANSACTION. IF A BOARD MEMBER IS FORMALLY CONSIDERING EMPLOYMENT WITH THE ALZHEIMER'S ASSOCIATION THEY MUST TAKE A LEAVE OF ABSENCE UNTIL THAT POSITION IS FILLED.

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 GREATER KENTUCKY AND SOUTHERN INDIANA CHAPTER -

 THE CHAPTER REQUIRES EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE TO FILL

 OUT A CONFLICT OF INTEREST DISCLOSURE FORM WHICH ENSURES THAT NO

 CONFLICTS IN EACH PERSON'S BUSINESS RELATIONSHIPS, FAMILY RELATIONSHIPS,

 AND OWNERSHIP INTERESTS EXIST. A CONFLICT OF INTEREST EXISTS WHEN AN

 OFFICER, DIRECTOR, OR KEY EMPLOYEE: PARTICIPATES IN OR ECONOMICALLY

 BENEFITS FROM A COMPENSATION ARRANGEMENT OR TRANSACTION BEING

 CONSIDERED BY THE BOARD; IS IN AN EMPLOYMENT RELATIONSHIP THAT IS

 SUBJECT TO THE DIRECTION OR CONTROL OF A PERSON THAT IS PARTICIPATING IN

 OR ECONOMICALLY BENEFITING FROM A TRANSACTION BEING CONSIDERED BY

 THE BOARD; RECEIVES COMPENSATION OR OTHER PAYMENTS SUBJECT TO THE

 APPROVAL OF A PERSON PARTICIPATING IN OR ECONOMICALLY BENEFITING FROM

 A TRANSACTION BEING CONSIDERED BY THE BOARD; HAS A FINANCIAL INTEREST

 AFFECTED BY A TRANSACTION BEING CONSIDERED BY THE BOARD; OR, APPROVES

 A TRANSACTION UNDER CONSIDERATION BY THE BOARD PROVIDING BENEFITS TO

 A PERSON IN A FINANCIAL RELATIONSHIP WITH THE ASSOCIATION, WHO IN TURN

 APPROVES OR WILL APPROVE ANOTHER TRANSACTION THAT BENEFITS THE INTERESTED

 PERSON. A BOARD MEMBER IS NOT ALLOWED TO VOTE ON ANY ISSUE IN WHICH

 THEY ARE INVOLVED IN A CONFLICT. ADDITIONALLY, IF THE CONFLICT OF

 INTEREST IS DEEMED TO BE A SIGNIFICANT ENOUGH ISSUE, THAT BOARD

 MEMBER MAY BE ASKED TO REMOVE THEMSELVES FROM THE BOARD ENTIRELY.

 MAINE CHAPTER -

 BOARD MEMBERS, STAFF, COMMITTEE MEMBERS AND VOLUNTEERS ARE

 PROHIBITED FROM KNOWINGLY ENGAGING IN ANY ACTIVITY OR TAKING ANY

 POSITION WHICH CONFLICTS WITH, HAS THE POTENTIAL FOR CONFLICTING WITH,

 OR APPEARS TO CONFLICT WITH THE INTEREST OF THE ALZHEIMER'S ASSOCIATION

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(MAINE CHAPTER OR THE NATIONAL ORGANIZATION) . ANY CHAPTER BOARD DIRECTOR, STAFF MEMBER OR VOLUNTEER WITH A PERSONAL OR PROFESSIONAL INTEREST THAT MAY BE REASONABLY CONSIDERED BY OTHERS TO BE A CONFLICT OF INTEREST IN ANY MATTER SUBJECT TO CHAPTER POLICY OR PROGRAM DECISION-MAKING SHALL VERBALLY FULLY DISCLOSE THAT POSSIBLE CONFLICT TO THE BOARD OF DIRECTORS WHEN SUCH MATTERS ARE CONSIDERED BY THE BOARD. BOARD MEMBERS, STAFF AND VOLUNTEERS MUST FULLY DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND A SIGNED DISCLOSURE FORM WILL BE KEPT ON FILE AT THE CHAPTER OFFICE FOR EACH BOARD AND STAFF PERSON, COMMITTEE MEMBER AND KEY VOLUNTEER.

HEART OF AMERICA CHAPTER -

CONFLICT OF INTEREST ISSUES ARE DISCUSSED IN INTERVIEWS BEFORE A POTENTIAL BOARD MEMBER IS NOMINATED FOR ELECTION OR A STAFF MEMBER IS HIRED. BOARD MEMBERS AND KEY EMPLOYEES ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND ANY POTENTIAL CONFLICTS ARE DISCUSSED WITH THE EXECUTIVE COMMITTEE OF THE BOARD. CONFLICTS SELF-DISCLOSED OR DISCOVERED DURING THE YEAR ARE BROUGHT TO THE BOARD'S ATTENTION AND DEALT WITH APPROPRIATELY (FOR EXAMPLE, A BOARD MEMBER WILL ABSTAIN FROM VOTING ON AN ISSUE OR, IF A SIGNIFICANT CONFLICT ARISES, THE BOARD MEMBER WILL BE ASKED TO, OR WILL VOLUNTARILY, RESIGN).

MID MISSOURI CHAPTER -

A WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNUALLY BY ALL BOARD MEMBERS AND STAFF. THE SIGNED COPIES ARE MAINTAINED BY THE EXECUTIVE DIRECTOR. ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO

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DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST TO THE EXECUTIVE DIRECTOR
 WHEN A POSSIBLE CONFLICT MIGHT OCCUR. AT THAT TIME, BOTH PARTIES
 DISCUSS AN APPROPRIATE RESOLUTION.

SOUTHWEST MISSOURI CHAPTER -

THROUGH WRITTEN DISCLOSURE ALL OFFICERS AND BOARD MEMBERS ARE
 REMINDED ANNUALLY, AT THE TIME OFFICERS ARE ELECTED FOR THE COMING
 YEAR, AND ALL NEW BOARD MEMBERS ARE GIVEN A COPY OF THE POLICY AS PART
 OF THE INTRODUCTION PROCESS. CONSTANT MONITORING IS DONE IN THE
 APPROVAL PROCESS BY THE BOARD AND EXECUTIVE DIRECTOR. DURING THE YEAR
 IF ANY CONFLICTS ARISE IT IS THE RESPONSIBILITY OF THE MEMBERS TO DISCLOSE
 AND ELIMINATE IF NECESSARY ANY POTENTIAL OR ACTUAL DUALITY OF
 INTERESTS OR CONFLICTS OF INTEREST.

GREAT PLAINS CHAPTER -

ALL INTERESTED PERSONS SHALL BE REQUIRED TO FILE WITH THE ASSOCIATION A
 DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER
 SERVICE WITH THE ASSOCIATION, AND THEREAFTER SHALL FILE WITH THE
 ASSOCIATION AN UPDATED DISCLOSURE STATEMENT AS MAY BE REQUIRED FROM
 TIME TO TIME BY THE BOARD OF DIRECTORS, OR ITS COMMITTEE DESIGNEE, AND
 IN NO EVENT LESS OFTEN THAN ANNUALLY. IF AN ISSUE AROSE WHERE THERE
 MAY BE A POTENTIAL CONFLICT OF INTEREST THE BOARD MEMBER WOULD
 EXCUSE THEMSELVES FROM THE MEETING AND/OR NOT VOTE ON THE ITEM OF
 CONFLICT.

MIDLANDS CHAPTER -

NO DIRECTOR OR OFFICER OF THE CHAPTER SHALL ENGAGE IN ANY COURSE OF

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CONDUCT, WHICH MAY RESULT IN A CONFLICT OF INTEREST WITH THE CHAPTER;
 TAKE ANY PUBLIC POSITION INIMICAL TO THE BEST INTERESTS OF THE CHAPTER,
 WITHOUT THE PRIOR WRITTEN APPROVAL OF THE BOARD OF DIRECTORS OR
 ENGAGE IN ANY COURSE OF CONDUCT, WHICH MAY RESULT IN A CONFLICT OF
 INTEREST WITH THE CHAPTER; TAKE ANY PUBLIC POSITION INIMICAL TO THE BEST
 INTERESTS OF THE CHAPTER, WITHOUT THE PRIOR WRITTEN APPROVAL OF THE
 BOARD OF DIRECTORS; OR ENGAGE IN ANY COURSE OF CONDUCT, WHICH MAY
 RESULT IN A CONFLICT OF INTEREST WITH THE ALZHEIMER'S ASSOCIATION, OR
 ANY OTHER CHAPTER, WITHOUT THE PRIOR WRITTEN APPROVAL OF THE
 ALZHEIMER'S ASSOCIATION. THE CONFLICT OF INTEREST POLICY IS DISCUSSED
 PRIOR TO SERVICE ON THE BOARD OF DIRECTORS AND IS ASSESSED ANNUALLY BY
 WAY OF A SIGNED STATEMENT FROM EACH BOARD MEMBER. IF THERE IS A
 CONFLICT OF INTEREST THEY WOULD ABSTAIN FROM VOTING.

CENTRAL NEW YORK CHAPTER -

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY
 THE BOARD MEMBERS AND OFFICERS. BOARD MEMBERS HAVE A DUTY TO DISCLOSE ANY
 CONFLICTS THAT ARISE DURING THE COURSE OF BOARD ACTIVITIES. SHOULD A
 CONFLICT ARISE THAT SHOULD BE ADDRESSED, THE DETERMINATION OF THE
 EXISTENCE OF A CONFLICT MAY BE ADDRESSED BY THE EXECUTIVE COMMITTEE
 WHO IN TURN MAY DELEGATE THE DETERMINATION THAT A CONFLICT EXISTS TO
 THE BOARD AS A WHOLE. THE OUTCOME IF A CONFLICT EXISTS IS DETERMINED ON
 A CASE-BY-CASE BASIS. AS AN EXAMPLE HE/SHE CAN BE EXCUSED FROM VOTING ON A
 RELATED ISSUE.

HUDSON VALLEY/ROCKLAND/WESTCHESTER CHAPTER -

THE CHAPTER'S PRESIDENT AND CEO ANNUALLY REVIEWS ANY CONFLICT OF

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INTEREST DISCLOSED AND BRINGS THAT CONFLICT OF INTEREST TO THE ATTENTION OF THE BOARD CHAIR IN THE EVENT OF A SITUATION OR ACTION THAT COULD GIVE RISE TO CONFLICT. ADDITIONALLY, THE BOARD CHAIR ASKS BOARD MEMBERS TO DISCLOSE AT THE BEGINNING OF EACH BOARD MEETING ANY CONFLICT OF INTEREST REGARDING ITEMS ON THE BOARD'S AGENDA, SO THAT, IF THERE IS A CONFLICT, THEY CAN EXCUSE THEMSELVES FROM THE VOTING AND RELATED DISCUSSION. SIMILARLY, OUR PERSONNEL POLICIES CONTAIN OUR CHAPTER'S CONFLICT OF INTEREST POLICY, AND STAFF ARE ASKED ANNUALLY TO SIGN A CONFLICT OF INTEREST STATEMENT AND TO NOTIFY THE PRESIDENT/CEO OF ALL OUTSIDE BUSINESS ACTIVITIES, PREFERABLY PRIOR TO UNDERTAKING THEM. SERIOUS CONFLICTS OF INTEREST MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL.

