# ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

Form 990 for the Year Ended June 30, 2012

Public Disclosure Copy

### Form **990**

### **Return of Organization Exempt From Income Tax**

2011

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements

_	nai Hevenue			Thay have to use a copy of this	····				<u> </u>		
<u>A</u>	For the	2011 calen	dar year, or tax year begin			and ending				, 2012	
В	Check if appl	plicable:	C Name of organization AL2H	EIMER'S DISEASE AND RE	LATED DISOF	RDERS ASSOC	IATION			ification Number	
	Addre	ss change	Doing Business As						3463		
	Name	change	Number and street (or P.O. box	if mail is not delivered to street add	ir)	Room/suit	e	E Telepho	ne numb	per	
	Initial I	eturn	225 N. MICHIGAN	AVE.		1700		(312	2) 3	35-8700	
	Termir	nated	City, town or country		State	ZIP code + 4					
	Amen	ded return	CHICAGO		IL	60601-7	633	G Gross re	eceipts	\$80,592,7	54.
	Applic-	ation pending	F Name and address of principal	officer:		H(	(a) Is this a	group return	for affilia	ates? X Y	es No
			RICHARD B. EDVLAND 225 N. M	MICHIGAN AVE. CHICAGO	) IL	60601-7633 H(		affiliates inclu			es X No
I	Tax-exe	mpt status	X 501(c)(3) 501(c) (	) ◄ (insert no.)	4947(a)(1) or	527		attach a list. (s H ( C )			
J	Websi	te: > ww	w.alz.org	······································	Laurence Brooks besche von der	H(		exemption nur			
K		organization:	X Corporation Trust	Association	Ly	ear of Formation:	<u>.</u>	Ms	tate of le	egal domicile:	**************************************
graph or services and services are services and services	and the same of th	Summar									***************************************
	·		be the organization's mission	or most significant activitie	es: TO	ELIMINA	ATE A	LZHEIM	ER'S	DISEASE	y J
4.	1		THE ADVANCEMENT (	~				about about made made been			
nce			ORT FOR ALL AFFEC								
rna		~	THE PROMOTION OF								
Activities & Governance	2 Ch	eck this bo	x F if the organization	discontinued its operations	s or disposed	of more that	n 25% o	f its net as	sets.		~ ~ ~ ~
Ö	3 Nu	mber of vo	ting members of the governi						3		716
SS	4 Nu	mber of inc	dependent voting members of	of the governing body (Part	VI, line 1b)				4		714
vitie			of individuals employed in c						5		1,065
cţį	1		of volunteers (estimate if ne	* *					6		21,330
Q			d business revenue from Pa						7 a		<u>850.</u>
	<b>b</b> Ne	t unrelated	business taxable income fro	om Form 990-1, line 34					7 b	25	0.
	0 0-		and analysis (Dant VIII) the after	<b>V</b>				rior Year	0.3	Current	
e e			and grants (Part VIII, line 1h			1		,489,9			2,775.
en		-	ice revenue (Part VIII, line 2)	**		1		,028,4 ,518,4			8,639.
Revenue			come (Part VIII, column (A), e (Part VIII, column (A), lines			1		-600,3			7,083. 4,396.
			<ul><li>add lines 8 through 11 (n</li></ul>			1		,436,4			2,893.
			milar amounts paid (Part IX,					,207,5			0,522.
			to or for members (Part IX, o			1		,201,0		2,02	0, 322.
			r compensation, employee b			1	13	,346,8	<u> </u>	13 00	8,863.
es						Ī	*1. )			43,33	0,000.
Expenses			undraising fees (Part IX, coli	, ,,				8,7	8/.		
X	<b>b</b> To	tal fundrais	ing expenses (Part IX, colun	nn (D), line 25) ►	10,66	<u>3,543.</u>					
ш	17 Oth	ner expens	es (Part IX, column (A), lines	s 11a-11d, 11f-24e)	* * * * * *		23	,966,9	85.	24,67	1,695.
	<b>18</b> Tot	tal expense	s. Add lines 13-17 (must eq	ual Part IX, column (A), line	e 25)		69	,530,2	45.	70,76	1,080.
-	<b>19</b> Re	venue less	expenses. Subtract line 18	from line 12			4	,906,2	53.	-1	8,187.
3 04							Beginnin	g of Curren	t Year	End of	Year
Net Assets or Fund Balances		,	Part X, line 16)					,747,3			2,964.
A As	<b>21</b> Tot	al liabilities	(Part X, line 26)				10	,155,0	69.	10,80	1,292.
***********		t assets or	fund balances. Subtract line	21 from line 20			72	,592,3	26.	70,48	1,672.
Pa	rt II	Signatur	e Block								
Unde	r penalties o	f perjury. I deci	lare that I have examined this return, is fother than officer) is based on all in	including accompanying schedules	and statements.	and to the best of	of my knowl	ledge and bel	ief, it is f	rue, correct, and	
comp	Nele Deciara	ition of prepare	other than officer) is based on all if	formation of which preparer has an	iy knowledge.						
		<b>&gt;</b>	·············								
Sig	Jn	1	e of officer	315	000/at	7.0	Da	te			
He	re		CHARD H. HOVLAN	VD	COO/CF	. 0					
		Type or	print name and lifte								
			eparer's name	Preparer's signature	V annual and	Date		Check	] it	PTIN	
Pa	id	DANIE	L V. ROMANO			02/07/2	013	self-employe	d	P00504	182
Pre	parer	Firm's name	► GRANT THOR	NTON LLP			and the second				
Us	e Only	Firm's addres	ss - 17 W YACKSON E	SUMBLY SIM COSE CHIC	0490, i.e.	50.664	and the state of t	Firm's EIN	<b>.</b> 3	6-60555	558
							- Andrews	Phone no	31.	2-856-0	200

No

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-1709

HINGH LEEP !	ro rondo	3377.0											
-		iling for an Automatic 3-Month Extension, o											
		iling for an <b>Additional (Not Automatic) 3-Mo</b> <i>plete Part II unless</i> you have already been g											
a corp 8868 t Return	oratio o requ o for	illing (e-file). You can electronically file Form n required to file Form 990-T), or an additiona- uest an extension of time to file any of the f "ransfers Associated With Certain Personal . For more details on the electronic filing of th	al (not auto orms listed Benefit (	omatic) 3-month extensi d in Part I or Part II with Contracts, which must	on of time. You can the exception of the sent to the II	an ele f Fori RS in	ectron n 887 pape	ically file Form 70, Information er format (see					
Part	1	Automatic 3-Month Extension of Time	. Only sub	omit original (no copie	s needed).	***************************************	***************************************						
A cor	oratio	on required to file Form 990-T and reques	sting an a	utomatic 6-month exte	ension-check thi								
		porations (including 1120-C filers), partnershi											
		e tax returns.	•	·	•								
				En	ter filer's identifyin	g nun	nber, s	see instructions					
Type	)r	Name of exempt organization or other filer, see in	structions.		Employer identi								
print	•	ALZHEIMER'S ASSOCIATION				36-34	63656	;					
File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)													
due date for 225 N. MICHIGAN AVENUE, 17TH FLOOR													
filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions													
	eturn. See nstructions. CHICAGO, IL 60601-7633												
Enter t	he Re	turn code for the return that this application is	s for (file a	separate application for	each return) .			. 01					
Appli	cation		Return	Application				Return					
is For			Code	ls For				Code					
Form	990		01	Form 990-T (corporation	on)			07					
Form	990-E	L	02	Form 1041-A	······································			08					
Form	990-E	Z	01	Form 4720		***************************************		09					
Form	990-F	F	04	Form 5227			-	10					
Form	990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069	<del></del>		***************************************	11					
Form	990-T	(trust other than above)	06	Form 8870				12					
Telep	hone organ	are in the care of ► RICHARD HOVLAND, CO  No. ► 312-335-5771  vization does not have an office or place of but	F. usiness in t		this box								
<ul><li>If this</li></ul>	is for	a Group Return, enter the organization's four	r digit Grou	up Exemption Number (	GEN) 9334	1	If	f this is					
		group, check this box ▶ 🔲 . If i		t of the group, check thi	sbox	▶ [	and     and	l attach					
		names and EINs of all members the extension			- Markon - A Constant - A Const	*******************************							
	until for the	est an automatic 3-month (6 months for a co FEBRUARY 15 , 20 13 , to file the exent e organization's return for: calendar year 20 or	•	•	,		The (	extension is					
2	► ☑ t	ax year beginning July 1 tax year entered in line 1 is for less than 12 m	, 20	11 , and ending	June 30		, 4	20 12 .					
	- destant	tax year entered in line 1 is for less than 12 fr ange in accounting period	ionnis, che	suk reason. [] Initial fet	um Urmairet	um							
За	f this	application is for Form 990-BL, 990-PF, 990	-T, 4720, d	or 6069, enter the tental	tive tax, less any	No.		annum de militario					
		fundable credits. See instructions.				3a	\$						
		application is for Form 990-PF, 990-T, 4											
		ated tax payments made. Include any prior ye				3b	\$						
		ce due. Subtract line 3b from line 3a. Include 3 (Electronic Federal Tax Payment System). S			quired, by using		-						
	-	are going to make an electronic fund withdrawal			O and Farm 9970 C	3c		nt instructions					

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

ST	EIN	CHP#	NAME	ADDRESS	CITY	ZIP
						<u> </u>
CA	94-2897949	20	Northern California and Nevada	1060 La Avenida	Mountain View	94043
CO	84-0908354	24	Colorado	455 Sherman Street, Suite 500	Denver	80203-353
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 Bivd., Suite 2610	Honolulu	96814-490
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
N	35-1747836	67	Greater Indiana	50 East 91st Street, Suite 100	Indianapolis	46240
Α	42-1333384	73	East Central Iowa	317 Seventh Avenue, SE, Suite 402	Cedar Rapids	52401
(S	20-5107941	75	Central and Western Kansas	347 South Laura	Witchita	67211
<b>(Y</b>	36-4497854	78	Greater Kentucky and Southern Indiana	Kaden Tower 6100 Dutchmans Lane, Suite 401	Louisville	40205
1E	01-0428502	82	Maine	383 U.S. Route 1, Suite 2C	Scarborough	04074
S	48-0934474	100	Heart of America	3846 West 75th Street	Prairie Village	66208
10	43-1344786	101	Mid Missouri		Columbia	65201
10	43-1485251	103	Southwest Missouri	1630 W. Elfindale	Springfield	65807
IE	48-0931989	108	Great Plains	1500 South 70th Street, Suite 201	Lincoln	68506
IE	47-0648438	109	Midlands	1941 South 42nd Street, Suite 205	Omaha	68105
ΙY	36-3487171	117	Central New York	441 West Kirkpatrick Street	Syracuse	13204
Υ	14-1695487	118	Hudson Valley/Rockland/Westchester, NY		Poughkeepsie	12601-402
Y	16-1159941	123	Rochester		Rochester	14620
Y	16-1181599	128	Western New York		Williamsville	14221
н	34-1454446	135	Greater East Ohio Area	· • · · · · · · · · · · · · · · · · · ·	Hudson	44236
H	34-1311175	139	Cleveland Area		Beachwood	44122
Н	31-0996236	140	Central Onio		Columbus	43215
н	31-1031867	143	Miami Valley		Dayton	45449
н	34-1423768	144	Northwest Ohio		Toledo	43615-282
ĸ	73-1183372	147	Oklahoma/Arkansas		Tulsa	74137
ıR	93-0813252	148	Oregon		Portland	97209
A	23-2280056	156	Delaware Valley		Philadelphia	19106
c	57-0792592	161	South Carolina	<b>4</b>	Anderson	29621
D	32-0151779	162	South Dakola		Sioux Falls	57104
x	75-2041194	172	Greater Dallas		Dallas	75204
Ť	03-0286299	179	Vermont	\$	Williston	05495
A	54-1309570	181	Central and Western Virginia		Chadottesville	22901
Â	54-1204329	182	Southeastern Virginia		Norfolk	23502
A	52-1196162	184	National Capital Area		Fairfax	22030
À	54-1263555	185	Greater Richmond		Glen Allen	23060
v	36-3487172		West Virginia			25387
<del>ill</del>	39-1493227		Greater Wisconsin	**************************************	Charleston Green Bav	54311
<b>#</b>	39-1350965		Southeastern Wisconsin	4	Green Bay Milwaukee	53214
s	64-0786327		Mississippi Chapter	<del></del>		
N N			Mid South	·	Ridgeland	39157
-+	62-1860364		Greater Iowa	•	Nashville	37220
A	42-1520582				West Des Moines	50266
A	91-1409620	233	Inland Northwest	910 West 5th Avenue, Suite 256	Spokane	99204

<sup>\*\*\*</sup> These are the chapters we are estimating to be included in the group return

54, 309.