ROCHESTER CHAPTER -

ANNUALLY, THE BOARD MEMBERS AND OFFICERS ARE REQUIRED TO SUBMIT CONFLICT OF INTEREST STATEMENTS. THE INDIVIDUAL IS REQUIRED TO NOTIFY THE ORGANIZATION IF A CONFLICT OCCURS PRIOR TO THE NEXT REQUIRED SUBMISSION OF THE CONFLICT OF INTEREST STATEMENT. IF THE PRESIDENT/CEO AND BOARD CHAIR ARE AWARE OF A POTENTIAL CONFLICT AND THE CONFLICT ARISES DURING A BOARD MEETING THE ISSUE WOULD BE DISCUSSED WITH THE BOARD. THE MEMBER(S) WITH THE CONFLICT WOULD BE ASKED TO LEAVE THE MEETING AND WOULD NOT BE ELIGIBLE TO VOTE ON THE ISSUE.

WESTERN NEW YORK CHAPTER -

THE BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST AGREEMENT ANNUALLY AND TO DISCLOSE ANY CONFLICTS AS SOON AS THEY ARISE. FAILURE TO COMPLY WITH THE AGREEMENT IS MET WITH

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APPROPRIATE REPERCUSSIONS UP TO AND INCLUDING RESIGNATION FROM THE BOARD OF DIRECTORS.

GREATER EAST OHIO CHAPTER -

ANNUALLY, THE BOARD OF TRUSTEES COMPLETES THE CONFLICT OF INTEREST STATEMENT. ANY TRUSTEE HAVING A POSSIBLE CONFLICT OF INTEREST ON ANY MATTER BEFORE THE BOARD MAY NOT VOTE OR USE HIS/HER PERSONAL INFLUENCE WITH THE BOARD WITH RESPECT TO THE MATTER, AND HE/SHE SHALL NOT BE COUNTED IN DETERMINING A QUORUM FOR THE MEETING AT WHICH THE MATTER IS CONSIDERED OR VOTED UPON. THE MINUTES OF ANY SUCH MEETING WILL REFLECT THAT A DISCLOSURE WAS MADE, THAT THE INTERESTED TRUSTEE ABSTAINED FROM VOTING, AND THAT A QUORUM WAS PRESENT WITHOUT COUNTING THE INTERESTED TRUSTEE.

CLEVELAND AREA CHAPTER -

ANNUALLY EACH TRUSTEE AND OFFICER RECEIVES A COPY OF THE CONFLICT OF INTEREST POLICY AND SIGNS A DISCLOSURE FORM AT THE BEGINNING OF THE FISCAL YEAR. ANY DISCLOSURES WILL BE MADE BY THE KEY INDIVIDUAL TO THE PRESIDENT OF THE CHAPTER. THE CONTRACT OR TRANSACTION WILL BE CONSIDERED PROPERLY AUTHORIZED OR APPROVED ONLY IF THERE IS A FAVORABLE VOTE BY A MAJORITY OF THE TRUSTEES OR MEMBERS OF THE EXECUTIVE COMMITTEE. THE KEY INDIVIDUAL WILL NOT BE COUNTED IN A QUORUM FOR THE PURPOSE OF VOTING UPON THE CONTRACT OR TRANSACTION. THE MINUTES OF THE MEETING SHALL REFLECT THE DISCLOSURE MADE, THE VOTE TAKEN AND, WHERE APPLICABLE, THE ABSTENTION FROM VOTING AND PARTICIPATION OF THE KEY INDIVIDUAL.

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----- THE CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY THE BOARD -----
 ----- MEMBERS AND OFFICERS. IF A CONFLICT OF INTEREST ARISES THE FULL BOARD -----
 ----- (MINUS THE BOARD MEMBER WITH THE CONFLICT) HAS A DISCUSSION TO DETERMINE -----
 ----- IF THE CONFLICT INTERFERES WITH THE INTEGRITY OF THE BOARD MEMBER'S -----
 ----- ABILITY TO GOVERN. WHEN VOTING ON THESE ISSUES THE BOARD MEMBER WHO -----
 ----- HAS THE CONFLICT OF INTEREST DOES NOT VOTE ON THE DECISION. -----

----- MIAMI VALLEY CHAPTER - -----

----- CONFLICT OF INTEREST STATEMENTS ARE GIVEN TO THE BOARD MEMBERS AND OFFICERS -----
 ----- ANNUALLY. THE STATEMENTS ARE REVIEWED AT A BOARD MEETING. POTENTIAL BOARD -----
 ----- MEMBERS ARE CAREFULLY SCREENED BY THE EXECUTIVE DIRECTOR AND PERSONNEL CHAIR -----
 ----- TO DETERMINE IF ANY CONFLICTS OF INTEREST EXIST PRIOR TO MAKING A REQUEST -----
 ----- TO A PERSON TO JOIN THE BOARD. THE PERSONNEL CHAIR REVIEWS WITH EACH BOARD -----
 ----- MEMBER ANNUALLY TO MAKE SURE NO CONFLICTS HAVE OCCURRED DURING THE -----
 ----- YEAR. IF A CONFLICT IS DETECTED, IT WILL BE BROUGHT TO THE ATTENTION OF -----
 ----- THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR. IF A CONFLICT DOES EXIST THE -----
 ----- BOARD MEMBER WOULD BE ASKED TO ABSTAIN FROM VOTING ON THE ISSUE OR -----
 ----- RESIGN FROM THE BOARD IF IT WILL BE AN ONGOING ISSUE. -----

----- NORTHWEST OHIO CHAPTER - -----

----- THE CHAPTER'S CODE OF REGULATIONS STATES NO BOARD DIRECTOR OR OFFICER OF -----
 ----- THE CHAPTER SHALL ENGAGE IN A COURSE OF ACTION WHICH MAY RESULT IN A -----
 ----- CONFLICT OF INTEREST WITH THE CHAPTER, OR TAKE ANY PUBLIC POSITIONS -----
 ----- INIMICAL TO THE BEST INTERESTS OF THE CHAPTER, WITHOUT THE PRIOR WRITTEN -----
 ----- APPROVAL OF THE BOARD OF DIRECTORS. IF A CONFLICT OF INTEREST SHALL -----
 ----- ARISE THE CONFLICT IS PRESENTED TO THE BOARD OF DIRECTORS WHO WILL -----
 ----- VOTE TO RESOLVE THE MATTER. -----

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EMPLOYEES AND BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY AT THE BEGINNING OF THE FISCAL YEAR. MEMBERS MUST DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST RELATED TO BUSINESS RELATIONS WITH THE CHAPTER, ETC. MEMBERS ABSTAIN FROM DISCUSSING AND/OR VOTING ON ITEMS RELATED TO THE POTENTIAL CONFLICT. QUESTIONABLE SITUATIONS WHERE CONFLICT COULD ARISE ARE DISCUSSED BY THE BOARD CHAIR AND CEO TO DETERMINE THE APPROPRIATE COURSE OF ACTION. IF NECESSARY THE CHAIR AND CEO MEET WITH THE BOARD MEMBER TO INSURE THAT NO ACTIONS ARE TAKEN THAT WOULD PRESENT A CONFLICT.

SOUTH DAKOTA CHAPTER -

ONCE A YEAR, THE BOARD OF DIRECTOR'S AND OFFICER'S CONFLICT OF INTEREST FORMS ARE REVIEWED AT A BOARD MEETING AND QUESTIONS ARE ASKED IF NECESSARY. IF A CONFLICT ARISES DURING THE YEAR, THE CHAPTER EXPECTS SELF DISCLOSURE FROM THE BOARD AND OFFICERS. THE BOARD WILL ADDRESS THE MATTER AND REMEDY THE SITUATION.

GREATER DALLAS CHAPTER -

ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST DOCUMENT EACH YEAR AND THE DOCUMENTS ARE REVIEWED BY THE SECRETARY OF THE BOARD. AUDITORS SEND OUT A RELATED PARTY QUESTIONNAIRE EACH YEAR TO BOARD MEMBERS AND REVIEW THE QUESTIONNAIRE. EMPLOYEES EXECUTE A CONFLICT OF INTEREST FORM EACH YEAR, WHICH IS REVIEWED BY THE VP OF FINANCE & OPERATIONS. CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR ARE DISCLOSED TO THE BOARD SECRETARY. ANY PERSON WITH A CONFLICT OF INTEREST IS PROHIBITED FROM PARTICIPATING IN ANY DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

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 VERMONT CHAPTER -

 THE CHAPTER MONITORS THE CONFLICT OF INTEREST POLICY COMPLIANCE OF THE

 BOARD OF DIRECTORS, OFFICERS AND ALL STAFF THROUGH SELF-DISCLOSURE.

 WHEN A CONFLICT ARISES, THE BOARD DISCUSSES AND BRINGS THE ISSUE TO A

 BOARD RESOLUTION.

 CENTRAL AND WESTERN VIRGINIA CHAPTER -

 WE HAVE ADOPTED THE CONFLICT OF INTEREST POLICY ESTABLISHED BY THE

 NATIONAL ORGANIZATION. PER THIS POLICY, ALL INTERESTED PARTIES ARE

 REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR TO

 SUCH AN INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE ASSOCIATION

 AND THEREAFTER SHALL FILE WITH THE ASSOCIATION AN UPDATED DISCLOSURE

 STATEMENT (AT LEAST ONCE ANNUALLY) AND AS APPROPRIATE OR AS DIRECTED

 FROM TIME TO TIME BY THE BOARD OF DIRECTORS OR ITS COMMITTEE DESIGNEE.

 INDIVIDUALS OR INTERESTED PERSONS ARE REQUIRED TO DISCLOSE ANY

 FORESEEABLE ACTUAL OR POTENTIAL CONFLICT OF INTEREST. WHEN ANY SUCH

 CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE

 BOARD OF DIRECTORS OR A COMMITTEE, THE DISCLOSURE IS MADE AND SUCH

 INTERESTED PERSON MAY NOT VOTE ON THE MATTER. WHEN THERE IS DOUBT AS

 TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS RESOLVED BY A

 VOTE OF THE BOARD OF DIRECTORS OR THE COMMITTEE, AS THE CASE MAY BE,

 EXCLUDING THE INTERESTED PERSON CONCERNING WHOM THE DOUBT HAS

 ARISEN.

 SOUTHEASTERN VIRGINIA CHAPTER -

 EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST

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----- STATEMENT UPON APPOINTMENT TO THE BOARD AS WELL AS ANNUALLY. -----

----- AT EACH SIGNING, ANY POTENTIAL CONFLICT OF INTEREST IS DISCLOSED -----

----- AND DOCUMENTED. UNDER OUR POLICY, A CONFLICT OF INTEREST EXISTS WHEN -----

----- A SITUATION ARISES THAT AN INDIVIDUAL'S ("AGENT") ACTIONS IN AN -----

----- OFFICIAL CAPACITY AS A BONA-FIDE REPRESENTATIVE OF THE CHAPTER MAY -----

----- POSSIBLY BENEFIT, OR APPEAR TO BENEFIT, THE AGENT OR AN ORGANIZATION, -----

----- COMPANY, CORPORATION OR ENTITY IN WHICH THE AGENT HAS OR MAY HAVE A -----

----- DIRECT OR INDIRECT INTEREST WHICH MAY BENEFIT FROM THE AGENT'S ACTIONS -----

----- AND MAY HAVE THE POTENTIAL FOR CONFLICTING WITH THE INTERESTS OF THE -----

----- CHAPTER OR THE NATIONAL ORGANIZATION. THIS POLICY PROHIBITS STAFF, -----

----- BOARD AND COMMITTEE MEMBERS FROM USING CONFIDENTIAL INFORMATION GAINED -----

----- IN THE COURSE OF THE RELATIONSHIP WITH THE CHAPTER FOR HIS/HER OWN -----

----- BENEFIT, OR THE BENEFIT OF OTHERS. IT FURTHER PROHIBITS ANY BOARD, -----

----- COMMITTEE MEMBER OR KEY VOLUNTEER FROM BENEFITTING FINANCIALLY AS A -----

----- RESULT OF HIS/HER ROLE WITH THE CHAPTER. ANY POSSIBLE CONFLICT OF -----

----- INTEREST SHALL BE DISCLOSED IN FULL DETAIL TO THE PRESIDENT/CEO OR BOARD -----

----- CHAIR OF THE CHAPTER PRIOR TO THE AGENT'S PARTICIPATION IN ANY OFFICIAL -----

----- ASSOCIATION ACTIVITY IN WHICH THE "CONFLICT OF INTEREST" MAY OCCUR. -----

----- AGENTS SHALL MAKE NO ATTEMPT TO INFLUENCE OTHER -----

----- REPRESENTATIVES/AGENTS OF THE CHAPTER/ASSOCIATION UNDER SUCH A -----

----- SITUATION. ANY BOARD MEMBER DEEMED IN CONFLICT OF INTEREST WITH A -----

----- MATTER REQUIRING BOARD ACTION MUST BE ABSENT DURING THE BOARD'S -----

----- REVIEW AND VOTE ON SUCH MATTER. -----

----- NATIONAL CAPITAL CHAPTER - -----

----- THE CONFLICT OF INTEREST POLICY IS PART OF OUR EMPLOYEE HANDBOOK. THE -----

----- OFFICERS REGULARLY ENFORCE THIS POLICY WITH ALL EMPLOYEES. WE MAKE SURE TO -----

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----- FOLLOW ALL RESTRICTIONS AND REGULATIONS OF THE WRITTEN CONFLICT OF -----
 ----- INTEREST POLICY. THE POLICY APPLIES TO ALL EMPLOYEES, VOLUNTEERS AND BOARD -----
 ----- OF DIRECTORS. THE POLICY IS STRICTLY ENFORCED AND FOLLOWED BY THE BOARD -----
 ----- GOVERNANCE. ANY CONFLICT OF INTEREST RELATED ISSUES ARE ADDRESSED AND -----
 ----- RESOLVED IMMEDIATELY BY THE OFFICERS, CEO AND BOARD OF DIRECTORS. -----

----- GREATER RICHMOND CHAPTER - -----

----- AT THE BEGINNING OF THE FISCAL YEAR EACH BOARD MEMBER SIGNS A -----
 ----- "CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM". IT STATES THAT -----
 ----- EVERY EMPLOYEE AND VOLUNTEER, INCLUDING BOARD OF DIRECTORS, SHALL -----
 ----- DISCLOSE TO THE CHAPTER ANY ACTUAL OR POTENTIAL CONFLICT PRIOR TO HIS/HER -----
 ----- PARTICIPATION IN ANY OFFICIAL ACTIVITY IN WHICH THE CONFLICT OF INTEREST -----
 ----- MAY OCCUR. DURING THE YEAR THEY WOULD SELF REPORT ANY CONFLICT THAT -----
 ----- ARISES. ACTIONS WOULD BE DETERMINED BY THE CEO OR BOARD OF DIRECTORS. -----

----- WEST VIRGINIA CHAPTER - -----

----- EACH MEMBER OF THE BOARD OF DIRECTORS AND ALL STAFF MEMBERS ARE -----
 ----- REQUIRED ANNUALLY TO DISCLOSE ANY CONFLICTS OF INTEREST THAT CURRENTLY -----
 ----- EXIST. THE CONFLICT OF INTEREST STATEMENT INDICATES THAT IF A CONFLICT -----
 ----- SHOULD ARISE DURING THE COURSE OF THE YEAR, THE BOARD MEMBER IS -----
 ----- REQUIRED TO NOTIFY THE CHAPTER IN WRITING OF ITS EXISTENCE AND THEN -----
 ----- RECUSE HIMSELF OR HERSELF FROM ANY DISCUSSION OR VOTE ON ANY MATTER IN -----
 ----- WHICH THE CONFLICT EXISTS. -----

----- GREATER WISCONSIN CHAPTER - -----

----- THE CHAPTER MAINTAINS A CONFLICT OF INTEREST POLICY BETWEEN THE BOARD, -----
 ----- COMMITTEES AND EMPLOYEES. AN ANNUAL REVIEW OF ALL BOARD RELATIONSHIPS -----

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IS CONDUCTED TO IDENTIFY POTENTIAL CONFLICTS. DURING THE YEAR, ANY
 CHANGES RESULTING IN POTENTIAL CONFLICTS ARE DOCUMENTED AND
 ANNOUNCED TO OTHER OFFICERS AND BOARD MEMBERS. ANY AFFECTED
 MEMBERS OR OFFICERS RECUSE THEMSELVES FROM VOTING ON ITEMS WHERE
 A POTENTIAL CONFLICT IS INVOLVED.

SOUTHEASTERN WISCONSIN CHAPTER -

THE CONFLICT OF INTEREST POLICY IS PRESENTED AND DISCUSSED ANNUALLY FOR
 THE INFORMATION AND GUIDANCE OF DIRECTORS, OFFICERS, COMMITTEE
 MEMBERS, AND KEY EMPLOYEES. THE POLICY REQUIRES THE MEMBERS TO
 DISCLOSE ANY POTENTIAL CONFLICTS WHEN THEY OCCUR. THE INTERESTED
 INDIVIDUAL IS REQUIRED TO WITHDRAW FROM THE VOTING AND DECISION
 PROCESS. THE EXECUTIVE COMMITTEE WOULD BE REQUIRED TO OBTAIN TWO
 COMPETITIVE BIDS FROM DISINTERESTED ENTITIES TO ENSURE THAT FAIR VALUE
 IS RECEIVED AND PRESENTED TO THE BOARD FOR FULL APPROVAL.

MISSISSIPPI CHAPTER -

IT IS AN ANNUAL REQUIREMENT OF THE BOARD OF DIRECTORS TO SIGN A CONFLICT
 OF INTEREST STATEMENT. EACH BOARD MEMBER IS ASKED TO DISCLOSE ANY
 POTENTIAL CONFLICTS OF INTEREST AT EACH BOARD MEETING. DEPENDING ON
 THE ISSUE IN CONFLICT THE BOARD MEMBER MAY BE ASKED TO ABSTAIN FROM
 VOTING AND NOT BE INCLUDED IN THE QUORUM FOR THE BOARD MEETING. IF IT
 IS DETERMINED TO BE A SERIOUS CONFLICT THE MEMBER MAY BE ASKED TO
 RESIGN FROM THE BOARD OF DIRECTORS.

MID SOUTH CHAPTER -

ANYONE WITH A CONFLICT OF INTEREST IS REQUIRED TO MAKE A DISCLOSURE

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----- STATEMENT ACCORDING TO CHAPTER POLICY. THERE IS A GOVERNANCE
 ----- COMMITTEE TO MONITOR EXISTING OR POTENTIAL CONFLICTS OF INTEREST AND
 ----- REPORT REGULARLY TO THE BOARD OF DIRECTORS. IF A CONFLICT DOES ARISE,
 ----- THE CHAPTER CEO WILL ADDRESS AND REMEDY THE SITUATION.

----- GREATER IOWA CHAPTER -

----- THE RESPONSIBILITY OF DISCLOSING ANY KNOWN OR REASONABLY FORSEEABLE
 ----- ACTUAL OR POTENTIAL CONFLICTS OF INTEREST FALLS UPON THE INTERESTED
 ----- PERSON WHOSE INTEREST IS OR MAY APPEAR TO BE IN CONFLICT WITH THE
 ----- CHAPTER. INTERESTED PERSONS SHALL ERR ON THE SIDE OF PRUDENCE AND
 ----- DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT IF IN DOUBT AS TO WHETHER SUCH
 ----- CONFLICT EXISTS. DISCLOSURE SHALL BE MADE IN WRITING ON DISCLOSURE
 ----- FORMS PROVIDED BY THE CHAPTER. IN THIS REGARD, ALL INTERESTED PERSONS
 ----- ARE REQUIRED TO ANNUALLY FILE A CONFLICT OF INTEREST DISCLOSURE
 ----- STATEMENT. STAFF MEMBERS WILL REVIEW AND UPDATE, AS NEEDED, THE
 ----- CONFLICT OF INTEREST DISCLOSURE STATEMENT DURING THEIR ANNUAL
 ----- PERFORMANCE REVIEWS. BOARD MEMBERS SHALL REVIEW AND UPDATE DURING
 ----- THE ANNUAL MEETING OF THE BOARD, TYPICALLY HELD IN MAY. IT IS THE
 ----- RESPONSIBILITY OF THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR TO
 ----- MAINTAIN CURRENT DISCLOSURE STATEMENTS OF ALL INTERESTED PERSONS AND
 ----- TO ADDRESS SITUATIONS IN WHICH A CONFLICT OF INTEREST EXISTS. IN ADDITION
 ----- TO THE ANNUAL DISCLOSURE, BOARD MEMBERS AND KEY EMPLOYEES MUST
 ----- STATE THEIR CONFLICT OF INTEREST AT THE TIME OF VOTING OR DECISION
 ----- MAKING ON ISSUES RELATED TO THE CONFLICT. BOARD MEETING MINUTES
 ----- AND/OR OTHER DOCUMENTATION OF MEETINGS AND DECISIONS SHOULD
 ----- INCLUDE A RECORD OF THE INDIVIDUAL'S REQUEST TO REFRAIN FROM DECISION
 ----- MAKING.

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INLAND NORTHWEST CHAPTER -

THE BOARD GOVERNANCE COMMITTEE MEETS ANNUALLY TO REVIEW CONFLICT OF INTEREST STATEMENTS FROM BOARD MEMBERS AND KEY STAFF. THE GOVERNANCE COMMITTEE WILL INVESTIGATE ALL ALLEGATIONS OF NONCOMPLIANCE AND MAKE RECOMMENDATIONS TO THE CHAPTER BOARD. THE CHAPTER BOARD TAKES ALL NECESSARY ACTIONS AT ITS MEETINGS. DURING THE YEAR, ANY CHANGES RESULTING IN POTENTIAL CONFLICTS ARE DOCUMENTED AND REVIEWED BY THE OTHER BOARD MEMBERS AND OFFICERS. ANY AFFECTED MEMBERS OR OFFICERS RECUSE THEMSELVES FROM VOTING ON ITEMS WHERE A POTENTIAL CONFLICT IS INVOLVED.