4 e Total program service expenses >

Page 3

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	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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	3	Voga programma a voga para a v	Х
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	4	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	5		
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	6	incurrence of the control of the con	Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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	9		Х
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	10	Χ	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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	11 a	Х	
	<b>b</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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	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	11 c		Х
	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	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	Х	
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	<b>b</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	12b		Χ
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
	<b>b</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	14b		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	15		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	16		Χ
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)	17		Χ
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	18	Х	
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.	19	X	
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	-	

34

35a

35b

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37

Χ

Х

Form 990 (2011) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х 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? If 'Yes,' complete 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedulé K. If 'No,'go to line 25................ 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 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? If 'Yes,' complete 25b Χ Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. 26 Χ Χ 27 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? If 'Yes,' complete Schedule L. Part IV . . . . . . 28a Χ **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. . . . 31 Х 32 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,

Form 990 (2011) BAA

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Form 990 (2011) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

-	Check if Schedule O contains a response to any question in this Part V			÷Γ
		ESSESSES STATE	Yes	No
1 8	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
t	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
	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			
ŧ	alf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
Ł	alf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
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)?	4 a		Х
Ł	o If 'Yes,' enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c	tf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
ł	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7 a	Х	
Ł	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Χ	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с	S of Great	X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
ä	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
ä	a Gross income from members or shareholders			
Ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	·		
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
t	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
â	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
k	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		· ·	
C	Enter the amount of reserves on hand			
4 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
1.	attivaci has it filod a Form 700 to report these navments? If 'No i provide an evalanation in Schadule O	14h		ĺ

	1330 (2011) Additional to Discharge And Control And Co			age u								
Par	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in										
	Check if Schedule O contains a response to any question in this Part VI			. X								
Sec	tion A. Governing Body and Management											
		0	Yes	No								
1 a	Enter the number of voting members of the governing body at the end of the tax year											
Ł	Enter the number of voting members included in line 1a, above, who are independent 1b 714	TIME										
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?	2		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?	3	X									
4	Did the organization make any significant changes to its governing documents		***************************************									
	since the prior Form 990 was filed?	4		Х								
5 Did the organization become aware during the year of a significant diversion of the organization's assets?												
6 Did the organization have members or stockholders?												
· · · · · · · · · · · · · · · · · · ·												
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?												
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b	e dispe	Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	a The governing body?....................................	8 a	X									
b	Each committee with authority to act on behalf of the governing body?	8 b	X									
	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	9	······································	Х								
Sec	tion 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?	10 a		Х								
b	of 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?	10 b										
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Χ								
k	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Χ									
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	Х									
13	Did the organization have a written whistleblower policy?	13	Χ									
14	Did the organization have a written document retention and destruction policy?	14	Χ									
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?											
a	The organization's CEO, Executive Director, or top management official	15 a	Х									
	Other officers of key employees of the organization	15b	Х									
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	E 1, 1										
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?	16a		X								
	of 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?	16b										
17	List the states with which a copy of this Form 990 is required to be filed ► EACH CHAPTER FILES IN THEIR RESPE	CTIV	ST	ATES								
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 inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request			THE STATE SAFETY								
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	ole to										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	in:										
		121	135-5	1771								

Form 990 (2011) Page **7** 

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

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

1a Complete this table for all persons required to be listed. 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.

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

ISA

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	yee	es,	and I	lig	hest Compensat	ed Employees	(contir	ued)	
(A) Name and title	(B) Average hours per week (describe	(do r box,	not ch unles	Pos eck s pe a d	ition more	e than c is both or/trust	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	oth		of
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC		from the organizatio and related organization	on d
15) MICHAEL KIRKLAND BOARD DIRECTOR	.75	х	1000					0		0		0
16) JOAN MARKS BOARD DIRECTOR	.75	X						0		0		0
17) PETER REED BOARD DIRECTOR 18) PAT SIPPEL	.75	X					TO THE PERSON OF	0		0		0
BOARD DIRECTOR 19) LISA SULLIVAN	.75	X						0		0		0
BOARD DIRECTOR 20) ALEX TSAO	.75	X		and the second				0		0		0
BOARD DIRECTOR 21) HOWARD WAHL BOARD DIRECTOR	.75	X						0				0
22) LESLIE WALKER BOARD DIRECTOR	.75	X						0		0		0
23) KELLY ROGERS BOARD CHAIRMAN	4.00	Х		Х				0		0		0
24) SARAH LORANCE BOARD VICE CHAIRMAN 25) TOM HURLEY	4.00	Х		Х				0		0		0
BOARD SECRETARY	4.00	Х		Х			<b></b>	0		0		0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)					· · ·		<b>*</b> *	5,924,743. 5,924,743.		0	379,7 379,7	
Total number of individuals (including but not reportable compensation from the organization)		hose l		l at	oove	e) who	o re	ceived more than	\$100,000 of			,
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	٠.	No X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	0?	lf.	"Yes	," (	complete Schedul	e J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	mpen:	satio	n f	rom	any	unr	related organizatio	on or individual	5		X
Complete this table for your five highest communication from the organization. Report of year.											×	
(A) Name and business add	iress						7.7	(B) Description of se	rvices		C) ensation	
												vi=in-ri=noon_r
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				ted		thos	e lis	sted above) who	received			***************************************

Pa	rt VII Section A. Officers, Directors, Tru	Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (describe	(do l box,	not ch unles	Pos neck	c) sition morerson	e than o	one an	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	n	(F) Estimate amount other	of	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	C	from the organizati and relate rganizatio	ion ed	
26)	JAMES PRUGH									***				
	BOARD TREASURER	4.00	X		Х				0		9		0	
27)	J.J. JORDAN			in the second					-					
	BOARD MEMBER AT LARGE	4.00	X					-	0		9		0	
28)	CHRIS BINKLEY										0			
201	BOARD MEMBER	3.00	Х				-	-	U		4		0	
29)	MARGY CHRISTIAN	1 00	Ų,			-							0	
201	BOARD MEMBER ADAM DUERR	1.00	X	$\vdash$				-	U		U		<u>U</u>	
201	BOARD MEMBER	1.00	Х			WOODS AND ADDRESS OF THE PARTY			0				0	
311	ANDREA GEORGE	1.00	^	-				-			1			
	BOARD MEMBER	2.00	Х						٥				0	
321	PHILLIP HEATH	2.00	1.					-			1-			
	BOARD MEMBER	2.00	Х					-	0		ol		0	
33)	MARK IORIO	***************************************												
100 Mar 20	BOARD MEMBER	1.00	Х						0		o		0	
34)	KAY LANDEN													
	BOARD MEMBER	3.00	Х						0		0		0	
35)	DONALD MURPHY, MD													
	BOARD MEMBER	1.00	Х						0		0		0	
36)	DONALD OBERNDORF								***************************************					
	BOARD MEMBER	1.00	X				L		0		0		0	
c d	Total (add lines 1b and 1c)							<b>&gt;</b>	solved move than	\$100,000 of				
2	Total number of individuals (including but not I reportable compensation from the organization		nose 18		a a c	SOVE	e) wn	o re	rceived more than :	\$100,000 01				
			-2 (								***************************************	Yes	No	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										2		X	
											3	+	+^-	
4	For any individual listed on line 1a, is the sorganization and related organizations gre													
	individual								,		4	X		
5	Did any person listed on line 1a receive or													
	for services rendered to the organization? If "Ye										5		Х	
Se	ction B. Independent Contractors													
1	Complete this table for your five highest companies compensation from the organization. Report coyear.											×		
*********	(A) Name and business addr	ress			***************************************			Total Basic Basic	(B) Description of se	rvices	(Compe			
											4			
***************************************	***************************************			************	*********	stene stemates		-			***************************************	***************************************	*******************	
		***************************************				***************************************		t				***************************************		
			***********************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************	***************************************		Ì						
2	Total number of independent contractors (in more than \$100,000 in compensation from the				itec	i to	thos	e li	sted above) who	received				

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	not che unless er and	pers a dir		one 1 an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organization (W-2/1099-M	n from	cor or ar	(F) Estimated from the ganization relate ganization and the ganization and the ganization from the ganization and the ganizatio	of tion e on ed
) LINDA PEOTTER BOARD MEMBER	1.00	X		additional production			0	on the second se	0			
) GREG PFAHL BOARD MEMBER	2.00	X	and the second s				0		0			
) BERNARD POSKUS, ESQ BOARD MEMBER	2.00	Х					0		0			
) DANIEL THOMAS BOARD MEMBER	3.00	X					0					***************************************
) HARRY WHITE, MD	3.00			+					7			
BOARD MEMBER	1.00	X				-	0		0			
) FRED WOLFE BOARD MEMBER	1.00	X										
) PATRICIA GIBBS	1.00			-			V		-4			
BOARD CHAIRMAN	2.00	Х		Х	***************************************		0		o			
) MARISSA CREAN				-								
BOARD VICE CHAIRMAN	1.50	Х		X			0		0			
) WILLIAM KOWALEWSKI				-	Penana atau							
BOARD SECRETARY	1.50	Х		X		ļ	0		0			
) DANIEL WOLLMAN												
BOARD TREASURER	2.00	X	-	X			Ú Ú					_
) GREGORY SMITH BOARD DIRECTOR	.75	Х					_					
Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to the		 listed	-		▶ o re	ceived more than	\$100,000 of				
	.,	.4 %							***************************************		Yes	N
Did the organization list any former office	er, directo	r, or	trus	tee	, key	emp	loyee, or highest	compensa	ted			
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividua	a/ .						3	ļ	1
For any individual listed on line 1a, is the organization and related organizations granted individual.	eater than	\$15	0,00	0?	If "Ye.	s," (	complete Schedul	le J for su	ich	4	Y.	
individual	accrue coi	mpen	satio	n fr	om any	uni	related organizatio	on or individ	ual	5	4 4	)
ection B. Independent Contractors	.,					L				-i		******
Complete this table for your five highest comcompensation from the organization. Report of year.												
(A)							(B)			(C)		
Name and business add	Iress					-	Description of ser	rvices	Сс	mpen	sation	
						-						
				***************************************								
			Vachana de Marchana									
Total number of independent contractors (ir more than \$100,000 in compensation from th				ted	to thos	se li	sted above) who	received				

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and I	Hig	hest Compensat	ed Employee	s (cc	ontinue	·d)	
(A) Name and title	(B) Average hours per week	box,	not ch unles	Pos ieck s pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation for related		arr	(F) itimated nount of other pensati	sf .
	(describe hours for related organizations in Schedule O)	or director		Officer	Key employee	Highest compensated employee	Fome	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	Ĭ	fro orga and	om the anizatio d related anization	on d
48) CATHY BUTLER		- Constant and a cons								1000			***************************************
BOARD DIRECTOR	.75	X					<u> </u>	0		0_			0
49) LINDA WORDEN BOARD DIRECTOR	.75	X	designation to the state of the		Ý	A PARTICIPATION OF THE PROPERTY OF		0		0			O
50) RICHARD MEISENHEIMER													
BOARD DIRECTOR	.75	Х						0		0			0
51) MOLLY REESE-GAVIN													
BOARD DIRECTOR	.75	Х						0		0			0
52) CRAIG JOHNSON													
BOARD DIRECTOR	.75	Х						0		0			0
53) JAY KEARNS						*		Parlamentum					
BOARD DIRECTOR	.75	X						0		_0_			0
54) JENNIFER KEYES-SMITH		-											
BOARD DIRECTOR	.75	X	-				ļ	0					0
55) MIKE MARINACCIO		3.7											^
BOARD DIRECTOR	.75	X				-		9		<u> </u>			0
56) ERIC RENNIE	7.5	V						_					0
BOARD DIRECTOR 57) RICHARD FISHER	.75	X	-		-	<del> </del>	-	0					
BOARD IMMEDIATE PAST CHAIRMAN	.75	Х						0					0
58) ENRIQUE PINEIRO	• / 3	1-			-			V		4			
BOARD CHAIR	3.00	X		Х				0		0			0
1h Sub-total	L	1	1 [		1	l				-			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A			-		· · ·	<b>&gt;</b>						
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of				
reportable compensation from the organization	n <b>&gt;</b>	18	3									,	
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the organization and related organizations gre	sum of rep eater than	oortab \$15	ole co 50,00	om )0?	per	isatioi "Yes	n ar s," (	nd other compens	sation from the le J for such	e h			
<ul><li>individual</li></ul>											4	X	
for services rendered to the organization? If "Ye											5		X
Section B. Independent Contractors			***************************************										
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>													
(A) Name and business add	lress						and observed the second of the	(B) Description of se	rvices	Cc	(C) mpens	ation	
							1						
			-,,-,,-,	,		·····				***************************************		wassammanasana.	FRANCES AND ADDRESS OF A
												VIII ** *******************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2 Total number of independent contractors (ir	actuding h	it not	lim	iter		thac	نا ۾	sted ahove) who	received				-puntual angle and resource
more than \$100,000 in compensation from the				nel	<i>i</i> (C	, 11102	ic II	ated above) WHO	. CCCIVEU				