Pt VI, Line 15 COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT AND OTHER OFFICERS & KEY EMPLOYEES

45 OF THE 45 CHAPTERS ANSWERED YES. THE FOLLOWING ANSWERED YES:

NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER -

SENIOR EXECUTIVE COMPENSATION IS BENCHMARKED BY THE NATIONAL ORGANIZATION WITH AT LEAST THREE RATING INDICES. THE CEO'S SALARY IS DEVELOPED BY THE COMPENSATION COMMITTEE AND RECOMMENDED BY THE EXECUTIVE COMMITTEE. THE DIRECTOR OF FINANCE'S SALARY IS PROPOSED BY THE CEO. BOTH THE CEO AND DIRECTOR OF FINANCE SALARIES ARE APPROVED BY THE WHOLE BOARD IN EXECUTIVE SESSION.

COLORADO CHAPTER -

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 THE CEO'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE

 (PER THE NATIONAL ORGANIZATION GUIDELINES). OTHER KEY EMPLOYEES ARE

 REVIEWED BY THE CEO AND COMPENSATION RANGES ARE DEVELOPED BY THE CEO

 AND THE VP OF FINANCE. ALL SENIOR MANAGEMENT POSITIONS ARE REVIEWED

 DURING THE BUDGETING PROCESS IN APRIL/MAY EACH YEAR, AND THE CEO

 POSITION IS REVIEWED IN SEPT/OCT EACH YEAR.

 CONNECTICUT CHAPTER -

 THE COMPENSATION COMMITTEE HAS MET AND DID A 360 REVIEW OF THE

 EXECUTIVE DIRECTOR PER NATIONAL'S GUIDELINES. THERE IS A MERIT-BASED

 REVIEW PROCESS CURRENTLY IN PLACE FOR ALL ASSOCIATION EMPLOYEES. THE

 PROCESS WAS COMPLETED IN APRIL 2012 FOR THE EXECUTIVE DIRECTOR AND

 CHIEF FINANCIAL OFFICER'S POSITIONS.

 SOUTHEAST FLORIDA CHAPTER -

 THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR REVIEWING AND

 APPROVING COMPENSATION FOR THE CEO. THE CEO REVIEWS AND APPROVES

 COMPENSATION FOR THE COO AND OTHER EMPLOYEES. THIS IS APART OF THE

 ANNUAL OPERATING BUDGET PROCESS. THE BUDGET IS APPROVED BY THE BOARD.

 CENTRAL AND NORTH FLORIDA CHAPTER -

 THE COMPENSATION COMMITTEE, COMPOSED OF MEMBERS OF THE BOARD AND

 REPRESENTATIVES OF THE NATIONAL ORGANIZATION, REVIEWED COMPARABILITY

 DATA PROVIDED BY THE NATIONAL ORGANIZATION, SET STANDARDS FOR REVIEW

 AND APPROVED COMPENSATION FOR THE CHAPTER CEO. THE CEO IN CONJUNCTION

 WITH THE GOVERNING BODY REVIEWS COMPARABILITY DATA PROVIDED BY THE

 NATIONAL ORGANIZATION FOR OTHER KEY EMPLOYEES OF THE CHAPTER AS WELL

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AS PERFORMANCE EVALUATIONS TO SET PERFORMANCE STANDARDS AND TO REVIEW AND DETERMINE COMPENSATION FOR OTHER KEY EMPLOYEES.

ALOHA CHAPTER -

THE COMPENSATION OF THE CHAPTER'S CEO IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS LED BY THE VICE PRESIDENT. THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE CHAPTER CEO BASED ON COMPARABILITY DATA AND RECOMMENDATIONS FROM THE BOARD VICE PRESIDENT AND BOARD TREASURER.

CENTRAL ILLINOIS CHAPTER -

THE COMPENSATION COMMITTEE, WHICH INCLUDES A NATIONAL ORGANIZATION REPRESENTATIVE, IS RESPONSIBLE FOR DETERMINING THE EXECUTIVE DIRECTOR'S ANNUAL SALARY AND BENEFITS. THE COMPENSATION IS DETERMINED BY REVIEWING THE EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION, THE MEETING OF CHAPTER OBJECTIVES, AND 360 REPORTS FROM THE STAFF AND BOARD MEMBERS. MARKET COMPARABLES ARE ALSO USED IN THE PROCESS.

GREATER ILLINOIS CHAPTER -

THE CHAPTER'S BOARD COMPENSATION COMMITTEE DETERMINES THE COMPENSATION OF THE CEO USING COMPARATIVE DATA, PERFORMANCE EVALUATION, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION. THE CEO USES THE SAME METHODOLOGY TO DETERMINE THE COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES.

GREATER INDIANA CHAPTER -

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY A COMMITTEE

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CONDUCTS A 360 EVALUATION FOR THE EXECUTIVE DIRECTOR, WHOSE
 COMPENSATION IS ADJUSTED ANNUALLY IN THE FIRST HALF OF THE FISCAL YEAR.

HEART OF AMERICA CHAPTER -

THE COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS AND SETS
 THE COMPENSATION OF THE EXECUTIVE DIRECTOR. SALARY DATA FOR
 COMPARABILITY IS PROVIDED TO THE BOARD AND REVIEWED TO ENSURE THAT
 SALARIES ARE WELL WITHIN RANGE FOR THIS MARKET.

MID-MISSOURI CHAPTER -

THE COMPENSATION COMMITTEE CONDUCTS AN ANNUAL EVALUATION IN THE
 MONTH OF APRIL FOR THE EXECUTIVE DIRECTOR AND DETERMINES THE
 APPROPRIATE COMPENSATION BASED ON COMPARABLE DATA FROM AT LEAST
 TWO INDEPENDENT SOURCES. THE COMPENSATION COMMITTEE PRESENTS ITS
 REPORT TO THE FULL BOARD OF DIRECTORS. THE FINANCE DIRECTOR OF THE
 CHAPTER IS EVALUATED BY THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS
 AND COMPENSATION IS DETERMINED BY PERFORMANCE AND COMPARABLE DATA
 FOR SIMILAR POSITIONS.

SOUTHWEST MISSOURI CHAPTER -

EACH YEAR THERE IS A REVIEW OF THE COMPENSATION AND BENEFITS OF THE
 EXECUTIVE DIRECTOR BY THE COMPENSATION COMMITTEE, CONSIDERING
 COMPARABILITY DATA, THE CURRENT FINANCIAL CONDITION AND THE BUDGETED
 REVENUES AND EXPENSES OF THE CURRENT YEAR AND NEXT YEAR.

GREAT PLAINS CHAPTER -

THE COMPENSATION COMMITTEE PERFORMS A YEARLY EVALUATION OF THE

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PRESIDENT/CEO AND DETERMINES THE PROPER COMPENSATION. THE CEO
 CONDUCTS A YEARLY PERFORMANCE EVALUATION OF THE MANAGERIAL
 POSITIONS AND PRESENTS THE COMPENSATION TO THE COMPENSATION
 COMMITTEE.

MIDLANDS CHAPTER -

COMPENSATION OF THE TOP MANAGEMENT OFFICIAL, THE PRESIDENT/CEO, IS
 DETERMINED AFTER AN ANNUAL WRITTEN REVIEW OF PERFORMANCE AND
 SERVICE WHEN COMPARED TO THE JOB DESCRIPTION AND COMPARABLE SALARY
 DATA FROM OTHER SOURCES. THE COMPENSATION FOR DEVELOPMENT
 DIRECTOR, PROGRAM DIRECTOR AND FINANCE DIRECTOR IS DETERMINED AFTER
 AN ANNUAL WRITTEN REVIEW WITH THE EXECUTIVE DIRECTOR. THE EXECUTIVE
 DIRECTOR ALSO REVIEWS WITH THE COMPENSATION COMMITTEE.

CENTRAL NEW YORK CHAPTER -

ALL INCREASES ARE APPROVED BY THE BOARD. THE CEO AND CFO'S
 COMPENSATION ARE REVIEWED, AIDED BY A SURVEY OF COMPARABLE SALARIES AND
 APPROVED BY THE EXECUTIVE COMMITTEE ANNUALLY. THE LAST REVIEW PROCESS
 WAS MAY 11, 2012.

HUDSON VALLEY/ROCKLAND/WESTCHESTER CHAPTER -

BEFORE DETERMINING COMPENSATION FOR THE CHAPTER'S CEO AND
 RECOMMENDING RAISES FOR OTHER KEY EMPLOYEES, THE CHAPTER'S
 COMPENSATION COMMITTEE REVIEWS THE COMPENSATION SURVEY PUBLISHED
 BY THE NEW YORK COUNCIL OF NONPROFITS (IN WHICH DATA IS SORTED BY THE
 ORGANIZATIONAL SIZE AND LOCATION), AS WELL AS SIMILAR INFORMATION
 PROVIDED BY THE NATIONAL ORGANIZATION. THE COMPENSATION COMMITTEE

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 DETERMINES THE CEO'S SALARY AND PROVIDES A RECOMMENDATION TO THE

 CEO ON KEY EMPLOYEES, WHICH INCLUDE DIRECTOR OF FINANCE, DIRECTOR

 OF DEVELOPMENT, DIRECTOR OF PROGRAMS AND DIRECTOR OF PUBLIC

 POLICY & COMMUNICATIONS.

 ROCHESTER CHAPTER -

 THE CEO WAS HIRED IN 2010 AND THE COMPENSATION WAS DETERMINED BY THE

 COMPENSATION COMMITTEE OF THE BOARD IN CONSULTATION WITH STAFF

 FROM THE NATIONAL ORGANIZATION OF THE ALZHEIMER'S ASSOCIATION. THE

 NATIONAL ORGANIZATION HAD RECENTLY COMPLETED A BROAD COMPENSATION STUDY

 OF SIMILAR POSITIONS ACROSS INDUSTRIES AND THE RESULTS OF THAT STUDY

 WERE INCORPORATED INTO THE COMPENSATION DECISION. IN OCTOBER 2007,

 THE BOARD OF DIRECTORS RETAINED A THIRD PARTY HUMAN RESOURCES

 MANAGEMENT COMPANY TO CONDUCT A COMPENSATION AND BENEFITS

 BENCHMARKING STUDY. THE RESULTS OF THAT STUDY WERE USED TO

 DETERMINE COMPENSATION OF ALL EMPLOYEES INCLUDING OTHER OFFICERS

 AND KEY EMPLOYEES.

 WESTERN NEW YORK CHAPTER -

 THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY A

 COMPENSATION COMMITTEE ANNUALLY IN MAY. THIS COMMITTEE REVIEWS

 COMPARABILITY DATA AND THE EXECUTIVE DIRECTOR'S ANNUAL PERFORMANCE

 REVIEW. THE FINANCE DIRECTOR IS REVIEWED ANNUALLY IN JULY BY THE

 EXECUTIVE DIRECTOR. COMPARABILITY DATA IS USED TO DETERMINE

 COMPENSATION.

 GREATER EAST OHIO CHAPTER -

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----- ANNUALLY, THE COMPENSATION COMMITTEE REVIEWS COMPARABILITY

----- DATA AND DETERMINES THE EXECUTIVE DIRECTOR'S SALARY.

----- CLEVELAND AREA CHAPTER -

----- THE CHAPTER NOW HAS A STANDING COMPENSATION COMMITTEE WHICH REVIEWS

----- PERFORMANCE AND SALARY COMPARISONS PROVIDED BY THE NATIONAL

----- ORGANIZATION. NO ADJUSTMENT WAS MADE IN FISCAL YEAR 2012. THE NATIONAL

----- ORGANIZATION PROVIDED SALARY COMPARISONS TO THE EXECUTIVE DIRECTOR

----- WHO USED THIS INFORMATION TO MAKE SALARY ADJUSTMENTS FOR SENIOR

----- MANAGERS (FINANCE DIRECTOR, PROGRAM DIRECTOR, DEVELOPMENT DIRECTOR,

----- AND TECHNOLOGY & SOCIAL MEDIA DIRECTOR) EFFECTIVE JULY 1, 2012.

----- CENTRAL OHIO CHAPTER -

----- THE GOVERNANCE COMMITTEE MEETS ANNUALLY TO PERFORM A REVIEW OF THE

----- EXECUTIVE DIRECTOR AND DETERMINES IF AN INCREASE IN COMPENSATION IS

----- GIVEN. THE REVIEW INCLUDES HOW GOALS HAVE BEEN MET FOR BOTH THE

----- ASSOCIATION'S LOCAL STRATEGIC PLAN, AS WELL AS THE NATIONAL ORGANIZATION'S

----- STRATEGIC PLAN. CONSIDERATION OF PAST PRACTICES OF PAYING EXECUTIVE

----- DIRECTORS IS TAKEN INTO CONSIDERATION AS WELL.

----- MIAMI VALLEY CHAPTER -

----- THE SALARY FOR THE EXECUTIVE DIRECTOR WAS SET BY THE COMPENSATION

----- COMMITTEE (BOARD MEMBERS AND A REPRESENTATIVE FROM THE NATIONAL

----- ORGANIZATION) WHEN HE WAS HIRED IN 2011. THE COMMITTEE IS SCHEDULED

----- TO MEET IN THE CURRENT MONTH TO CONDUCT HIS ANNUAL REVIEW AND DETERMINE

----- HIS NEW SALARY. ALL OTHER CHAPTER POSITIONS ARE REVIEWED AND SALARIES

----- SET IN ACCORDANCE WITH LOCAL COMPARISONS.

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NORTHWEST OHIO CHAPTER -

 THE EXECUTIVE DIRECTOR'S PERFORMANCE IS ASSESSED ANNUALLY BY THE BOARD

 OF DIRECTORS AND COMPENSATION IS DETERMINED BY THE COMPENSATION

 COMMITTEE AND THE EXECUTIVE COMMITTEE, BASED ON THE BOARD'S

 EVALUATIONS. ALL CHAPTER STAFF ARE EVALUATED ANNUALLY BASED UPON THE

 INDIVIDUAL STAFF MEMBER'S WRITTEN ANNUAL GOALS AND OVERALL

 PERFORMANCE. THE COMPENSATION COMMITTEE REVIEWS REGIONAL STAFF

 SURVEYS AND RECOMMENDS COMPENSATION LEVELS FOR STAFF POSITIONS.

OKLAHOMA & ARKANSAS CHAPTER -

 THE CEO'S COMPENSATION WAS LAST REVIEWED ON SEPTEMBER 27 BY THE

 PERSONNEL COMMITTEE OF THE BOARD. THEY REVIEWED HIS MONTHLY GOALS

 AND HIS STRATEGIC GOALS SET BY THE NATIONAL ORGANIZATION. THEY ALSO

 CONSULTED LOCAL NON-PROFIT WAGE RATES AS PUBLISHED LOCALLY, AND

 REGIONALLY. FINALLY THEY REVIEWED THE CEO'S COMPENSATION WITH LIKE

 CHAPTERS THROUGH OUT THE COUNTRY WITH THE NATIONAL ALZHEMER'S

 ASSOCIATION.

OREGON CHAPTER -

 THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS.

 THE SALARY AMOUNT IS DETERMINED BY UTILIZING OUTSIDE SURVEYS, LOCAL

 NONPROFIT COMPARABLES AND USING GUIDANCE FROM THE NATIONAL ORGANIZATION.

 THREE BOARD MEMBERS COMPRISE A COMMITTEE TO PERFORM THIS PROCESS.

DELAWARE VALLEY CHAPTER -

 BY-LAWS REQUIRE A COMPENSATION COMMITTEE COMPOSED OF VOLUNTEER

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----- BOARD MEMBERS TO REVIEW ANNUAL PERFORMANCE FOR THE YEAR, AND USE
 ----- COMPARABLE REGIONAL AND NATIONAL NOT FOR PROFIT COMPENSATION
 ----- INFORMATION TO DETERMINE CEO COMPENSATION DOCUMENTED BY THE
 ----- COMMITTEE CHAIR.

----- SOUTH CAROLINA CHAPTER -

----- THE EXECUTIVE COMPENSATION COMMITTEE CONSISTING OF THREE BOARD MEMBERS
 ----- IN CONSULTATION WITH A REPRESENTATIVE OF THE NATIONAL ORGANIZATION'S
 ----- STAFF, AND THE BOARD CHAIR DETERMINE THE CEO SALARY USING SALARY
 ----- SURVEY DATA. THE DATA WAS PROVIDED BY THE HUMAN RESOURCES DEPARTMENT
 ----- AT THE NATIONAL ORGANIZATION. OTHER KEY EMPLOYEES HAVE THEIR
 ----- COMPENSATION COMPARED TO BUDGETED AMOUNTS. THE EXECUTIVE COMPENSATION
 ----- COMMITTEE MEETS THROUGHOUT THE YEAR TO MONITOR THE CEO'S
 ----- PERFORMANCE. AN ANNUAL REVIEW IS CONDUCTED WITH CONSIDERATION OF
 ----- MEASURABLE OBJECTIVE ACHIEVEMENTS, KEY COMPETENCIES, SELF-EVALUATION,
 ----- AND A 360 EVALUATION. THE CHAIR OF THE EXECUTIVE COMPENSATION
 ----- COMMITTEE AND THE BOARD CHAIR MEET WITH THE CEO TO PROVIDE
 ----- FEEDBACK REGARDING THE ANNUAL EVALUATION. IN CONSULTATION WITH
 ----- THE FINANCE COMMITTEE, THE EXECUTIVE COMPENSATION COMMITTEE
 ----- RECOMMENDS AN ANNUAL SALARY INCREASE FOR THE CEO BASED ON
 ----- PERFORMANCE AND MARKET SURVEY DATA FOR CHIEF EXECUTIVE POSITIONS OF
 ----- NON-PROFIT ORGANIZATIONS IN SOUTH CAROLINA OF SIMILAR SIZE AND SCOPE.

----- SOUTH DAKOTA CHAPTER -

----- THE BOARD REVIEWS THE SALARIES OF THE EXECUTIVE DIRECTOR IN THE PAST
 ----- YEAR, AS WELL AS OTHER EMPLOYEES. THE EXECUTIVE DIRECTOR RESEARCHED
 ----- SALARY DATA FOR OTHER EMPLOYEES.

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NATIONAL CAPITAL CHAPTER -

 THE CHAPTER USES THE SALARY AND COMPENSATION SURVEY AND

 COMPARABILITY DATA WITHIN THE INDUSTRY TO COMPENSATE THE OFFICERS

 AND KEY EXECUTIVES. THESE KEY EMPLOYEES ARE INTERVIEWED AND

 APPROVED BY THE BOARD MEMBERS. ALL SALARIES AND COMPENSATIONS FOR

 ALL EMPLOYEES, REGARDLESS OF THE NATURE OF THE POSITIONS, ARE BASED ON

 THE COMPENSATION GRIDS REVIEWED AND APPROVED BY THE OFFICERS AND

 EXECUTIVES OF THE ASSOCIATION. THE COMPENSATION GRIDS FOR ALL

 POSITIONS ARE EVALUATED EVERY TWO YEARS BASED ON THE SALARY AND

 COMPENSATION SURVEY WITHIN THE INDUSTRY. OCTOBER 2011 WAS THE LAST

 TIME THE COMPENSATION SUVERY WAS CONDUCTED.

GREATER RICHMOND CHAPTER -

 A WRITTEN REVIEW ON THE CEO IS COMPLETED BY THE BOARD PRESIDENT.

 COMPARABILITY DATA IS GATHERED BY A BOARD MEMBER AND PRESENTED TO

 THE COMPENSATION COMMITTEE WHO RECOMMENDS SALARY ADJUSTMENTS TO

 THE BOARD OF DIRECTORS. A WRITTEN REVIEW IS COMPLETED BY THE CEO FOR

 THE FINANCE DIRECTOR POSITION. THE FINANCE COMMITTEE RECOMMENDS A

 SALARY INCREASE PERCENTAGE BASED ON COMPARABILITY DATA GATHERED.

 THIS IS APPROVED BY THE BOARD OF DIRECTORS.

WEST VIRGINIA CHAPTER -

 PERFORMANCE AND COMPENSATION REVIEWS ARE CONDUCTED BY THE

 EXECUTIVE DIRECTOR EACH AUGUST FOR ALL STAFF MEMBERS, INCLUDING KEY

 EMPLOYEE POSITIONS OF DEVELOPMENT DIRECTOR, CONSTITUENT RELATIONS

 DIRECTOR AND FINANCE DIRECTOR. THE COMPENSATION COMMITTEE OF THE

 BOARD OF DIRECTORS ANNUALLY CONDUCTS THE PERFORMANCE AND

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 MID SOUTH CHAPTER -

 THE BOARD AND COMPENSATION COMMITTEE APPROVE AND ANALYZE

 COMPENSATION OF THE EXECUTIVE DIRECTOR ALONG WITH OVERALL BUDGETED

 COMPENSATION OF THE STAFF. COMPENSATION REVIEW WAS COMPLETED

 DURING THE PAST FISCAL YEAR FOR THE CHAPTER CEO AND ALL OTHER STAFF.

 GREATER IOWA CHAPTER -

 SALARY DECISIONS FOR THE EXECUTIVE DIRECTOR ARE MADE ANNUALLY BY THE

 CHAPTER'S COMPENSATION COMMITTEE AND EXECUTIVE COMMITTEE. THE

 COMPENSATION COMMITTEE INCLUDES A REPRESENTATIVE OF THE NATIONAL

 ORGANIZATION WHO PROVIDES APPROPRIATE COMPENSATION COMPARABILITY

 DATA AND OTHER OUTSIDE RESOURCES TO ASSIST THE COMMITTEE. OTHER

 CONSIDERATIONS SUCH AS COST OF LIVING INCREASES, MERIT BASED SALARY

 INCREASES AND AVAILABILITY OF THE CHAPTER'S RESOURCES ARE ALSO

 CONSIDERED. AN EXTERNAL SALARY SURVEY WAS COMPLETED BY THE NATIONAL

 ORGANIZATION FOR THE CHAPTER EXECUTIVE AND MANAGEMENT STAFF IN 2011.