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)	box,	Position (do not check more the box, unless person is officer and a director of individual trustee)  Position P		re than one n is both an stor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISO	Professional Control Control	am com fro orga and	(F) stimated nount of other pensation the anization d related anization	f ion on d	
59) ELLIOTT STARMAN										1			
BOARD VICE CHAIR	1.00	X		Χ				0		0			0
60) MONIKA KRUMBOCK	-					Option and the second of the s	or a supplemental	vanoramandele eve		doctors decrease			
BOARD TREASURER	1.00	Х		X			<u> </u>	0		9			0
61) PHILLIP MROZINSKI	1		area constant		-								
BOARD ADVISORY MEMBER	1.00	X						U		4			0
62) CARL SADOWSKY  BOARD ADVISORY MEMBER	1.00	X			1								0
63) SAMUEL FERRERI	1.00									7			
BOARD EMERITUS DIRECTOR	1.00	X				V-10-10-10-10-10-10-10-10-10-10-10-10-10-		0	decimal and the second and the secon	0			0
64) JOSEPH KARP													
BOARD DIRECTOR	1.00	Х						0		0			0
65) JOYCE MCLENDON													
BOARD DIRECTOR	1.00	Х						0		0			0
66) WILLIAM SUSSMAN, ESQ	-							And the second s					
BOARD DIRECTOR	1.00	X						0		0			0
67) JOEL LEVY	-						-	_					
BOARD DIRECTOR	1.00	X						0		4			0
68) MARYLOU WATCHMAN	1 00	V											0
BOARD DIRECTOR 69) DEBORA THOMPSON	1.00	Х	-					0		4			0
BOARD DIRECTOR	1.00	Х						0					0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organizatio	limited to t	  hose	liste				> > > re	ceived more than	\$100,000 of				
						···-						Yes	No
3 Did the organization list any former office	er, directo	r. or	tru	ste	e.	kev e	emp	lovee, or highest	compensated				·
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividu	ial .							3		Χ
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satior	n ar	nd other compens	sation from the				
organization and related organizations gr	eater than	\$15	0,00	00?	lf.	"Yes	i," (	complete Schedui	le J for such				
individual											4	Х	Najandahiladi da
5 Did any person listed on line 1a receive or	accrue coi	mpen	satio	n f	rom	any	uni	related organizatio	on or individual				
for services rendered to the organization? If "Y Section B. Independent Contractors	es," compiei	te Scr	reaui	le J	tor	such	pers	son	* * * * * * * * *		5	L	<u>X</u>
Complete this table for your five highest com	nancated i	ndone	nde	nt r	cont	racto	re ti	hat received more	than \$100 000	) of	***************************************		
compensation from the organization. Report of year.													
(A)	1						The state of the s	(B)			(C)	A	to Dear O De Amelilia
Name and business add	ness		***************************************			t i de de de la maio manda a mandi de c	1	Description of se	rvices		mpens	ation	hteriologiche emphasis
					and an account of the	charland Charactery page						,	
	~~~~					***************************************					***************************************	***************************************	
		***************************************					-	, , , , , , , , , , , , , , , , , , ,		***************************************		viiii :=*********************************	***************************************
			***************************************		***************************************		1	** ************************************					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				itec	f to	thos	e li:	sted above) who	received				NAMES TO THE PARTY OF THE PARTY

Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employee	es (co	ontinued)	
(A)	(B)			(	C)			(D)	(E)	elina eliterati	(F)	
Name and title	Average			Pos	sition			Reportable	Reportable		Estimated	
	hours per	(do	not c	heck	mor	e than o	one	compensation	compensation t	from	amount of	
	week					is both		from	related	-	other	
	(describe	-	7		-	tor/trus		the	organization	3	compensation	m
	hours for related	la na	nst	Officer	(e)	ingh digh	Former	organization	(W-2/1099-MI	SC)	from the organizatio	n
	organizations	/idu	tuti	ær	em	loye	ner	(W-2/1099-MISC)			and related	
	in Schedule	Individual trustee or director	ona		Key employee	e cor					organization	
	0)	1st	1		60	npe						
		99	Institutional trustee			Highest compensated employee						
					-	ted			***************************************			
70) MARK TODD											***************************************	****
BOARD DIRECTOR	1.00	X		***************************************				0		ol		(
71) BARBARA BREITSTEIN												
BOARD DIRECTOR	1.00	X					-	0		ol		(
72) STUART GAINES				-	<b>-</b>	-				-		
BOARD CHAIR	2.00	X		X					THE STATE OF THE S			-
	2.00	1	-		-		+	0				
73) JAMIE GLAVICH	1						and the same of th		-			
BOARD VICE CHAIR, SECRETARY	1.00	X		X	-	-	-	U			·	(
74) PAMELA GHEZZI	_											
BOARD TREASURER	1.00	Х		Х				0		0		(
75) RANDY C. BRYAN			-									
BOARD MEMBER	1.00	Х						0	TO THE PROPERTY OF THE PROPERT	0		(
76) SALLIE DREYER												
BOARD MEMBER	1.00	Х						0	no una de constante de constant	ol		(
77) BRANDY GREGG	1	1			<u> </u>	<b></b>				-		
BOARD MEMBER	1.00	Х						_				r
	1.00	^	-		-		-			-4		
78) CARLOS HERNANDEZ												
BOARD MEMBER	1.00	Х			-			0				(
79) KENT JUSTICE												
BOARD MEMBER	1.00	X						0		0		(
80) WENDA LEWIS									The state of the s			
BOARD MEMBER	1.00	Х						0		0		(
1b Sub-total							<b>&gt;</b>					
c Total from continuation sheets to Part VII, S			• •		• •		•					
d Total (add lines 1b and 1c)							•				<del></del>	
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
reportable compensation from the organizatio				u u.	5070	<i>3)</i> <b>**</b> ****	0 10	.corved more than	ψ 100,000 of			
***************************************						<del></del>					Yes	No
3 Did the organization list any former offic	or directo	ur a.r	+r.	into	_	(0) (	m	lovas or highoot		, al		
employee on line 1a? If "Yes," complete Sched											3	X
											3	
4 For any individual listed on line 1a, is the												
organization and related organizations gr										:h		
individual											4 X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	es," comple	te Sch	redu	ile J	for	such	pers	son	* * * * * * X X	*	5	Х
Section B. Independent Contractors			************			****	*****					
1 Complete this table for your five highest com												
compensation from the organization. Report of	compensati	on for	the	cal	lend	lar ye:	ar e	ending with or with	in the organiz	ation'	s tax	
year.												
(A)	handanandaddaaddaadhandhaaddadd d Medda	***************************************	***********	***********				(B)			(C)	
Name and business add	fress							Description of se	rvices	Co	mpensation	
		~			***********	***************************************	+		100			
		***************************************	***************************************				+					
	***************************************	****************		******			-		Maria de la compania del compania del compania de la compania del la compania de		······································	
				******			-	,,			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		****		,.,,,			ļ			***************************************		~~~~~~
	***************************************					***************************************						
2 Total number of independent contractors (in				iitec	d to	thos	e lis	sted above) who	received			
more than \$100,000 in compensation from th	e organizat	ion 🕨	•									

Part VII Section A. Officers, Directors, Tru	ustees, Ke	es,	and I	Hig	hest Compensat	ed Employ	ees (d	continue	∍d)				
<b>(A)</b> Name and title	(B) Average hours per week (describe hours for	box,	unle: er and	Pos neck ss pe d a c	erson Jirec	e than o is both tor/trus!	an tee)	(D) Reportable compensation from the	(E) Reportab compensation related organization	n from ons	an com	(F) stimated nount o other opensation the	of ion
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	MISC)	org an	anizatio	on ed
81) ROBERT MORGAN BOARD MEMBER	1.00	Х						0		0			0
82) TONY PESARE BOARD MEMBER 83) KENYATTA RIVERS	1.00	Х						0	The control of the co	0			0
BOARD MEMBER 84) TRICIA MEDEIROS	1.00	Х		-3				0		0			0
BOARD CHAIR 85) WENDY TAKESHITA WONG	1.00	Х		Х		THE PROPERTY AND PARTY AND		0		0			0
BOARD VICE CHAIR  86) MICHAEL F.K. (MIKE) BUCK  BOARD TREASURER	1.00	X		X X		***************************************		0		0		***************************************	0
87) SUZIE NEUFELDT  BOARD SECRETARY	1.00	X		X		NOOR DESCRIPTION OF THE PROPERTY OF THE PROPER		0		0		And Hilliam re-	0
88) HELEN ARAKAKI BOARD DIRECTOR	1.00	Х						0		0			0
89) RITABELLE FERNANDES, MD, MPH  BOARD DIRECTOR	1.00	X						0		0			0
90) CRAIG K. NAKAMOTO BOARD DIRECTOR 91) ALENKA REMEC	1.00	Х						0		0			0
BOARD DIRECTOR	1.00				•		<b>&gt;</b>	0		0			0
d Total (add lines 1b and 1c)		 hose	 liste				o re	ceived more than	\$100,000 o	f			
reportable compensation from the organization	1 ▶	18								······································		Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu									*		3		Х
<b>4</b> For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0.0	00?	lf.	"Yes	s, " (	complete Schedu	le J for su	uch	4	X	or overse and ordering and overse
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co	mpen	satio	on t	fron	n any	uni	related organizatio	on or individ	ual	5		X
Complete this table for your five highest com- compensation from the organization. Report c year.													,
(A) Name and business add	ress					v 2234 man a samuel	***************************************	(B) Description of se	rvices	C	(C) Compens	sation	
							The state of the s						
2 Total number of independent contractors (in	acluding h	if not	line	ito:		than	- F	etad should who	received				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				net(	ا ال	11105	rc II	accu above, will	received				

Part VII Section A. Officers, Directors, Tro	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees	(cor	ntinuec	1)	
(A) Name and title	(B) Average hours per week (describe	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	om	Esti amo	(F) mated ount of ther ensation	f
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		orgar and	n the nizatio relateo sization	i
92) ADELE RUGG						0							
BOARD DIRECTOR	1.00	Х						0		0			0
93) CHAD YOUNG				The same of the sa						on the same of the			
BOARD DIRECTOR	1.00	Х	ļ					0		_0			
94) SUSAN DAWSON-TIBBITS						The state of the s	200		Anger Indoor				
BOARD PRESIDENT	.50	X		Х				U		<u> </u>			(
95) NICK ESSER BOARD VICE PRESIDENT	.50	X		Х					Account Account of the Country of th				_
96) KIM SANDERS	.30		-			-				1			
BOARD SECRETARY	.50	X		Х				0		a			(
97) ERIK PETTIT										1			
BOARD TREASURER	.50	Х		Х				0		0			C
98) LISA BALRAJ				-									
BOARD MEMBER AT LARGE	.50	X		Х				0		0	***************************************		C
99) CHRIS BLAKEMAN													
BOARD MEMBER AT LARGE	.50	X		Х	-			0		_0			
BOARD MEMBER	.50	X					Melona Processon	0					0
.01) THOMAS CALDERA, JR.								<u> </u>		4	***************************************		
BOARD MEMBER	.50	Х						0		o			С
02) KATHY CHAMBERLAIN					<b>†</b>								
BOARD MEMBER	.50	Х						0		0			0
1 b Sub-total	ection A ,						<b>*</b> * *						
2 Total number of individuals (including but not reportable compensation from the organization		hose 18		d a	bove	e) who	o re	ceived more than	\$100,000 of				
Toportable compensation from the organization		TC	)							***************************************		Yes	No
3 Did the organization list any former office	er directo	r or	tri	iste	e e	kev e	mn	llovee or highest	compensated	-		103	
employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the	sum of rer	ortab	le d	com	pen	satior	n ar	nd other compens	sation from the				,
organization and related organizations gre	eater than	\$15	0,0	00?	) If	"Yes	," (	complete Schedu	le J for such	ANOREM STATE	1	la Halliddon	
individual										die de la constante de la cons	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										A Principal Control of the Control o	_		Х
Section B. Independent Contractors	ss, comple	16 361	euu	iie J	101	Sucii	per.	SUII			5		
Complete this table for your five highest com- compensation from the organization. Report of year.											tax		***********
(A) Name and business add	lress	***************************************	***************************************					(B) Description of se	rvices	Con	( <b>C</b> ) npensa	ition	***************************************
							-			************			
			/				-			*******			
	hadrand man gog gog managatyra mag dalamid danii daladad daladad hadranii dhaa ma						ļ						
3. Total number of independent contract.	Soludian F.	, b 4	11-		-i *	* h. ~ -	<u>                                     </u>	atad abarah ubi	rocking	~~~~		······································	-
2 Total number of independent contractors (ir more than \$100,000 in compensation from th				ше(	J (0	trios	e II	sieu above) who	received				

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees	(continu	ed)	***************************************
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unle	Pos heck ss pe	erson	than or is or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fron related organizations (W-2/1099-MISC)	cor or	(F) Estimated mount of other npensatifrom the ganization d relate ganizatio	of ion on d