 INLAND NORTHWEST CHAPTER -

 THE CHAPTER HAS A COMPENSATION COMMITTEE WITH BOARD MEMBERS,

 COMMUNITY VOLUNTEERS AND A NATIONAL ORGANIZATION'S STAFF

 MEMBER. THE COMPENSATION COMMITTEE RECOMMENDS GOALS AND

 COMPENSATION FOR THE CHAPTER EXECUTIVE DIRECTOR.

 Pt VI, Line 19 GOVERNING DOCUMENTS

 CHAPTERS MAKE THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FROM REQUESTORS.

SOME CHAPTERS WILL POST THE GROUP 990 ON THEIR INDIVIDUAL CHAPTER'S

WEBSITE. THE GROUP 990 IS POSTED TO THE NATIONAL ALZHEIMER'S

ASSOCIATION WEBSITE AT ALZ.ORG. CHAPTERS WILL ALSO MAKE THE 990

AVAILABLE UPON REQUEST IF IT IS NOT POSTED ON THEIR WEBSITE.

PT X BALANCE SHEET

THE BALANCES REFLECTED IN COLUMN (A) BEGINNING OF YEAR DIFFERS

FROM THE PREVIOUSLY FILED RETURN. THE OPENING BALANCES REFLECT

THE CHAPTERS INCLUDED IN THIS YEAR'S TAX RETURN.

Pt XI

LINE 5, OTHER CHANGES IN NET ASSETS REPRESENTS

(\$1,284,146) IN UNREALIZED GAINS/(LOSSES) ON INVESTMENTS AND

SPLIT INTEREST AGREEMENTS;

(\$612,784) IN TRANSFER OF NET ASSETS; AND

(\$195,537) IN PRIOR YEAR ADJUSTMENTS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ALZ. DISEASE&RELATED DISORDER'S ASN. FOUND. ROCHESTER, NY, INC 86-1175985, ----- -----	FINANCIAL SUPPORT	NY	501 (C) 3	7	N/A		X
(2) 435 E. HENRIETTA ROAD ROCHESTER NY 14620, ----- -----							
(3) ----- ----- -----							
(4) See Continuation Sheet for Schedule R, Part II ----- -----							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							

Part V Transactions with Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1 a	
b Gift, grant, or capital contribution to related organization(s)	1 b	
c Gift, grant, or capital contribution from related organization(s)	1 c	
d Loans or loan guarantees to or for related organization(s)	1 d	
e Loans or loan guarantees by related organization(s)	1 e	
f Sale of assets to related organization(s)	1 f	
g Purchase of assets from related organization(s)	1 g	
h Exchange of assets with related organization(s)	1 h	
i Lease of facilities, equipment, or other assets to related organization(s)	1 i	
j Lease of facilities, equipment, or other assets from related organization(s)	1 j	
k Performance of services or membership or fundraising solicitations for related organization(s)	1 k	
l Performance of services or membership or fundraising solicitations by related organization(s)	1 l	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 m	
n Sharing of paid employees with related organization(s)	1 n	
o Reimbursement paid to related organization(s) for expenses	1 o	
p Reimbursement paid by related organization(s) for expenses	1 p	
q Other transfer of cash or property to related organization(s)	1 q	
r Other transfer of cash or property from related organization(s)	1 r	

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-1)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Name ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	Employer Identification No. 36-3463656
---	---

Group Exemption Number (GEN) ▶ 9334

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
NORTHERN CALIFORNIA AND NEVADA	1060 LA AVENIDA	94-2897949
Foreign City/Country if applicable . . .	MOUNTAIN VIEW CA 94043	
COLORADO	455 SHERMAN STREET, SUITE 500	84-0908354
Foreign City/Country if applicable . . .	DENVER CO 80203-3532	
CONNECTICUT	2075 SILAS DEANE HIGHWAY, SUITE 100	42-1540769
Foreign City/Country if applicable . . .	ROCKY HILL CT 06067	
SOUTHEAST FLORIDA	3333 FOREST HILL BLVD.	59-2008883
Foreign City/Country if applicable . . .	WEST PALM BEACH FL 33406	
See List of Affiliates Included in Return		
Foreign City/Country if applicable . . .		

Schedule G (Form 990 or 990-EZ)

Part IV Supplemental Information (Continued)

Line Number	Explanation
PART III, LINE 11	ASSOCIATION THEREFORE DOESN'T CONSIDER ITS DONORS MEMBERS. THEREFORE, THE ORGANIZATION HAS CHECKED BOX 11 IN PART III OF SCHEDULE G, "YES".
PART III, LINE 14	PERSONS PREPARING GAMING BOOKS/RECORDS
	SOUTHEASTERN VIRGINIA CHAPTER -
	PATRICIA WOODIS
	6350 CENTER DRIVE, SUITE 102, NORFOLK VA 23502-4107
	GREATER WISCONSIN CHAPTER -
	DIANA BUTZ
	2900 CURRY LANE, SUITE A, GREENBAY WI 54311
	SOUTHEASTERN WISCONSIN CHAPTER -
	CHRISTINA PACKARD
	620 S. 76TH STREET, MILWAUKEE WI 53214

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Pt I Line 2 MEMBERS OF THE MED/SCI COUNCIL RECOMMENDATIONS. THE CRITERIA IS:
ENTRIES WILL BE EVALUATED BASED ON THE RELEVANCE FOR ALZHEIMER'S DISEASE
AND RELATED DISORDERS, INNOVATION, IMPACT ON OUR UNDERSTANDING OF OR
ABILITY TO TREAT ALZHEIMERS DISEASE AND, SCIENTIFIC RIGOR. THE APPLICANTS SUBMIT THE
FOLLOWING MATERIALS: 200-WORD SUMMARY OF FINDINGS;
LETTER OF SUPPORT FROM A MENTOR OR ACADEMIC ADVISOR; AND
WRITTEN ANSWERS (2-5 SENTENCES EACH) TO THE FOLLOWING QUESTIONS:
HOW DOES YOUR DISCOVERY ADVANCE OUR ABILITY TO UNDERSTAND, MANAGE OR
TREAT ALZHEIMER'S DISEASE OR A RELATED DISORDER? WHAT IS NOVEL ABOUT YOUR
FINDINGS OR THE APPROACH USED? WHAT STEPS HAVE YOU TAKEN TO ENSURE THAT
YOUR DATA IS SOLID AND RELIABLE? WHAT EXACTLY WAS YOUR ROLE IN THIS
PROJECT? PROVIDE CURRICULUM VITAE, INCLUDING A LIST OF ANY PUBLICATIONS.

COLORADO CHAPTER -
GRANTS ARE AWARDED TO CAREGIVERS OF PERSONS WITH THE DISEASE FOR RESPITE
CARE, BASED ON RESIDENCE IN COLORADO AND VERIFICATION BY THEIR PHYSICIAN.
SUBMISSION OF RECEIPTS IS REQUIRED FOR ADDITIONAL GRANT FUNDS IN
SUBSEQUENT YEARS. SCHOLARSHIPS ARE APPLIED FOR BY CAREGIVERS/PATIENTS
FOR ATTENDANCE AT THE CHAPTER'S ANNUAL SYMPOSIUM AND EDUCATIONAL
CONFERENCE.

CONNECTICUT CHAPTER -
OUR REGIONAL PROGRAM MANAGER TAKES IN THE APPLICATIONS FOR RESPITE CARE,
REVIEWS THEM FOR ACCURACY AND COMPLIANCE, AND THEN APPROVES THEM FOR
PAYMENT. THE FINANCE DEPARTMENT THEN REVIEWS EACH REQUEST AND MAKES
PAYMENT.

SOUTHEAST FLORIDA CHAPTER -
THE USE OF THESE FUNDS IS MONITORED THROUGH CONSULTATION WITH THE
DIRECTOR OF THE ADULT CARE CENTER AND THE CITY OF LAUDERDALE LAKES
REGARDING THE PROGRESS OF THE RENOVATION. THE RENOVATION IS COMPLETE AND
THE GRAND OPENING IS BEING SCHEDULED.

CENTRAL AND NORTH FLORIDA CHAPTER -
MONIES RECEIVED ARE BOOKED TO A SPECIFIC RESTRICTED ACCOUNT WITH A PROJECT
CODE DESIGNATED SPECIFICALLY FOR THAT PURPOSE. ALL EXPENDITURES ARE
APPROVED BY PROGRAM STAFF AND THE CEO. PAYMENTS ARE MADE TO QUALIFIED
ORGANIZATIONS WHO SPECIALIZE IN RESPITE CARE. IF THERE IS A PAYMENT
TO AN INDIVIDUAL CAREGIVER, AN APPLICATION MUST BE COMPLETED WITH
DOCUMENTATION FROM A PHYSICIAN. LIMITS ARE PLACED ON THE AMOUNT OF
PAYMENTS THAT CAN BE MADE.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Pt I Line 2 ALOHA CHAPTER -
THE CHAPTER OFFERS CLASSES FOR CAREGIVERS AS PART OF THEIR "WHAT'S NEXT" PROGRAM. THE ATTENDEES OF THESE CLASSES ARE OFFERED RESPITE SERVICES FOR THEIR FAMILY MEMBER WITH ALZHEIMER'S AND DEMENTIA DURING CLASS TIME. THESE INDIVIDUALS APPLY DIRECTLY TO THE CHAPTER WHO THEN PAY RESPITE FACILITIES ON BEHALF OF THE FAMILY MEMBER BASED ON STANDARD FACILITY RATES.

GREATER ILLINOIS CHAPTER -
PARTICIPANTS WHO RECEIVE CERTAIN SERVICES MUST DEMONSTRATE FINANCIAL NEED BY COMPLETING A FORM INDICATING THEIR INCOME IN ORDER TO BE AWARDED A GRANT COVERING PART OR ALL OF THE COST OF THE SERVICE.

GREATER INDIANA CHAPTER -
THE GRANT FUNDS ARE USED TOWARD PAYMENTS TO ENROLL PERSONS WITH ALZHEIMER'S DISEASE (WITH WHOM OUR CARE CONSULTANT HAS MET AND DETERMINED THAT THEY NEED TO BE ENROLLED) IN MEDIC ALERT+SAFE RETURN AND DO NOT HAVE THE FUNDS TO PAY THE FEE.

CENTRAL AND WESTERN KANSAS CHAPTER -
THE GRANTS THAT ARE AWARDED FROM THE CENTRAL AND WESTERN KANSAS OFFICE ARE 'RESPITE GRANTS' FOR THE IIIIE GRANT. WE AWARD SO MANY DAYS OF DAYCARE OR HOURS OF IN-HOME RESPITE. THE REQUIREMENTS ARE: 1)THE PERSON MUST LIVE IN SEDGWICK, BUTLER, OR HARVEY COUNTY, 2)DOCUMENTATION FROM A PHYSICIAN STATING A DIAGNOSIS OF ALZHEIMER'S DISEASE OR RELATED DISORDER, AND 3)THE PERSON NEEDING CARE MUST BE 65+ YEARS OLD. FOR THE MEMORIAL GOLF RESPITE GRANT, EACH PERSON IS AWARDED A REIMBURSEMENT FOR RESPITE CARE UP TO \$500 FOR THE YEAR. THE REQUIREMENTS ARE 1)THEY MUST RESIDE IN ONE OF OUR 68 COUNTIES THAT WE SERVE, 2)THE PATIENT NEEDS THE SERVICE FOR WHICH THEY ARE APPLYING, AND 3)THE CAREGIVER HAS A SERVICE NEED THAT IS DIRECTLY RELATED TO THE CARE OF THE PATIENT.