03) AMANDA CICCIARELLI						-				100		
BOARD MEMBER	.50	Х						0		0		C
04) JEFFERY JOHNSON				nav. i seldende		and the second s						
BOARD MEMBER	.50	X			-			0		0		0
05) WILLIAMS PHILLIPS IV				de la			-					
BOARD MEMBER	.50	X			-			0		0		C
.06) THERESA TAYLOR		.,,			and the latest and th	Total State	and the same of th					_
BOARD MEMBER	.50	X	-					<u> </u>		U		0
07) TERESA TUCKER		.,				ve a reconstitute						0
BOARD MEMBER	.50	X			ļ		-	0		U		C
.08) MELODY YUTAKIS	.50	Х		ATTENDAMENT OF THE PERSON OF T		and the same of th	-	1				C
BOARD MEMBER 09) PAUL CAPONIGRI	.30									VI .		
BOARD CHAIR	10.00	Х		Х				1				О
10) MIKE O'BRIEN	10.00	1 - 23	<u> </u>				<del> </del>			1		
BOARD TREASURER	10.00	Х		Х				0		ol		C
11) BRYAN SELANDER	10.00	1		1								
BOARD SECRETARY	5.00	Х		Х		-		1 0		ol		0
12) JOAN BARRIS	3.00	1		1.								
BOARD MEMBER	5.00	X						0		o		O
13) KARA CAMPBELL												
BOARD MEMBER	5.00	Х						0		ol		C
1b Sub-total			***************************************	************	***************************************		<b>&gt;</b>					
c Total from continuation sheets to Part VII, S							<b>&gt;</b>					
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but not							o re	eceived more than	\$100,000 of			
reportable compensation from the organization		18	_			,						
											Yes	No
3 Did the organization list any former office	er, directo	or. or	tru	ıste	e.	kev e	emp	olovee, or highes	t compensated			
employee on line 1a? If "Yes," complete Schede										3		Х
4 For any individual listed on line 1a, is the	sum of rea	oortak	ıle d	nom	nen	satio	n ai	nd other compens	sation from the			
organization and related organizations gre												
individual										4	X	
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on :	fron	n any	un	related organization	on or individual			
for services rendered to the organization? If "Ye	es," comple	te Scl	nedu	ile J	l for	such	per	son		5		X
Section B. Independent Contractors					****		*******			, j		***************************************
1 Complete this table for your five highest com- compensation from the organization. Report of year.											(	
(A)	***************************************			****				(B)	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(C	.)	***************************************
Name and business add	fress						2	Description of se	rvices	Comper		
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				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,-						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
	**************************************				***************	~						
2 Total number of independent contractors (in				rite	d to	thos	se li	isted above) who	received			
more than \$100,000 in companyation from th	a arganisa	tion -	_						1			

(A)	(B)			(0	C)			(D)	(E)		(F	=)	
Name and title	Average				sition			Reportable	Reportable		Estim		
	hours per	, ,				e than o		compensation	compensation fro	m	amou oth		
	week (describe					tor/truste		from the	related organizations		compe		n
	hours for	9 70	ī,	ç	₹e	e Hig	Ti O	organization	(W-2/1099-MISC	:)	from		
	related	dire	Ť	Officer	y en	ploy	Former	(W-2/1099-MISC)	`		organi		
	organizations in Schedule	ct ai	Institutional		Key employee	t co	,	00000000000000000000000000000000000000			and re organiz		ŝ
	0)	Individual trustee or director	al trus!		yee	mpe					3		
		60	stee			Highest compensated employee							
					<u> </u>	ed		7 TO THE TOTAL TOT					
4) LAURA FIELD	-												
BOARD MEMBER	5.00	X						0		9			
5) JOSEPH HARRINGTON													
BOARD MEMBER	5.00	X			-			0		9_			- (
6) DANI JACHINO								- Constitution of the Cons					
BOARD MEMBER	5.00	X						0		9_			(
7) TOM MAZUR					-								
BOARD MEMBER	5.00	Х						0		0			(
8) KERRY PECK					and the second								
BOARD MEMBER	5.00	Χ						0		0			
9) SCOTT PERRY													
BOARD MEMBER	5.00	Χ						0		0			-
0) RYAN RIGGS													
BOARD MEMBER	5.00	Х						0		0			
1) ANGELA RILEY													
BOARD MEMBER	5.00	Х						0		0			(
2) RAJ SHAH													
BOARD MEMBER	5.00	Х						0		ol			(
23) SHERI SUPENA										1			
BOARD MEMBER	5.00	Х						0		0			(
24) JAN TRATNIK	7.00							~		1			
BOARD MEMBER	5.00	Х						0					
	1 3.00				I	II				1			
1b Sub-total					• •								
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	_				• •					-			
2 Total number of individuals (including but not							2 0	enived more than	\$100 000 of	L_			
reportable compensation from the organization				u ai	DUV	e) wiic	) I C	ceived more than	\$100,000 01				
										***********	Υ	'es	No
3 Did the organization list any former office	er, directo	r. or	tru	ıste	e,	kev e	mp	lovee, or highes	t compensated				
employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the	cum of rar	ortah	ام د	·om	ner	reation	n ar	nd other compens	ation from the				
organization and related organizations gro										1	and a second		
individual											4	Х	
5 Did any person listed on line 1a receive or													
for services rendered to the organization? <i>If</i> "Ye											5		Χ
Section B. Independent Contractors				***********			<u></u>						
Complete this table for your five highest com	nensated i	ndene	nde	ent i	con	tractor	rs t	hat received more	than \$100.000	of			**********
compensation from the organization. Report of											s tax		
year.													
(A)				*********			1	(B)		****	(C)		*********
Name and business add	fress						-	Description of se	rvices	Cor	mpensat	ion	
		~					-	E					
							<b>†</b>				-9-9-9-9		***************************************
					************		-	aydelyanda salaayadayadayadaylaaayaaddaaladaaaydaadayaaddaadd					**************
									-				
		*********	***************************************	***************************************			The second secon			****************	·······		
		***************************************								***************************************	***************************************		

(A) Name and title	(B) Average hours per week (describe hours for	box,	unle er an	Pos heck ss pe	erson direct	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	Reportable compensation from related organizations	and and a series of the series	(F) Estimate amount other impensa from th	of ation
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	6	rganizat ind relat ganizati	tion ted
NICK TZITZON BOARD MEMBER	5.00	X	i i i i i i i i i i i i i i i i i i i				The state of the s	0	(			
CAROLYN CUNNINGHAM BOARD PRESIDENT	6.00	X		X				0				
MAUREEN BECHER-SAGE BOARD SECRETARY/TREASURER	6.00	X		Х				0			***	
PHIL NICELY BOARD CHAIR RESOURCE MGMT	4.30	X						0	(			
ARTHUR WACHHOLZ BOARD CHAIR MISSION & OUTREACH	4.30	X			The state of the s				0			_
HALLIE BAILEY BOARD MEMBER AT LARGE	4.30	X						0	0			******
DEE DEE KATZMAN BOARD MEMBER AT LARGE	4.30	Х						0	0			
MICHAEL BARTH BOARD MEMBER AT LARGE	4.30 X 0											_
TOM CYRUS BOARD MEMBER AT LARGE	4.30	Х						0		***************************************		
SHERRI DAVIES BOARD MEMBER AT LARGE	4.30	Х						0	0			-
ERIC EASTER BOARD MEMBER AT LARGE	4.30	Х						0	0			
Sub-total	ction A						<b>&gt; &gt;</b>					
Total number of individuals (including but not li reportable compensation from the organization	mited to the	nose l		d at	oove	) who	rec	ceived more than \$	\$100,000 of			
Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, director	r, or h indi	tru:	stee	e, k	ey e	mpl	oyee, or highest	compensated	3	Yes	-
For any individual listed on line 1a, is the s organization and related organizations gre individual	um of rep ater than	ortabl \$15	e c	om; 00?	pens <i>If</i>	sation "Yes,	an ″c	d other compens	ation from the		X	
Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes	accrue con	npens	atio	n f	rom	anv	unr	elated organizatio	n or individual	5		- Contraction of the last of t
Complete this table for your five highest complete complete this table for your five highest components from the organization. Report company.	ensated in empensation	depe on for	ndei the	nt c	onti end:	actor	s th	nat received more nding with or withi	than \$100,000 o n the organization	f n's tax	el Millowel et a la met eneme	-
year.  (A)  Name and business addr	ess	***************************************		OUT I I I I I I I I I I I I I I I I I I I	(B) Description of ser	vices C	(C) ompen					
			A afannana aganta	*********								
Total number of independent contractors (inc	duding hul	l not	limi	itod	t ~	thoca	lic	ted above) who i	received	MARKET ANALYSIS AND		

Part VII Section A. Officers, Directors, T	rustees, Ke	and I	Hig	hest Compensat	ed Employees (	continued)				
(A) Name and title	(B) Average hours per week (describe	box,	unle	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
36) ANNE FISHER CAMPBELL BOARD MEMBER AT LARGE	4.30	Х	Walter State Control of State Control					0		Ò
37) SUZANNE FORTE BOARD MEMBER AT LARGE	4.30	X					- Control of the Cont	0	(	0
38) ANITA GALLIARD BOARD MEMBER AT LARGE	4.30	Х				National Control of Co	Maria	0		0
39) BRIAN HEALEY  BOARD MEMBER A'T LARGE 40) JOANN KLOOZ	4.30	Х						0	(	0
BOARD MEMBER AT LARGE 41) STEVEN MANNING	4.30	Х						0	(	0
BOARD MEMBER AT LARGE 42) RICHARD MOHS	4.30	Х	d and response					0		0
BOARD MEMBER AT LARGE 43) RICK RHODES	4.30	Х						0	(	0
BOARD MEMBER AT LARGE 44) ANDREA SMILEY	4.30	Х					The state of the s	0	(	0
BOARD MEMBER AT LARGE 45) JIM STONE	4.30	X						0	(	0
BOARD MEMBER AT LARGE 46) FRED UNVERZAGT	4.30	Х						0	(	0
BOARD MEMBER AT LARGE  1b Sub-total  c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A .						<b>A A A</b>	0		0
2 Total number of individuals (including but no reportable compensation from the organization)		hose 18		d al	bove	e) who	o re	ceived more than	\$100,000 of	
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scheen										Yes No
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	0,0	00?	l If	"Yes	," (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5 X
Complete this table for your five highest concompensation from the organization. Report year.										
(A) Name and business ad	ddress							(B) Description of se	rvices (	(C) Compensation
2 Total number of independent contractors ( more than \$100,000 in compensation from t				rites	d to	thos	e li	sted above) who	received	

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	nploy	yeε	es, a	nd H	ligl	hest Compensat	ed Employees (	continu	ed)	
(A) Name and title	(B) Average hours per week (describe	box,	not che unless er and	eck s pe a d	ition more rson is irecto	than or s both a r/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	con	(F) stimate nount ( other opensal	of tion
	hours for related organizations in Schedule O)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org ar	rom the panizati id relate anizatio	on ed
47) PATRICK ALLEN										- 1121		
BOARD PRESIDENT	1.00	X		X			40-000	O	(			
48) GARY WICKLUND	1 00											
BOARD VICE PRESIDENT	1.00	X		Х				<u> </u>	\\		****	
49) JEREMY MEAD						- Avenue of the latest of the						
BOARD TREASURER	1.00	X		Х				U	(			(
50) DEBBIE CRAIG												
BOARD SECRETARY	1.00	X		Х				0	{		)	
51) JOEL SCHMIDT			diemeter									
BOARD IMMEDIATE PAST PRESIDENT	1.00	X					undrenuus	0	ļ			
52) CAROLYN BARKO		The state of the s				adain to the same of the same						
BOARD DIRECTOR	1.00	X						O	C			- {
53) RYAN GARDNER												
BOARD DIRECTOR	1.00	X						0	C		managa da karanga kalabara	
54) HAROLD GETTY												
BOARD DIRECTOR	1.00	Х						0				
55) GLORIA GIBSON						- 1						
BOARD DIRECTOR	1.00	Х						0	0			To:
56) KATHY GOOD						43						
BOARD DIRECTOR	1.00	X						0	C			(
57) ANN HAUGLAND					. 5							
BOARD DIRECTOR	1.00	X						0	C			
1b Sub-total		***************************************					<b>&gt;</b>					44
c Total from continuation sheets to Part VII, S	ection A						•					
d Total (add lines 1b and 1c)							•					pro manufactor de la comor
2 Total number of individuals (including but not	limited to t						re	ceived more than	\$100,000 of	A		
reportable compensation from the organization	n 🕨	1.8	3								V	1 1
3 Did the organization list any former office	er directo	r or	truc	etor	a k	OV 01	mn	lovee or highes	t companyated	HE	res	No
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations groups.												
individual										4	X	
5 Did any person listed on line 1a receive or										Man		
for services rendered to the organization? If "Ye										5	The state of the s	Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>												
(A)	aliania de la mandra de la deservación de la defenda de la decembra de la decembr							(B)		(C)		water
Name and business add	ress							Description of se	rvices (	Compen	sation	
					· · · · · · · · · · · · · · · · · · ·							
<u> </u>												
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ted	i to	those	e li	sted above) who	received			

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees	continued)
(A) Name and title	Average hours per week (describe	box,	unle:	Pos heck ss pe d a c	erson lirect	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	PATTIC PA	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
58) ERIC JOHNSON										
BOARD DIRECTOR	1.00	X			ļ	ļ	<u> </u>	0	1	9