GREATER KENTUCKY AND SOUTHERN INDIANA CHAPTER -
IN ORDER TO BE ELIGIBLE FOR A SAFE RETURN PAYMENT, A CONSTITUENT MUST LIVE IN SPECIFIC COUNTIES WITHIN THE GREATER KENTUCKY AREA. IN ORDER TO APPLY FOR A SCHOLARSHIP, THE APPLICANT MUST HAVE A DIAGNOSIS OF ALZHEIMER'S OR DEMENTIA. SCHOLARSHIPS ARE GIVEN OUT ON A FIRST-COME, FIRST-SERVE BASIS. THEY MONITOR THE USE OF FUNDS BY PAYING FOR THE SCHOLARSHIP ON BEHALF OF THE APPLICANT. FOR PUBLIC POLICY GRANTS, THE CHAPTER SUBSIDIZED TWO ADVOCATES TO ATTEND THE ADVOCACY FORUM IN FISCAL YEAR 2012. THE CHAPTER MONITORS THE USE OF THE FUNDS BY REIMBURSING FOR EXPENSES ALREADY INCURRED. THE CHAPTER USUALLY SETS A LIMIT ON THE AMOUNT OF EXPENSES THEY WILL REIMBURSE, LEAVING SOME OF THE EXPENSE TO BE PICKED UP BY THE ADVOCATE.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Pt I Line 2 HEART OF AMERICA - CHAPTER
PAYMENT IS BASED ON THE REIMBURSEMENT MODEL. THE GRANTEE PRESENTS PAID
RECEIPTS FOR SERVICES (RESPIRE SERVICES, PURCHASES OF INCONTINENCE PRODUCTS,
AND MEDICINES TO TREAT DISEASE).

MID-MISSOURI CHAPTER -
RESPIRE RECIPIENTS SUBMIT MONTHLY EXPENSE VOUCHERS FOR MEDICAL,
PHARMACY, AND CARE AND SUPPORT. VOUCHERS ARE APPROVED, FILED, AND
CHECKS ARE MAILED TO THE RECIPIENTS.

SOUTHWEST MISSOURI CHAPTER -
THE RESPIRE PAYMENTS ARE REIMBURSING COSTS IN THE APPLICANT ELIGIBILITY
STEPS. THE SAFE RETURN PAYMENTS ARE MADE DIRECTLY TO LOCAL AUTHORITIES.

GREAT PLAINS CHAPTER -
GRANT FUNDS ARE ONLY PAID TO THE GRANT RECIPIENTS BY THE CHAPTER,
AFTER: 1)RECORD OF THE RECEIPT OF COMPLETED RESPIRE SERVICE AND 2)VERIFICATION
OF PAYMENT TO A CAREGIVER.

MIDLANDS CHAPTER -
THE RECIPIENT SUBMITS A DOCTOR'S NOTICE, COMPLETES AN APPLICATION FOR RESPIRE
AND SUBMITS PROOF OF PAYMENT FOR SERVICES BEFORE PAYOUT OF GRANT MONEY.

HUDSON VALLEY/ROCKLAND/WESTCHESTER NY CHAPTER -
THERE IS AN APPLICATION THAT IS COMPLETED BY THE CAREGIVER IN ORDER TO
RECEIVE A TIME AWAY GRANT. THE CARE CONSULTANT THEN WORKS WITH THE
FAMILY TO PUT IN PLACE THE APPROPRIATE RESPIRE INTERVENTION ONCE THE
APPLICATION HAS BEEN APPROVED BY THE DIRECTOR OF PROGRAMS AND SERVICES.
THE CARE CONSULTANT MONITORS THE USE OF THE GRANT IN ORDER TO ENSURE THE
FULL AMOUNT IS USED. THERE IS ALSO AN AGREEMENT THAT IS PUT IN PLACE
BETWEEN THE ALZHEIMER'S ASSOCIATION AND THE AGENCY THE FAMILY CHOOSES SO
PROPER BILLING TAKES PLACE.

ROCHESTER CHAPTER -
THE PAYMENTS ARE MADE DIRECTLY BY OUR ORGANIZATION TO THIRD PARTIES TO
PROVIDE ASSISTANCE TO INDIVIDUALS. FINANCIAL STATEMENTS ARE REVIEWED
MONTHLY AND PARTICIPANT UTILIZATION IS ADJUSTED AS NECESSARY AFTER
THE STATEMENT REVIEW.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Pt I Line 2 WESTERN NEW YORK CHAPTER -
THE MONIES ARE PAID DIRECTLY TO THE FACILITY THAT PROVIDES THE RESPITE SERVICES. THE PROGRAM TEAM USES AN INTAKE FORM TO GATHER INFORMATION AND DETERMINES IF THE CLIENT MEETS THE STATE REQUIREMENT.

GREATER EAST OHIO AREA CHAPTER -
THE GRANT FUNDS ARE USED FOR GRANT REQUESTS BY CAREGIVERS BASED ON THE COUNTY OF RESIDENCE AND MEDICAL NEED.

CLEVELAND AREA CHAPTER -
INDIVIDUALS MUST FILL OUT AN APPLICATION TO QUALIFY FOR EMERGENCY RESPITE, IT MUST BE APPROVED BY THE CARE CONSULTANT, AND THEY MUST PRODUCE DOCUMENTATION TO SUPPORT THEIR REQUEST.

MIAMI VALLEY CHAPTER -
THE ALZHEIMER'S ASSOCIATION WAS HEAVILY INVOLVED WITH THIS PROJECT - THE MEMORY RESOURCE CENTER. WE PHYSICALLY MONITORED THE PROGRESS OF THE PROJECT FROM INCEPTION AND HELD THE FIRST OPEN HOUSE ON 9/13/12. FINANCIAL REPORTS WERE REQUIRED EVERY SIX MONTHS.
ALSO, THE CHAPTER PROVIDES UP TO \$1,200 FOR EACH FAMILY FOR RESPITE. THIS ALLOWS FOR \$400/MONTH FOR NO MORE THAN 3 MONTHS OR FOR ONE SHORT STAY IN AN ASSISTED LIVING OR SKILLED NURSING HOME. THE ELIGIBILITY REQUIREMENTS ARE: 1) CARE RECEIVER HAS A SUSPECTED OR CONFIRMED DEMENTIA DIAGNOSIS; 2) CARE RECEIVER LIVES IN OUR NINE COUNTY SERVICE AREA; 3) FAMILY CARE PARTNERS ARE AT A TRANSITION POINT, DUE TO A CHANGE IN PHYSICAL OR EMOTIONAL WELL-BEING CREATING A NEED FOR A SHIFT IN THE WAY CARE IS PROVIDED; AND 4) FAMILY CARE PARTNERS ARE WILLING AND ABLE TO PARTICIPATE IN ALL ASPECTS OF THE PROGRAM AND AGREE TO COMPLY WITH THE RESPITE FUNDING REQUIREMENTS RELATED TO THE CARE CONSULTATION, USE OF RESPITE CARE, REIMBURSEMENT, AND PROGRAM EVALUATION. FUNDS ARE PAID TO THE PROVIDER (ADULT DAY SERVICE, IN-HOME CARE OR FACILITY).

NORTHWEST OHIO CHAPTER -
THE CHAPTER OFFERS REIMBURSEMENT IN THE FORM OF RESPITE FINANCIAL ASSISTANCE TO INDIVIDUALS THROUGHOUT THE CHAPTER'S 24-COUNTY AREA. AN INDIVIDUAL COMPLETES AN APPLICATION AND SUBMITS THE APPLICATION WITH A PHYSICIAN'S DIAGNOSIS OF DEMENTIA. THE INDIVIDUAL SUBMITS PROOF OF PAYMENT TO THE CHAPTER WHO WILL REIMBURSE THE INDIVIDUAL AN AMOUNT BASED UPON THE BOARD APPROVED BUDGET.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Pt I Line 2 DELAWARE VALLEY CHAPTER -
A STATE EXECUTIVE DIRECTOR REVIEWS ALL APPLICATIONS PRIOR
TO THE GRANTS BEING AWARDED FOR RESPITE.

SOUTH CAROLINA CHAPTER -
APPLICATIONS RECEIVED FROM FAMILY MEMBERS AND CAREGIVERS OF THOSE
AFFLICTED ARE EVALUATED TO DETERMINE ELIGIBILITY. ELIGIBLE FAMILIES ARE SENT
PACKAGES WITH \$500 VOUCHERS AND A LISTING OF PRE-APPROVED THIRD PARTY
CARE PROVIDERS AND FACILITY CARE PROVIDERS. A SEPARATE DATABASE IS
MAINTAINED TO TRACK GRANTEE INFORMATION, DATE THE VOUCHER IS ISSUED,
THE AMOUNT REDEEMED AND THE AMOUNT OUTSTANDING.

GREATER DALLAS CHAPTER -
THE ORGANIZATIONS RECEIVING THE GRANTS REPORT BACK ON AN ANNUAL BASIS
DETAILING USE AND SPECIFIC OUTCOMES.
THE ROPER AWARDS ARE NOMINATED BY AN EMPLOYER OR OTHER INDIVIDUAL FOR
QUALIFIED CAREGIVERS. A VOLUNTEER COMMITTEE MEETS AND SELECTS THE
RECIPIENTS. OTHER GRANTS AND ASSISTANCE ARE PROVIDED UPON RECEIPT OF AN
APPLICATION THAT IS REVIEWED BY A STAFF MEMBER.

SOUTHEASTERN VIRGINIA CHAPTER -
INDIVIDUALS WITH ALZHEIMER'S AND DEMENTIA INTERACT DIRECTLY WITH THE
RESPITE FACILITY WHICH THEN APPLIES TO THE CHAPTER FOR GRANT AWARDS. GRANT
VENDORS (RESPITE FACILITIES) ARE REQUIRED TO SUBMIT STANDARDIZED RESPITE
REPORTS FOR PAYMENT. THE REPORT HAS PARTICIPANT AND REIMBURSEMENT DATA.
REPORTS ARE REVIEWED AND DATA IS UPDATED TO THE GRANT WORKBOOK PRIOR TO
PROCESSING PAYMENT.
INDIVIDUALS RECEIVING GRANT AWARDS ARE REQUIRED TO SUBMIT STANDARDIZED
RESPITE REPORTS FOR PAYMENT. THE REPORT HAS THE PARTICIPANT AND
REIMBURSEMENT DATA. REPORTS ARE REVIEWED AND DATA IS UPDATED TO THE
GRANT WORKBOOK PRIOR TO PROCESSING.