59) DOUG JONTZ			***************************************	over the second	energian de la constitución de l		en de la companya de	and the contract of the contra		
BOARD DIRECTOR	1.00	X				<b> </b>	ļ	0		1
BOARD DIRECTOR	1.00				CHARLES CONT.	Amount of the control		_		1
61) KENT ROEDER	1.00	X					-	<u> </u>	<u> </u>	4
BOARD DIRECTOR	1.00	Х				and the second s	or a section of the s	O		
62) JON SEWELL		1					<del> </del>			
BOARD DIRECTOR	1.00	Х						0		d
63) LAURIE SWANSON		-			-	the contract of the contract o	1			and the state of a material and a state of the state of t
BOARD DIRECTOR	1.00	Х						0		
64) DEBBI ELMORE	and the same of th							a de la composito de la compos		
BOARD PRESIDENT	.25	X		Х				0		) C
65) FRED HERMES					Marie Commenter of the					
BOARD VICE CHAIR	.25	X		X				0		9
66) MARY CORRIGAN BOARD SECRETARY	.25	V		Х			ADDRESS OF THE PARTY OF THE PAR			
67) LARRY REGIER	.23	X		Δ.				0		1
BOARD TREASURER	.25	X		Х				0	(	
68) SUZANNE MEEKER		<u> </u>								1
BOARD OFFICER	.25	Х						0	(	
1b Sub-total							<b>&gt;</b>			
c Total from continuation sheets to Part VII, S							>			
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (including but not				d al	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization		1.8	3	***************************************						TVTN-
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	3," (	complete Schedui	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5 X
Section B. Independent Contractors								tent venture de service	14 ¢100 000	- A
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>										
(A)								(B)		(C)
Name and business add	ress							Description of se	rvices	Compensation
							-			22_h24444444244444444444444444444444444
							-			
	····						-		vertear	
							-			
2 Total number of independent contractors (in	cluding bu	ıt not	lim	itec	d to	thos	e li	sted above) who	received	

more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees	(conti	nued)	r age C
(A) Name and title	(B) Average hours per week (describe hours for related organizations	box,	unles	Pos heck ss pe	erson	e than co is both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC		(F) Estimate amount other compensation from the organization of the control of th	of ation ne tion
	in Schedule O)	Individual trustee or director	onal trustee	drovens deprinted pages and appropriate page	ployee	compensated e	THE THE PARTY OF T				organizati	
69) DAVID HAASE												
BOARD OFFICER	.25	X						0		0		0
70) DOUG WATSON		discount of the same of the sa				none prominent of the contract						
BOARD OFFICER	.25	X						0		9		0
71) RICHARD ZABEL BOARD OFFICER	.25	Х							**************************************			^
72) CHRIS SWYERS	•43	1						<u> </u>		9		0
BOARD OFFICER	.25	Х						0		ol		0
73) DEEANNE FAHNESTOCK										1		
BOARD OFFICER	.25	Х						0		0		0
74) RANDY CLINKSCALES										Posterior		
BOARD OFFICER	.25	Х						0		0		0
75) CINDY JOHNSON							nalited develop assure			diameter and the second		
BOARD OFFICER	.25	X						0		0		0
76) SHARON REED BOARD CHAIR	7 00	V		v								_
77) BEN SCHOENBACHLER, MD	1.00	X		Х				0		<u> </u>		0
BOARD VICE CHAIR	1.00	Х		Х				<u>a</u>		0		0
78) BECKY BEANBLOSSOM		<del>                                     </del>		7.						1-		
BOARD SECRETARY	1.00	X		Х				0		0		0
79) TERRY SMALLWOOD												
BOARD TREASURER	1.00	X		Χ				0		0		0
Total from continuation sheets to Part VII, S     d Total (add lines 1b and 1c)      Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				> > re	ceived more than	\$100,000 of			
											Yes	s No
3 Did the organization list any former office	er, directo	r, or	tru	ste	e, F	кеу е	mp	loyee, or highest	compensated			
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividu	ıal .							3	X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,00	00?	lf.	"Yes	," (	complete Schedul	e J for such	and a second sec	1 X	di-docardinament (Marine Common
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue coi	mpen	satio	on f	rom	any	unr	related organizatio	on or individual		5	X
Section B. Independent Contractors												ll=choreneonoon
1 Complete this table for your five highest com- compensation from the organization. Report of year.											ЭX	
(A) Name and business add	lress		***********					(B) Description of ser	rvices		( <b>C)</b> ensation	l
3. Total number of industrial and a second of in	a a bushinun b		16		4 4 -	* f					***************************************	
2 Total number of independent contractors (in more than \$100,000 in compensation from th				пес	1 (0	tnos	e III	sted above) who	received			·

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employees	(continu	ed)	***************************************
(A) Name and title	(B) Average hours per week (describe hours for	box,	unle er an	Pos heck ss pe	erson	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations (W-2/1099-MISC	n a	(F) istimated mount of other opensation	of ion
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-IMISC	org ar	ganizatio nd relateo panization	d
80) DAVID CASEY, MD					ALBERTAN ASSESSED							
BOARD DIRECTOR	1.00	X					<u> </u>	0		9		(
81) BARBARA BAILEY COWDEN			add delegated to the second		and the same of th							
BOARD DIRECTOR	1.00	X		ļ	-		-	0				(
82) RICHARD EDELSON, PHD, ABPN			of the last seasons while		Contraction Contraction	- The second sec		de constitución de la constituci		-		
BOARD DIRECTOR	1.00	X		ļ	-			0		9		(
83) COLMON ELRIDGE, III									P P P P P P P P P P P P P P P P P P P			_
BOARD DIRECTOR	1.00	X	-		-			<u> </u>		9		
.84) RHONDA FALLER, ESQ	1 00				matchendelass (A), on				as par construction			,
BOARD DIRECTOR	1.00	X			-			V		4		
85) ALLEN HARRIS, JR. BOARD DIRECTOR	1 00	X			distribution in the second							7
86) HELEN KIENTZ	1.00	1-			-		-	<u> </u>				
BOARD DIRECTOR	1.00	X						Λ.		n		-
.87) JACK KOETTER	1.00	1 2	-	-	-		-	<u> </u>				
BOARD DIRECTOR	1.00	Х			Table Section 1			0		ol		(
.88) NICKI MCMAHON		1				<b></b>		7				
BOARD DIRECTOR	1.00	Х						0		0		(
.89) JOE ROSENBERG							<b> </b>					
BOARD DIRECTOR	1.00	Х						0		ol		(
90) DEBORAH TUGGLE, MN, APRN, CCNS,	FCCM					<u> </u>						
BOARD DIRECTOR	1.00	Х						0		o		(
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)		  hose	  liste	· ·			<ul><li>▶</li><li>o re</li></ul>	eceived more than	\$100,000 of			
- Topo, table domperature on the enganization		1 (									Yes	No
3 Did the organization list any former office	er directo	or or	tri	iste	6	kev e	mn	lovee or highest	t compensated			
employee on line 1a? If "Yes," complete Schedu										3	-	Х
4 For any individual listed on line 1a, is the	eum of rer	ortak	مام د	വന	ner	ne ation	n aı	nd other compens	eation from the			
organization and related organizations gro												-
individual										4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors	***************************************			-11.00010000000		a far faith and a faith and a faith a						
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>												
(A) Name and business add	iress							( <b>B)</b> Description of se	rvices	( <b>C</b> ) Compen		
							-					
	***************************************	***************************************		~~~~	············	**************	+					*********
				***************************************			-				***************************************	
						·····	-			(h)		
2. Total number of independent contract	valudian F-	( + m = 1	11	\ i+ ~ ·	A 6-	, th		- due farado bata	rannivad			***************************************
2 Total number of independent contractors (in more than \$100,000 in compensation from th				ше	u lC	, uios	e II	sieu abuve) WNO	received			

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and l	Hig	hest Compensat	ed Employee	<b>3S</b> (¢	ontinue	∍d)	
(A)	(B)	W-00000		(0	C)			(D)	(E)			(F)	
Name and title	Average	(45			sition	n than		Reportable	Reportable			stimated	
	hours per week	j '				e than o is both		compensation from	compensation related	irom	an	nount o other	1
	(describe	-	4		-	tor/trus		the	organization	s		pensati	
	hours for related	ndiv	nsti	Officer	(ey	digh	Forme	organization	(W-2/1099-MI	SC)		om the anizatio	
	organizations	Individual trustee or director	Institutional	e,	Key employee	Highest co	jer	(W-2/1099-MISC)	demonstration of the second	and discountry with		d related	
	in Schedule	or thu	na		loye	omi				onderen manual	org	anization	ns
	0)	stee	trustee		(D	compensated				***************************************			
	000000000000000000000000000000000000000	ANNA MARIE	œ		a vieroinado de la constante d	ated			- Orac Anna Anna Anna Anna Anna Anna Anna An	***************************************			
91) ANN H. VENO, RN, BSN, MBA, LNHA		<u> </u>					<del> </del>			-			44444
BOARD DIRECTOR	1.00	X					***************************************	0	mannar Aggregate	ol			C
92) KELLI NALLI							İ						***************************************
BOARD DIRECTOR	1.00	Х			and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th			0	mort more more more more more more more more	O			C
93) KAREN PROFITT NEWMAN, EDD, MSN,	RN												
BOARD DIRECTOR	1.00	Х			-			0	vom nijinaad	0			C
94) GLORIA JELINEK					The second second				Market No.				
BOARD DIRECTOR	1.00	Х						0		0			C
95) MARK NALE													
BOARD PRESIDENT	1.00	X		Х				0		0			C
96) FELICIA GARANT							***************************************			or other			
BOARD TREASURER	1.00	X		Х	_			0		0			C
97) JAMES E. WARD								no a construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the c					
BOARD SECRETARY	1.00	Х	-	Χ	-		-	0		0			C
98) ROBERT ARMSTRONG													_
BOARD DIRECTOR	1.00	X	-				-	0		0			0
99) DR. RONALD BAILYN	1 00												0
BOARD DIRECTOR	1.00	X			-		-	0		-4			0
00) CYNTHIA CAVE	1 00	1,7						_					0
BOARD DIRECTOR	1.00	X	-				-	<u> </u>		-4		**********	U
01) WILLIAM JENKS  BOARD DIRECTOR	1.00	Х					to the same of						0
	1.00				<u> </u>		<u> </u>	V		-4			
1b Sub-total				• •									
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	•												
2 Total number of individuals (including but not							o re	ceived more than	\$100 000 of				
reportable compensation from the organization				u u.	5070	3, 1111	0 10	derved more than	Ψ.00,000 0.				
									************************			Yes	No
3 Did the organization list any former offic	er. directo	r, or	tru	ste	e.	kev ε	emp	lovee, or highest	t compensate	:d			a-chetroleshiltonia
employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the	sum of rer	ortah	ale c	:om	nen	satio	n ai	nd other compens	sation from th	e			
organization and related organizations gre													
individual											4	Х	
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Ye	es," comple	te Scl	nedu	le J	for	such	per.	son			5	Ll	X
Section B. Independent Contractors			***************************************	·····									
1 Complete this table for your five highest com													
compensation from the organization. Report c	ompensati	on for	the	cal	lenc	lar ye	ar e	ending with or with	iin the organiz	ation	n's tax		
year.			**********							aaaa			
(A)								(B)		_	(C)		
Name and business add	ress						-	Description of se	rvices	·	ompens	ation	*****
			*******				-						
		***************************************		,						*****************			
					.,,-,,,,-,,-,,-		-				****************		
						-,,,,-,,-,-	+			***************************************		**********	
2 Total number of independent contractors (in	cludina b	it not	line	iter	+ +^	thon	ا م	sted ahoual who	received			***************************************	***************************************
more than \$100,000 in compensation from the				nu C		11103	, II	olou above) Will	. 555:466				

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unle	Pos heck ss pe	егвоп	e is both dor/trus Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensation
02) DEANE LANPHEAR										
BOARD DIRECTOR	1.00	Х						0		0 (
203) MARILYN PAGE	1, ,,	,,								
BOARD DIRECTOR OA) DAVID MARKS	1.00	X	<del> </del>				$\vdash$	0	(	0 (
BOARD PRESIDENT	1.50	X		X				1		
05) JOSEPH PLATT	2.00	<u> </u>			$\vdash$	$\vdash$	-	ď	,	<u> </u>
BOARD VICE PRESIDENT	1.00	х		Х				0		
06) CHRIS JONES										
BOARD TREASURER	1.50	Х		Х				0		) (
07) DEBBIE BIEHL		١		l						
BOARD SECRETARY	1.50	<u> </u>	<u> </u>	Х				0		0
BOARD PAST PRESIDENT	1.00	X								
09) JOHN AISENBREY	1.00						$\vdash$	<u> </u>		J
BOARD MEMBER	1.00	x						0		
10) BENJAMIN BILLER									'	
BOARD MEMBER	1.00	Х						0		
11) KAY GAFFNEY										
BOARD MEMBER	1.00	Х						0	(	) (
12) JANE DICKINSON KRESS										
BOARD MEMBER	1.00	X					Ļ	0		) (
1b Sub-total c Total from continuation sheets to Part VII, S	ection A	• • •	• •						<u> </u>	
d Total (add lines 1b and 1c)	· · · · · ·									
Total number of individuals (including but not reportable compensation from the organization)	limited to the	nose	iste				o re	ceived more than	\$100,000 of	
reportable compensation from the organization		18								Yes No
<ul> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede</li> <li>4 For any individual listed on line 1a, is the second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second o</li></ul>	ule J for suc	h ind	ivid	ıal						Yes No