GREATER RICHMOND CHAPTER -
FUNDS ARE PAID DIRECTLY TO A FACILITY, IN-HOME CARE PROVIDER OR ADULT DAY
CARE CENTER UPON RECEIPT OF AN INVOICE. CAREGIVERS SUBMIT AN APPLICATION
INCLUDING A PHYSICIAN'S STATEMENT CONFIRMING THE PATIENT HAS SOME FORM OF
DEMENTIA. THROUGH HOME VISITS THE CONSULTANT CONFIRMS THE APPLICANTS
STATUS AS THE PRIMARY CAREGIVER. THE APPLICATION IS REVIEWED BY PROGRAM
STAFF FOR APPROVAL. RECIPIENTS ARE REQUIRED TO USE RESPITE PROVIDERS
LICENSED BY THE STATE.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Pt I Line 2 WEST VIRGINIA CHAPTER -
RESPITE REIMBURSEMENT PAYMENTS ARE MADE PURSUANT TO A GRANT.
PARTICIPANTS IN THE PROGRAM MUST APPLY FOR ADMISSION AND PROVIDE
DOCUMENTATION OF ELIGIBILITY. REIMBURSEMENT REQUESTS MUST BE
ACCOMPANIED BY DOCUMENTATION OF RESPITE SERVICES PROVIDED AND ARE
REIMBURSED TO A MAXIMUM OF \$50 PER MONTH.

GREATER WISCONSIN CHAPTER -
RESPITE PAYMENTS REPRESENT REIMBURSEMENT TO INDIVIDUALS WHO PAY STATE
APPROVED RESPITE PROVIDERS. GENERALLY, A PRIMARY CARE PROVIDER ARRANGES
FOR A RESPITE PROFESSIONAL TO CARE FOR THEIR FAMILY MEMBER. A RESPITE
CAREGIVER VOUCHER IS FILLED OUT WITH THE DETAILS OF DATES, HOURS WORKED
AND SIGNED. THE CAREGIVER VOUCHER IS THEN PAID BY THE CHAPTER.

SOUTHEASTERN WISCONSIN CHAPTER -
THE CHAPTER GIVES GRANTS FOR MEDIC ALERT SERVICES AND RESPITE CARE. UPON
APPROVING THE INDIVIDUAL'S NEEDS, THE CHAPTER PAYS FOR THE SERVICES DIRECTLY
WITH THE VENDOR.

MISSISSIPPI CHAPTER -
THE MISSISSIPPI CHAPTER WILL REGULARLY COMMUNICATE WITH THE MISSISSIPPI
DEPARTMENT OF HEALTH (MSDH) AS NEEDED THROUGHOUT THE DURATION OF THE
PROJECT TO ENSURE THE PROJECT GOALS ARE ACHIEVED. THE CHAPTER WORKS IN
COLLABORATION WITH THE MSDH TO CONDUCT PUBLIC RELATIONS ACTIVITIES ABOUT
THE PROJECT AND FINDINGS OF THE SURVEY. THE MSDH WILL INCORPORATE
QUESTIONS FROM THE COGNITIVE IMPAIRMENT AND CAREGIVER MODULES
DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) INTO
THE MISSISSIPPI 2012 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
(BRFSS) SURVEY. MISSISSIPPI RESIDENTS ARE SURVEYED BETWEEN
JANUARY 2012 AND DECEMBER 2012 ACCORDING TO ITS STANDARD BRFSS SURVEY
PROCESS AND THE ALZHEIMER'S ASSOCIATION IS PROVIDED THE BRFSS DATA.

MID SOUTH CHAPTER -
THE CHAPTER REQUIRES A GRANT REPORT TO BE SUBMITTED BY THE
ORGANIZATION.

GREATER IOWA CHAPTER -
RESPITE FUNDS ARE PROVIDED TO CAREGIVERS FOR THE GREATER IOWA CHAPTER.
RECIPIENTS MUST LIVE IN THE AREA SERVED BY THE GREATER IOWA CHAPTER.
APPLICATION FORMS ARE REVIEWED BY THE PROGRAM STAFF AND THEN APPROVED BY THE
EXECUTIVE DIRECTOR.

Form 990, Question H

List of Affiliates Included in Return

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
CENTRAL AND NORTH FLORIDA	378 CENTER POINTE CIRCLE, SUITE 1280 ALTAMONTE SPRINGS FL 32701	36-3487166
Foreign City/Country if applicable . . .		
ALOHA	1050 ALA MOANA BLVD., SUITE 2610 HONOLULU HI 96814-4906	99-0212360
Foreign City/Country if applicable . . .		
CENTRAL ILLINOIS	606 W. GLEN AVENUE PEORIA IL 61614	37-1224417
Foreign City/Country if applicable . . .		
GREATER ILLINOIS	8430 WEST BRYN MAWR, SUITE 800 CHICAGO IL 60631	36-3102348
Foreign City/Country if applicable . . .		
GREATER INDIANA	50 EAST 91ST STREET, SUITE 100 INDIANAPOLIS IN 46240	35-1747836
Foreign City/Country if applicable . . .		
EAST CENTRAL IOWA	317 SEVENTH AVENUE, SE, SUITE 402 CEDAR RAPIDS IA 52401	42-1333384
Foreign City/Country if applicable . . .		
CENTRAL AND WESTERN KANSAS	347 SOUTH LAURA WITCHITA KS 67211	20-5107941
Foreign City/Country if applicable . . .		
GREATER KENTUCKY AND SOUTHERN INDIANA	KADEN TOWER 6100 DUTCHMANS LANE, SUITE 401 LOUISVILLE KY 40205	36-4497854
Foreign City/Country if applicable . . .		
MAINE	383 U.S. ROUTE 1, SUITE 2C SCARBOROUGH ME 04074	01-0428502
Foreign City/Country if applicable . . .		
HEART OF AMERICA	3846 WEST 75TH STREET PRAIRIE VILLAGE KS 66208	48-0934474
Foreign City/Country if applicable . . .		
MID MISSOURI	2400 BLUFF CREEK DRIVE COLUMBIA MO 65201	43-1344786
Foreign City/Country if applicable . . .		
SOUTHWEST MISSOURI	1630 W. ELFINDALE SPRINGFIELD MO 65807	43-1485251
Foreign City/Country if applicable . . .		
GREAT PLAINS	1500 SOUTH 70TH STREET, SUITE 201 LINCOLN NE 68506	48-0931989
Foreign City/Country if applicable . . .		
MIDLANDS	1941 SOUTH 42ND STREET, SUITE 205 OMAHA NE 68105	47-0648438
Foreign City/Country if applicable . . .		
CENTRAL NEW YORK	441 WEST KIRKPATRICK STREET SYRACUSE NY 13204	36-3487171
Foreign City/Country if applicable . . .		
HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY	2 JEFFERSON PLAZA, SUITE 103 POUGHKEEPSIE NY 12601-4027	14-1695487
Foreign City/Country if applicable . . .		
ROCHESTER	435 EAST HENRIETTA ROAD ROCHESTER NY 14620	16-1159941
Foreign City/Country if applicable . . .		

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Continued

List of Affiliates Included in Return

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
WESTERN NEW YORK	2805 WEHRLE DRIVE, SUITE 6	16-1181599
Foreign City/Country if applicable . . .	WILLIAMSVILLE NY 14221	
GREATER EAST OHIO	70 W. STREETSBORO STREET, SUITE 201	34-1454446
Foreign City/Country if applicable . . .	HUDSON OH 44236	
CLEVELAND AREA	23215 COMMERCE PARK DRIVE, SUITE 300	34-1311175
Foreign City/Country if applicable . . .	BEACHWOOD OH 44122	
CENTRAL OHIO	1379 DUBLIN ROAD	31-0996236
Foreign City/Country if applicable . . .	COLUMBUS OH 43215	
MIAMI VALLEY	3797 SUMMIT GLEN DRIVE, SUITE G100	31-1031867
Foreign City/Country if applicable . . .	DAYTON OH 45449	
NORTHWEST OHIO	2500 NORTH REYNOLDS ROAD	34-1423768
Foreign City/Country if applicable . . .	TOLEDO OH 43615-2820	
OKLAHOMA/ARKANSAS	2448 E. 81ST STREET, SUITE 3000	73-1183372
Foreign City/Country if applicable . . .	TULSA OK 74137	
OREGON	1650 NORTHWEST NAITO PARKWAY, SUITE 190	93-0813252
Foreign City/Country if applicable . . .	PORTLAND OR 97209	
DELAWARE VALLEY	399 MARKET STREET, SUITE 102	23-2280056
Foreign City/Country if applicable . . .	PHILADELPHIA PA 19106	
SOUTH CAROLINA	4124 CLEMSON BLVD., SUITE L	57-0792592
Foreign City/Country if applicable . . .	ANDERSON SC 29621	
SOUTH DAKOTA	1000 NORTH WEST AVENUE, #250	32-0151779
Foreign City/Country if applicable . . .	SIOUX FALLS SD 57104	
GREATER DALLAS	4144 NORTH CENTRAL EXPRESSWAY, SUITE 750	75-2041194
Foreign City/Country if applicable . . .	DALLAS TX 75204	
VERMONT	300 CORNERSTONE DRIVE, SUITE 128	03-0286299
Foreign City/Country if applicable . . .	WILLISTON VT 05495	
CENTRAL AND WESTERN VIRGINIA	THE JORDAN BUILDING, 1160 PEPSI PLACE, SUITE 306	54-1309570
Foreign City/Country if applicable . . .	CHARLOTTESVILLE VA 22901	
SOUTHEASTERN VIRGINIA	6350 CENTER DRIVE, SUITE 102	54-1204329
Foreign City/Country if applicable . . .	NORFOLK VA 23502	
NATIONAL CAPITAL AREA	3701 PENDER DRIVE, SUITE 400	52-1196162
Foreign City/Country if applicable . . .	FAIRFAX VA 22030	
GREATER RICHMOND	4600 COX ROAD, SUITE 130	54-1263555
Foreign City/Country if applicable . . .	GLEN ALLEN VA 23060	

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Continued

List of Affiliates Included in Return

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
WEST VIRGINIA	1601 SECOND AVENUE	36-3487172
Foreign City/Country if applicable	CHARLESTON WV 25387	
GREATER WISCONSIN	2900 CURRY LANE, SUITE A	39-1493227
Foreign City/Country if applicable	GREEN BAY WI 54311	
SOUTHEASTERN WISCONSIN	620 SOUTH 76TH STREET, SUITE 160	39-1350965
Foreign City/Country if applicable	MILWAUKEE WI 53214	
MISSISSIPPI	196 CHARMANT DRIVE, SUITE 4	64-0786327
Foreign City/Country if applicable	RIDGELAND MS 39157	
MID SOUTH	4825 TROUSDALE DRIVE, SUITE 220	62-1860364
Foreign City/Country if applicable	NASHVILLE TN 37220	
GREATER IOWA	1730 28TH STREET	42-1520582
Foreign City/Country if applicable	WEST DES MOINES IA 50266	
INLAND NORTHWEST	910 WEST 5TH AVENUE, SUITE 256	91-1409620
Foreign City/Country if applicable	SPOKANE WA 99204	