organization and related organizations graindividual	eater than	\$15	0,0	00?	· If	"Yes	." (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue con	npen	sati	on f	ron	any	unr	related organization	n or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com- compensation from the organization. Report of year.	pensated ir ompensatio	ndepe on for	the	ent o	conf	tracto lar ye	rs tl ar e	hat received more inding with or with	than \$100,000 in the organization	of on's tax
	(A) (B) Name and business address Description of services									(C) Compensation
	lress		_							
	Iress						-			
	lress									
Name and business add										7
	ncluding bu	it not	lim	ited	d to	thos	e lis	sted above) who	received	

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	1plo	ye	es,	and I	Hig	hest Compensat	ed Employees	(continued)	
(A) Name and title	(B) Average hours per week (describe	box,	not ch unles er and	Pos neck is pe	erson lirec	e than o is both tor/trusi	an lee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	othe compen	ated nt of er nsation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C) from organization organization	zation lated
13) MIKE LEVITAN											
BOARD MEMBER	1.00	Х						0		0	0
14) ERIN MARGOLIN	]										
BOARD MEMBER	1.00	Х						0		0	0
15) DAVID SCHLEE											
BOARD MEMBER	1.00	Х						0		0	0
:16) MARY STADLER											
BOARD MEMBER	1.00	Х						0		0	0
17) ROB SWEATT											
BOARD MEMBER	1.00	Х			ļ			0		0	0
:18) RICHARD WETZEL											
BOARD MEMBER	1.00	Х				1		0		0	0
19) SUZANNE WILLIAMS											
BOARD MEMBER	1.00	Х	1					0	•	0	0
20) LILI VIANELLO											
BOARD PRESIDENT	1.50	Х		Х				0		0	0
21) KAY NIEMEIER											
BOARD VICE PRESIDENT	.50	X		Х				0		o	0
22) ANDREA BENNA, JD											
BOARD SECRETARY	.50	X		Х				0		o	0
23) JACK SMITH											
BOARD TREASURER	1.00	Х		Х				0		o	0
1b Sub-total							<b></b>				
c Total from continuation sheets to Part VII, S	ection A			•		• • •	•				
d Total (add lines 1b and 1c)							•				
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste	d al	bov		o re	ceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	r, or ch ind	tru <i>ividu</i>	ste ıal	e, 	key e	emp	loyee, or highes	t compensated		es No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,00	00?	· If	"Yes	, " i	complete Schedu	le J for such		x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>											
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation	on
							-				
2 Total number of independent contractors (in				ited	d to	thos	e li	sted above) who	received		54.5
more than \$100,000 in compensation from the								·	Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro		

Part VII		ıstees, Ke	y En	nplo	ye	es,	and I	ligi	hest Compensat	ed Employees	Page 8 (continued)			
	Name and title			(A) Name and title		box,	unle	Pos heck	rson	n both Highest compensated en is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fron related organizations (W-2/1099-MISC)	other compensation
		50	,,					$\vdash$						
	RD MEMBER LLIP ORSCHELN	.50	Х						0		0			
BOA	RD MEMBER	.50	Х						0	Į į	0 0			
	IE SINQUEFIELD		,,											
	RD MEMBER INALD TURNBULL	.50	Х						U	<u> </u>	0 0			
	RD MEMBER	.50	Х						0	,	0			
	PAUL HUMPHREY													
	RD MEMBER N ORSCHELN	.50	Х	$\vdash$					0	1	0			
	RD MEMBER	.50	х						0		0 0			
	GARY L. SMITH			Г										
	RD MEMBER	.50	Х						0	(	0 0			
	A PILKINGTON RD MEMBER	.50	Х						0		0			
-	HARD OLIVER, PHD										<u> </u>			
	RD MEMBER	.50	Х						0		0			
	ID TOMLINSON RD MEMBER	.50	x						ĺ					
	ECIA WILLIAMS								~	,	9			
BOAF	RD MEMBER	.50	Х						0		0			
1b Sub-to								•						
	from continuation sheets to Part VII, So add lines 1b and 1c)				• •	• •		•						
2 Total r	number of individuals (including but not l	imited to th	nose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of	<u> </u>			
терога	able compensation from the organization		18	3			_				Yes No			
3 Did the	ne organization list any former office yee on line 1a? <i>If "Yes</i> ," complete Schedu	er, directo ile J for suc	г, or ch ind	tru <i>ividu</i>	iste Jal	e, I	key e	mp	loyee, or highes	t compensated	3 X			
organi	ny individual listed on line 1a, is the station and related organizations greated	ater than	\$15	0,0	00?	lf.	"Yes	," (	complete Schedu	le J for such	4 X			
5 Did ar	ny person listed on line 1a receive or vices rendered to the organization? If "Ye	accrue cor	npen	sati	on f	rom	any	uni	related organization	on or individual	5 X			
	Independent Contractors	s, complet	.6 00	reuu	10 0	101	Sucri	per	5011		<b>J J J A</b>			
	ete this table for your five highest components at the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfe													
	(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation			
									<u> </u>					
								+-	<u>.                                      </u>					
2 Total -	number of independent assessment of	المسالمين الم	, s	11	. 14	4 4 -	44-		atad atauakt	745ETTE-514E	The transfer of the same of			
	number of independent contractors (in han \$100,000 in compensation from the				ntec	1 (0	เกอร	e II	sted above) who	received				

Part VII Section A. Officers, Directors, Tri	ustees, Ke	y En	ıplo	уе	es,	and I	Hig	hest Compensat	ed Emplo	yees (d	continued)
(A) Name and title	(B) Average hours per week (describe	box,	unle: er an	Pos heck ss pe	erson direct	e than o is both tor/trus	an	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-omer	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
35) LINDA FISHER							$\vdash$				
BOARD MEMBER	.50	Х						0		0	
:36) LOIS ZERRER											
BOARD PRESIDENT	4.00	X		Х				0		0	(
:37) KAREN KRITTENBRINK											
BOARD PRESIDENT	4.00	Х		Х				0		0	1
:38) VICKI KARLOVICH					[						
BOARD SECRETARY	2.00	Х		Х				0		0	
39) COLLEEN NEILL											
BOARD SECRETARY, PRESIDENT	4.00	X		Х				0		0	
240) MARY BEESON							П				
BOARD TREASURER	2.00	X		Х				0		0	
:41) BETTY PARNELL											
BOARD DIRECTOR	2.00	Х						0		0	
:42) TOM SHORT											
BOARD DIRECTOR	2.00	Х						0		0	
:43) MARY NEWMAN					Т						
BOARD DIRECTOR	2.00	х						0		0	
'44) KATHLEEN O'DELL											
BOARD DIRECTOR	2.00	l x						0		0	,
:45) JOEL THOMAS											
BOARD DIRECTOR	2.00	X						0		0	
1b Sub-total							_				
c Total from continuation sheets to Part VII, S		• • •	• •	• •	• •						
d Total (add lines 1b and 1c)							•				
2 Total number of individuals (including but not								ceived more than	\$100.000	of	l
reportable compensation from the organization						-,	- / -				
		-									Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, directo ule J for suc	r, or ch ind	tru <i>ividi</i>	uste ual	е, • •	key e	emp	oloyee, or highes	t compens	ated	3 X
4 For any individual listed on line 1a, is the sorganization and related organizations gre	eater than	\$15	0,0	007	11	"Yes	s, "	complete Schedu	le J for	such	4 X
<ul> <li>individual</li></ul>	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or indiv	idual	5 X
Section B. Independent Contractors	30, 00mpio	.0 001	1000		, 10,	00011	po.				
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>											
(A) Name and business add	ress							(B) Description of se	rvices	(	(C) Compensation
							+				
	<u> </u>						1				
							+				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received		

Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	plo	oye	es,	and	Hig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week (describe	box,	unle er an	Pos heck ss po d a d	erson direct	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedute O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(46) KAREN LASTER										-
BOARD DIRECTOR	2.00	Х						0	c	(
247) ESTHER MUNCH	1	ł			1					
BOARD DIRECTOR	2.00	Х		_			<u> </u>	0	C	(
248) SARAH DAVISON BOARD DIRECTOR									_	
249) JOY PITTS	2.00	X					_		<u></u>	
BOARD DIRECTOR	2.00	x						_	,	,
250) DOUG CURRY	2.00	<u> </u>		-	$\vdash$		$\vdash$			
BOARD CHAIR	2.00	X		X				^	0	(
(51) WANDA HULS				1						
BOARD PAST CHAIR	2.00	X		Х				0	n	
52) RHONDA SAUNDERS										
BOARD SECRETARY	2.00	X.		Х				О	0	(
53) KYLE SITZMAN										
BOARD TREASURER	2.00	X		Х				0	0	
54) RENNIE WALT										
BOARD VICE CHAIR	2.00	Х	$\Box$	Х				0	0	(
55) BRUCE BAILEY										
BOARD DIRECTOR	2.00	X	_					0	0	(
56) CHRIS GILLESPIE BOARD DIRECTOR		l l	1				ĺ			
	2.00	Х				i		0	0	(
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)		• • • •					<b>A A</b>			
2 Total number of individuals (including but not reportable compensation from the organization	limited to th n ▶	nose I 18		d at	OOVE	e) who	re	ceived more than s	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru	stee	e, k	ey e	mpl	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	sum of rep	ortabl	е с 0,00	omį 00?	pen: <i>If</i>	satior <i>"Yes</i>	n an ." c	nd other compens	ation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npens	atio	on f	rom	anv	unr	elated organization	n or individual	5 X
Section B. Independent Contractors	o, complet	0 00//		10 0	101	SUCIT	Dera			5 X
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report c year.</li> </ol>	pensated in ompensatio	ndepe on for	nde the	nt c	ont	ractoi ar yea	rs th	nat received more nding with or with	than \$100,000 o	f n's tax
(A) Name and business add	ress							(B) Description of ser	vices C	(C)
		F.E.								
2 Total number of independent contractors (in	cluding bu	t not	lim	ited	to	thos	e lis	sted above) who	received	

	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles	Pos heck ss pe	erson	e than or/trust e is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensation
57) JOHN HANIGAN					Γ			-		
BOARD DIRECTOR 58) CAL MARTIN	2.00	X	$\vdash\vdash$	$\vdash$			_	U		0
BOARD DIRECTOR	2.00	Х						0		
59) JOSEPHINE RODRIGUEZ			М			-				
BOARD DIRECTOR	2.00	Х						0	ı	o l
60) HOLLY HUERTER MORGAN										
BOARD CHAIR	1.00	X		Χ				0		0
61) ROBIN DONOVAN										
BOARD VICE CHAIR	1.00	Х		Х	<u> </u>			0	I	0
62) KIRSTINE SULLIVAN BOARD SECRETARY	1 00	,,								
63) JAKE HOLDENRIED	1.00	X	$\vdash\vdash$	Х	<del> </del>			0	1	0
BOARD TREASURER	1.00	х		Х				0		d
64) WILLIAM BURKE	1.00		Н						'	<u> </u>
BOARD MEMBER	1.00	X						0		
55) MATTHEW DRISCOLL										
BOARD MEMBER	1.00	Х						0		d
66) GARY DEVOSS			П							
BOARD MEMBER	1.00	Х						0	į	
57) C. K. DURYEA										
BOARD MEMBER	1.00	X						0		)
1b Sub-total							•			
c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)										
Total number of individuals (including but not reportable compensation from the organization)	imited to th		liste				re	ceived more than	\$100,000 of	-l
										- N
<ul> <li>employee on line 1a? If "Yes," complete Schedu</li> <li>For any individual listed on line 1a, is the sorganization and related organizations greater</li> </ul>	<i>ile J for suc</i> sum of rep eater than	ch ind ortab \$15	ividu le c 10,0	ual com 00?	 pen ' <i>If</i>	 satior <i>"Yes</i>	 nar ;" (	other compens	ation from the	3 X
<ul> <li>employee on line 1a? If "Yes," complete Schedu</li> <li>For any individual listed on line 1a, is the sorganization and related organizations greindividual</li> <li>Did any person listed on line 1a receive or</li> </ul>	ule J for suc sum of rep eater than  accrue cor	ortab \$15 mpens	ividu le c 0,0 	om 00?	pen If	satior "Yes  ı any	ar ;" (	nd other compens complete Schedu	eation from the le J for such	3 X
<ul> <li>employee on line 1a? If "Yes," complete Schedu</li> <li>For any individual listed on line 1a, is the sorganization and related organizations greindividual</li></ul>	ule J for suc sum of rep eater than  accrue cor	ortab \$15 mpens	ividu le c 0,0 	om 00?	pen If	satior "Yes  ı any	ar ;" (	nd other compens complete Schedu	eation from the le J for such	3 X
<ul> <li>employee on line 1a? If "Yes," complete Schedu</li> <li>For any individual listed on line 1a, is the sorganization and related organizations greindividual</li> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Yes"</li> </ul>	sum of repeater than accrue complete complete pensated in	ortab \$15 mpen te Sch	le c 0,00 satio	om 00? on f ent o	pen If  from	sation "Yes  n any such	n ar ;" ( uni pers	nd other compens complete Schedul related organization	eation from the le J for such on or individual	3 X 4 X 5 X
<ul> <li>employee on line 1a? If "Yes," complete Schedu.</li> <li>4 For any individual listed on line 1a, is the sorganization and related organizations greindividual</li></ul>	sum of repeater than accrue corpers," complete pensated in the compensation	ortab \$15 mpen te Sch	le c 0,00 satio	om 00? on f ent o	pen If  from	sation "Yes  n any such	n ar ;" ( uni pers	nd other compens complete Schedul related organization	than \$100,000 in the organization	3 X 4 X 5 X
<ul> <li>employee on line 1a? If "Yes," complete Schedu.</li> <li>4 For any individual listed on line 1a, is the sorganization and related organizations greindividual</li></ul>	sum of repeater than accrue corpers," complete pensated in the compensation	ortab \$15 mpen te Sch	le c 0,00 satio	om 00? on f ent o	pen If  from	sation "Yes  n any such	n ar ;" ( uni pers	nd other compens complete Schedul related organization hat received more nding with or with	than \$100,000 in the organization	3 X 4 X 5 X of on's tax
<ul> <li>employee on line 1a? If "Yes," complete Schedu.</li> <li>For any individual listed on line 1a, is the sorganization and related organizations greindividual</li></ul>	sum of repeater than accrue corpers," complete pensated in the compensation	ortab \$15 mpen te Sch	le c 0,00 satio	om 00? on f ent o	pen If  from	sation "Yes  n any such	n ar ;" ( uni pers	nd other compens complete Schedul related organization hat received more nding with or with	than \$100,000 in the organization	3 X 4 X 5 X
<ul> <li>employee on line 1a? If "Yes," complete Schedu.</li> <li>4 For any individual listed on line 1a, is the sorganization and related organizations greindividual</li></ul>	sum of repeater than accrue corps," complete pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated in pensated	ortab sortab s15 mpen te Sch	sational states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states	com 00?  con f lile J	pen If If I I I I I I I I I I I I I I I I	satior "Yes I any such racto	unr unr pers to tar e	related organization  that received more adding with or with the prescription of se	than \$100,000 in the organization	3 X 4 X 5 X

(A) Name and title	(B) Average hours per week (describe hours for	box,	unles er and	Pos heck ss pe	rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	iiSC)	organization and related organizations	
8) SHARI FLOWERS												
BOARD MEMBER 59) TIM MCCORMACK	1.00	Х	Н					0		0		
BOARD MEMBER	1.00	X						0		0		
0) JANE PROCHASKA					-							
BOARD MEMBER	1.00	Х						0		0		
1) JACK RUESCH												
BOARD MEMBER	1.00	Х						0		0		
(2) JESSIE SITZ BOARD MEMBER	1.00	x								Λ		
3) JOHN SHARP	1.00	<u> </u>			-		$\vdash$			- 0	<del></del>	
BOARD MEMBER	1.00	Х						0		0		
4) KATHY TEWHILL												
BOARD MEMBER	1.00	Х						0		0		
5) STEVE ZUBROD								_				
BOARD MEMBER  6) PAUL STEPIEN	1.00	Х						0		0		
BOARD PRESIDENT	1.00	х		Х						0		
7) SCOTT L. HARRIS	1.00	^									<del></del>	
BOARD VICE PRESIDENT	1.00	Х		Х				0		0		
8) KEITH B. RUNG												
BOARD INTERIM PRESIDENT	1.00	Х		X				0		0		
1b Sub-total							<b>&gt;</b>					
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)												
2 Total number of individuals (including but not reportable compensation from the organization	limited to the	nose	iste				э ге	ceived more than	\$100,000 of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	tru ividu	ste	e, I	кеу є 	mp	loyee, or highes	compensat	ed	Yes N	
For any individual listed on line 1a, is the entropy organization and related organizations great individual	eater than	\$15 	0,00	00?		"Yes 	."(	complete Schedu	le J for su	ch	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor es," complet	npen: e Sch	satio edu	on f <i>le J</i>	rom for	any such	uni per:	related organization	on or individe	lal .	_5 >	
Section B. Independent Contractors		-1										
1 Complete this table for your five highest com compensation from the organization. Report c year.												
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompensation	
		-										
2 Total number of independent contractors (in				itec	d to	thos	e li	sted above) who	received			
more than \$100,000 in compensation from the	e organizati	ion 🕨	<b>-</b>						4303			

(A) Name and title	(B)  Average hours per week (describe hours for	box,	not cho unless er and	per a di	ition more rson irect	than o	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	n from I ons	(F) Estimated amount of other compensation from the		
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 271000	,	and	anization d related unization	1
9) MARY PAT OLIKER BOARD SECRETARY	1.00	Х		x				C		0			
D) KARL JACOB BOARD TREASURER	1.00	Х		х	_			0		o			
DOARD MEMBER AT LARGE	1.00	Х						0		o			
BOARD MEMBER	1.00	Х						0		0			
) LARRY P. MALFITANO BOARD MEMBER	1.00	Х						0		0			
) ROBIN BENNETT BOARD MEMBER	1.00	Х						0		0			_
) JEAN M. CARNESE BOARD MEMBER	1.00	Х						0		0			
) M. PAULA HENNERTY BOARD MEMBER	1.00	Х						0		0			
) JAY P. SULLIVAN BOARD MEMBER ) CHRISTINE HASEMANN	1.00	Х		-				0		0			
BOARD MEMBER ) ELIZABETH PERRY, ESQ	1.00	Х	$\perp$	+				0		0			-
Sub-total  Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)  Total number of individuals (including but not leading to the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the conten	imited to the			ab	ove		▲ ▲ ▲	ceived more than	\$100,000 o	f			-
Did the organization list any former office employee on line 1a? If "Yes," complete Schedu.  For any individual listed on line 1a, is the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the stat	er, directo ule J for suc	ch ind	trus ividua	a/ .							3	Yes	2000
organization and related organizations greindividual	ater than	\$15	0,00	0?	lf	"Yes	," (	complete Schedu	le J for s	uch	4	X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor s," complet	npen: e Sch	satioi <i>edule</i>	n fr ∋J	rom for	any such ,	uni pers	related organization	on or individ	lual • •	5		
Complete this table for your five highest compound compensation from the organization. Report of year.	pensated ir ompensation	ndepe on for	nden the o	it c	ont	ractor ar yea	rs ti	hat received more nding with	than \$100, in the organ	,000 o nization	f n's tax		-
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompens	ation	
Total number of independent contractors (in	cluding bu	t not	limit	ted	to	thos	e li:	sted above) who	received				
more than \$100,000 in compensation from the	e organizati	ion 🕨	•								40.0		

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do i	not c unles	Position Position and a director/engloyee Position Position and a director/engloyee Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position Position			one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	le n from ons	(F) Estimated amount of other compensation from the organization and related organizations
			ë			ated					
190) JULIE CROWLEY BOARD MEMBER	1.00	Х						,		٥	0
91) THOMAS J. GROOMS, ESQ	1.00									<u>°</u>	
BOARD MEMBER	1.00	Х						0		0	0
'92) KAREN LESPERANCE											
BOARD CHAIR	4.00	Х		Х	<u> </u>			0		0	0
93) WILLIAM M. (ANDY) CAHN	4 00	,,		١							
BOARD 1ST VICE CHAIR 294) NEIL KLAR	4.00	Х		Х	-		$\vdash$			- 0	0
BOARD 2ND VICE CHAIR	4.00	X		Х				0		۸	. 0
295) FRANCES M PANTALEO	7.00	_^			-			0			
BOARD SECRETARY	4.00	X		Х				0		0	0
(96) JAMES B. MCEVOY											
BOARD TREASURER	4.00	Х		Х	<u></u>			0.		0	0
297) D.A. ABRAMS											
BOARD MEMBER	2.00	Х						0		0	0
98) DIANE APARISIO											
BOARD MEMBER  99) DONNA MARIA BLANCERO	2.00	Х					_	0		0	0
BOARD MEMBER	2.00	х						_		۸	0
300) KAREN BURNS	2.00							0		0	
BOARD MEMBER	2.00	Х						0		0	0
1b Sub-total							<u> </u>				
c Total from continuation sheets to Part VII, Se	ection A						$\blacktriangleright$				
d Total (add lines 1b and 1c)							<u> </u>				
2 Total number of individuals (including but not reportable compensation from the organization	imited to the	nosel 18		d al	oove	e) who	o re	ceived more than	\$100,000 of		
reportable compensation from the organization		10	•								Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or chind	tru ividu	iste Jal	e, I	к <b>е</b> у е	mp	loyee, or highest	compensat	ted	3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	· If	"Yes	," (	complete Schedul	ation from t le J for su	he ich	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue con	npen:	satio	on f	for	any	บทเ	related organizatio	on or individ	ual	5 X
Section B. Independent Contractors	10, 00mprot	0 0071	000		101	50011	port	3017		• •	J     N
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report c- year.</li> </ol>	pensated ir ompensatio	ndepe on for	nde the	ent o	cont	racto lar ye	rs ti ar e	hat received more inding with or with	than \$100,0 in the organ	000 o izatio	f n's tax
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) ompensation
							$\perp$				
	•						-				
							$\vdash$				
2 Total number of independent contractors (in				ited	d to	thos	e li	sted above) who	received		
more than \$100,000 in compensation from the	e organizat	ion 🕨							9.6 188		
1E1055 2.000 60196P 649R											Form <b>990</b> (2011)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) (C)  Average hours per week (describe hours for Page 1 2 2 2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations			
301) ALAN DILLON BOARD MEMBER	2.00	х	П					0					
302) LAWRENCE T. FORCE BOARD MEMBER	2.00								0				
BOARD MEMBER BOARD MEMBER		X											
04) CHRSTINA ELSYE HORSFORD	2.00	X						0	0	(			
BOARD MEMBER 305) FAITH KOTZKER	2.00	X						0	0				
BOARD MEMBER  106) RICHARD MCGUINNESS	2.00	X						0	0				
BOARD MEMBER 07) CAROL MONTELEONI	OL MONTELEONI								0				
BOARD MEMBER 08) ALANA SWEENY								0	0	(			
BOARD MEMBER RESIGNED JAN '12 09) HEATHER WORZEL	2.00							0	0				
BOARD MEMBER RESIGNED OCT '11  10) VICTORIA G. HINES	2.00							0	0	(			
BOARD CHAIR  11) DANIEL KATZ	1.00			х				0	0	(			
BOARD VICE CHAIR  1b Sub-total  c Total from continuation sheets to Part VII, So	1.00			х •			<b>A</b>	V	U U	(			
d Total (add lines 1b and 1c)	imited to t						▶ o re	ceived more than	\$100,000 of				
reportable compensation from the organization	<b>→</b>	18	3							Yes No			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ıle J for sud	or, or ch ind	tru <i>ividu</i>	ste ial	e, I	key e	mp	loyee, or highest	compensated	3 X			
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	00?	. If	"Yes	," (	complete Schedu	e J for such	4 X			
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue coi es," complet	mpen te Sct	satio redu	on f le J	from For	any such	uni pers	related organization	on or individual	5 X			
Section B. Independent Contractors  1 Complete this table for your five highest complete this table for your five highest complete the section B. Independent Contractors	noncatad i	ndone	ndo	nt d	oon!	racto	ro ti	hat received mare	than \$100,000 a				
compensation from the organization. Report of year.													
(A) Name and business add			(B) Description of se	rvices C	(C) Compensation								
2 Total number of independent contractors (in	cludina bu	ıt not	lim	ited	d to	thos	e li	sted above) who	received	aua autologia			
more than \$100,000 in compensation from the										Form <b>990</b> (2011			
60196P 649R			55 2,000										

Part VII Section A. Officers, Directors, Tre	ſ	and I	ııgı			ees (d					
(A) Name and title	(B) Average hours per week (describe	box,	unle: er an	Pos heck ss pe	erson direct	e than o	an ee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	n from i	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
312) RANDY TERHO BOARD SECRETARY	1 00	,		X							
313) CHARLES RUNYON	1.00	X		^					,		(
BOARD TREASURER	1.00	Х		Х				c	)	0	(
BOARD MEMBER	1.00	Х						C	)	0	(
BOARD MEMBER	1.00	Х						C	)	0	(
BOARD MEMBER	1.00	Х						C	)	0	(
BOARD MEMBER	EMBER 1.00 X									0	
18) NORMA HOLLAND BOARD MEMBER	1.00	х						0		0	(
19) SHEILA KONAR BOARD MEMBER	1.00	Х						0		0	
20) LOIS WILLIAMS-NORMAN BOARD MEMBER	1.00	Х								0	
21) CAROL PODGORSKI, PHD BOARD MEMBER	1.00	х									
22) KAY PREY								<u> </u>			
BOARD MEMBER	1.00	Х						0		. 0	
c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)					 	 	<b>A A A</b>				
2 Total number of individuals (including but not reportable compensation from the organization		hose l		d al	bove	e) who	o re	ceived more than	\$100,000 o	f	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or chind	tru ivida	uste ual	e,	key e	mp	oloyee, or highes	t compensa	ated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	," (	complete Schedu	le J for s		4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen	sati	on 1	fron	n any	นกเ	related organization	on or individ	laut	5 X
Section B. Independent Contractors	-,,					-	<i>p</i> 0				
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report c year.</li> </ol>	pensated ii ompensatio	ndepe on for	the	ent (	con lend	tracto lar ye	rst are	hat received more ending with or with	than \$100 nin the orga	,000 c nizatio	of n's tax
(A) Name and business add	(A) Name and business address										(C) Compensation
								<u> </u>			
						_					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	e li	sted above) who	received		

(A) Name and title	(B) Average hours per week (describe hours for	box,	unles er and	Pos heck ss pe	erson direct	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	organization and related organizations	
3) MOLLIE RICHARDS												
BOARD MEMBER 4) BILL RYAN	1.00	X						0		0		
BOARD MEMBER	1.00	х								0		
5) G. RUSSELL WEST	1.00	Λ	$\Box$		$\vdash$							
BOARD MEMBER	1.00	х						0		0		
MILES ZATKOWSKY										_		
BOARD MEMBER 7) ERIC G. WIEDEMANN, PSY.D	1.00	Х						0		0		
BOARD PRESIDENT	1.00	х		х				,		0		
MICHELLE RAINKA, PHARM.D	1.00				Н							
BOARD SECRETARY	1.00	Х		х				0		0		
) KYLE J. ROOKEY, CPA												
BOARD TREASURER	1.00	Х	$\Box$	Χ				0		0		
)) ESTELLE BRICKNER, MSW								_				
BOARD OF DIRECTORS ) HORACIO A. CAPOTE, MD	1.00	_ X		$\dashv$				0		0		
BOARD OF DIRECTORS	1.00	Х						_				
P) RANDI DRESSEL	1.00	Λ	-	$\dashv$						<b>-</b> →		
BOARD OF DIRECTORS	1.00	х						o		0		
) RICHARD GEHRING, LCSW											<del>-</del>	
BOARD OF DIRECTORS	1.00	Х						0		0		
b Sub-total												
c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)				• •			•		<u> </u>			
Total number of individuals (including but not I	imited to the	nose I	isted	d at	oove	) who	re	ceived more than	\$100,000 o	l		
reportable compensation from the organization	<b>&gt;</b>	18				,				·		
<b>5</b>											Yes N	
Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or hindi	tru:	ste	e, k	ey e	mp	loyee, or highest	compensa	ted	3	
For any individual listed on line 1a, is the sorganization and related organizations gre	um of rep	ortabl	le c	om	pen	sation	ar	nd other compens	ation from	the	3	
individual											4 X	
Did any person listed on line 1a receive or	accrue cor	npens	satio	n f	rom	any	unr	elated organization	n or individ	ual		
for services rendered to the organization? If "Ye ection B. Independent Contractors	s," complet	e Sch	edul	le J	for	such	oers	son	<u></u>		5	
Complete this table for your five highest compensation from the organization. Report of year.	pensated in ompensation	idepe on for	ndei the	nt c	end	ractor ar yea	s tl	hat received more nding with or with	than \$100, in the orgar	000 o	f o's tax	
(A)								(B)			(C)	
Name and business add	ess							Description of se	rvices	С	ompensation	
							-		- '			
							$\vdash$		-			
							-					
Total number of independent contractors (in	cluding bu	t not	limi	ited	l to	thos	e lis	sted above) who	received 8			
Total number of independent contractors (in more than \$100,000 in compensation from the	cidding be			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4			10001100 1		THE PROPERTY OF THE PROPERTY.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	hours per (do not check more than week box, unless person is bo officer and a director/tr.							(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		Individual trustee or director	Institutional trustee	fficer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(44-27 1099-14113C)	organization and related organizations	
34) MICHAEL L. GROSS BOARD OF DIRECTORS	1.00	х						0		0	
335) LAURIE MENZIES, ESQ. BOARD OF DIRECTORS	1.00	Х						0	C	0	
336) PAM PERKINS BOARD OF DIRECTORS	1.00	Х						0	0	0	
BOARD OF DIRECTORS	1.00	Х						0	C	0	
338) MARK STEVENS BOARD OF DIRECTORS	1.00	Х						0	C	0	
339) BARBARA S. TSCHAMLER BOARD OF DIRECTORS	DARD OF DIRECTORS 1.00 X										
340) DAVID ZAPFEL, MPA BOARD OF DIRECTORS	ARD OF DIRECTORS 1.00 X 0										
BOARD PRESIDENT	.25 x x 0									_0	
BOARD VICE PRESIDENT	.25	Х		х				0	C	0	
BOARD SECRETARY	.25	Х	_	х				0		0	
BOARD TREASURER	.25	Х		Х				0	C	0	
c Total from continuation sheets to Part VII, So							<b>A A</b> .				
d Total (add lines 1b and 1c)	limited to tl		liste				o re	ceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	or, or ch ind	trı. İvidi	uste ual	e,   • •	key e	emp	loyee, or highest	compensated	Yes No	
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	. If	"Yes	s," (	complete Schedui	le J for such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue coi es," complet	mpen te Sch	sati nedu	on 1 Ile J	from for	n any such	uni per	related organization	on or individual	5 X	
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>											
(A) Name and business add	(A) Name and business address									(C) Compensation	
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nited	d to	thos	e li	sted above) who	received		
JSA 1E1055 2.000 60196P 649R							Form <b>990</b> (2011)				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) (C)  Average hours per week (describe hours for related to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
345) MICHELLE HENRY			П		Г		_					
BOARD TRUSTEE 346) DOUG MACKAY	.25	X						0	(	) I		
BOARD TRUSTEE	.25	X						0		c		
347) LARRY RAY BOARD TRUSTEE	.25	,										
348) SUE STEIGER	.25	X						0		) <u>(</u>		
BOARD TRUSTEE	.25	х				,		О	(	0		
349) DR. DAN VANDUSSEN						:						
BOARD TRUSTEE 350) DEBBIE GUILLERMO	.25	X			_			0	(	<u>C</u>		
BOARD TRUSTEE	.25	X						٥	(	c		
351) BRIAN J. RICHARDSON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			-							
BOARD PRESIDENT	.50	Х		Χ				0	(	C		
352) GAIL L. SANDS	5.0	l										
BOARD VICE PRESIDENT 353) STEVEN OSGOOD	.50	X		Х				0	(	0		
BOARD VICE PRESIDENT	.50	X		Х				0		l c		
354) ROBERT A. DURHAM			$\Box$									
BOARD VICE PRESIDENT 355) ROBERT L. BAZZARELLI	.50	X		Х				U		<u> </u>		
BOARD VICE PRESIDENT	.50	X		Х				o		c		
1b Sub-total							•					
c Total from continuation sheets to Part VII, So				•			<b>\</b>					
d Total (add lines 1b and 1c)	imited to t		iste		bove	e) who	o re	ceived more than	\$100,000 of	<u></u>		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	tru ividu	ste ial	e, i	key e	mp	loyee, or highest	compensated	Yes No		
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15 	0,00	00?		"Yes 	," (	complete Schedul	le J for such	4 X		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue con es," complet	mpen te Sch	satio edu	on f le J	rom for	any such	uni pers	related organization	on or individual	5 X		
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report c year.</li> </ol>	pensated ir ompensatio	ndepe on for	nde the	nt o	cont	racto lar ye	rs tl ar e	hat received more nding with or with	than \$100,000 ( in the organization	of n's tax		
(A)								(B)		(C)		
Name and business add	1622						-	Description of se	rvices	Compensation		
							+					
2 Total number of independent contractors (in	cluding bu	ıt not	lim	itec	d to	thos	e li	sted above) who	received			
more than \$100,000 in compensation from the JSA	e organizat	ion 🕨										
1E1055 2.000 60196P 649R										Form <b>990</b> (2011)		

Part VII	Section A. Officers, Directors, Tr	_				d Highest Compensated Employees (continued)					
	(A) Name and title	Average hours per week (describe hours for related						an lee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	! (W-2/1099-MISC)	from the organization and related organizations
	ERY K. PATTERSON						<u> </u>	-			
357) JIM	ND VICE PRESIDENT AT LARGE	.50	Х	-	Х	$\vdash$			0		0 (
BOAR	D VICE PRESIDENT AT LARGE	.50	х		Х				0		0
	IE H. MARCUS										
	D SECRETARY CE L. CULVER, CPA	.50	Х		X				0		0
	D TREASURER	.50	Х	ĺ	Х				0		o i
	ETTE APPOLITO		<u> </u>								1
	D TRUSTEE	.50	Х						0		0
	LEWIS M. BAUM  BOARD TRUSTEE .50 x										
	BOARD TRUSTEE .50 X ANTONY BONAVITA							H	0	(	0
	ANTONY BONAVITA BOARD TRUSTEE .50 X								0	(	
363) CHRI	STINE F. BRANCHE					_					
	D TRUSTEE	.50	Х			L			0	(	o
	G M. BROWN	F.0	,,								
	D TRUSTEE O A. CASTRO, III	.50	Х						<u> </u>		)
	D TRUSTEE	.50	x						o	(	d
366) PAUL	D. COULTER, PHD										1
	D TRUSTEE	.50	Х						0	(	
1b Sub-to	tal							<b>•</b>			
	add lines 1b and 1c)					• •		•			
2 Total n	umber of individuals (including but not lable compensation from the organization	imited to tl	nose l	iste	d al	bove	e) who	o re	ceived more than	\$100,000 of	
3 Did th employ	e organization list any former offic ee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	tru ividu	iste ual	e, I	key e	mp	loyee, or highest	compensated	Yes No
organiz <i>individu</i>	y individual listed on line 1a, is the station and related organizations greated	eater than	\$15 · · ·	0,0	00?		"Yes	," (	complete Schedul	e J for such	4 X
for serv	y person listed on line 1a receive or rices rendered to the organization? If "Ye	accrue cor es," complet	npen e Sch	satio <u>edu</u>	on f ile J	from for	any such	unr pers	related organization	on or individual	5 X
	Independent Contractors										
compe	ete this table for your five highest comparation from the organization. Report c	pensated ir ompensatio	ndepe on for	the	cal	lenc	ractoriar yea	rs ti ar e	hat received more nding with or with	than \$100,000 in the organizatio	of on's tax
	(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
	umber of independent contractors (in an \$100,000 in compensation from the				itec	d to	thos	e lis	sted above) who	received	
JSA 1E1055 2.000						विद्या <u>च्या</u>	Form <b>990</b> (201				
	0196P 649R										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) (C)  Average hours per week (describe hours for Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of Case of C							(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	other compensation		
	hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	(c) from the organization and related organizations		
67) BONNIE N. DICK												
BOARD TRUSTEE	.50	X						0		0 0		
168) NEIL GOLLI												
BOARD TRUSTEE 369) BETSY JOHNSON	.50	Х			_			0		0 0		
BOARD TRUSTEE	.50	Х										
170) DANIELLE M. MORRIS	.50	<u> </u>	Н		$\vdash$			0		- 0		
BOARD TRUSTEE	.50	x						0		0 0		
371) ESTHER POTASH		<del></del>	Н		$\vdash$					1		
BOARD TRUSTEE	.50	x						0		0 0		
372) MARSHA K. SPITZ	·									-		
BOARD TRUSTEE										0 0		
373) RONALD C. STANSBURY												
BOARD TRUSTEE	.50	Х						0		0 0		
374) ADRIAN D. THOMPSON												
BOARD TRUSTEE	.50	Х	Ш					0		0 0		
375) MATTHEW S. WAYNE, MD												
BOARD TRUSTEE	.50	Х			<u> </u>			0		0 0		
376) JILL WHELAN												
BOARD TRUSTEE	.50	X			_			0		0 0		
377) JOANIE JOHNSON BOARD PAST PRESIDENT	1.00	Х		х								
1b Sub-total	1.00			Λ	<u> </u>					0		
c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)					· ·		<b>A</b>					
2 Total number of individuals (including but not reportable compensation from the organization	limited to th	hose l		d al	bove	e) who	o re	ceived more than	\$100,000 of			
										Yes No		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	tru <i>ivid</i> u	iste ial	e, I	key e	mp	loyee, or highest	compensated	3 X		
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	· If	"Yes	," (	complete Schedu	le J for such	4 ×		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor	mpen	satio	on f	ron	any	unr	elated organization	on or individual			
Section B. Independent Contractors												
1 Complete this table for your five highest com compensation from the organization. Report c year.												
(A) Name and business add			(B) Description of se	rvices	(C) Compensation							
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	d to	thos	e li	sted above) who	received			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) (C)  Average hours per week (describe hours for Page 1						an ee)	(D) Reportable compensation from the	(E) Reportable compensation fron related organizations	other compensation		
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
378) GREG COMFORT												
BOARD PRESIDENT	1.00	Х		Χ			_	0		0 0		
379) JOHN PETRO BOARD VICE PRESIDENT	1 , ,,			v								
380) PATRICK KELLY	1.00	X		Х	<del> </del>		<del> </del>	0		0 0		
BOARD SECRETARY	1.00	X		Х				١		0		
381) JIM KEIM	1.00	_ ^		71	$\vdash$		$\vdash$	Ĭ				
BOARD TREASURER	1.00	X		Х				0		o		
382) BILL BLACK		<u> </u>			_		-					
BOARD MEMBER	1.00	Х						0		0 0		
183) JOHN BURKHART, MD												
BOARD MEMBER	1.00	Х		_	_			0		0 0		
384) JIM FLYNN		l										
BOARD MEMBER	1.00	Х	$\vdash$					0		0 0		
385) COLLEEN GLYNN BOARD MEMBER	1.00	X						_		0 0		
386) GLORIA GROAT	1.00		Н		_					0		
BOARD MEMBER	1.00	x						l o		0 0		
387) PAM LIEBERT												
BOARD MEMBER	1.00	Х						0		0 0		
388) JEFFREY MILKS, MD BOARD MEMBER	1.00	Х						0		0 0		
1b Sub-total												
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						 	<b>&gt;</b>					
2 Total number of individuals (including but not reportable compensation from the organization				d al	bovi	e) who	o re	ceived more than	\$100,000 of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	or, or ch ind	tru <i>ividu</i>	ste ıal	e, 	key e	emp	loyee, or highes	t compensated	Yes No		
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	. If	"Yes	," (	complete Schedu	le J for such	4 X		
Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors										5 X		
Complete this table for your five highest compensation from the organization. Report of year.												
(A) Name and business add	Iress							(B) Description of se	ervices	(C) Compensation		
								<u> </u>				
							_					
							-					

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, Tru	ustees, Ke	y En	ıplo	vee	es,	and I	ligi	hest Compensat	ed Employees (d		ge o
(A) Name and title	(B) Average hours per week (describe hours for	(do i box,	not ch unles	Pos neck is pe	c) sition more	e than o	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	1
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
89) TYUS NEDD											
BOARD MEMBER	1.00	Х	Ш		<u> </u>		<u> </u>	C	0		0
390) JEANNY SIMAITIS	1 , ,,						ŀ	,			^
BOARD MEMBER 391) CHUCK WHITE	1.00	Х	Н					,			0
BOARD MEMBER	1.00	X						_	_		0
392) JOHN WISEMAN	1.00	<u> </u>	Н		<del> </del>		<del>                                     </del>				
BOARD MEMBER	1.00	x							0		0
193) DENNIS STAUFFER	1.00	_ ^	Н	$\neg$		-		· ·			
BOARD PRESIDENT	5.00	x		Х					0	,	0
394) STEVE ARNOLD		1.5	Н	-	$\vdash$						_
BOARD VP FOR FINANCE/TREASURER	4.00	Х		Х	ĺ			c	0	,	0
95) DAVID DUDON											
BOARD VP FOR CHAPTER PROGRAMS	6.00	Х						C	0	1	0
96) MARK LEVY											
BOARD VP FOR DEVELOPMENT	5.00	Х						) c	. 0	,	0
97) JIM STAHLER											
BOARD VP FOR PUBLIC POLICY	2.00	Х			_			C	0		0
998) VICKIE CARRAHER											
BOARD SECRETARY	4.00	X	Ш	Х	<u> </u>		_	0	0		0
399) GARY CONLEY								<u> </u>			_
BOARD TRUSTEE	1.00	Х						C	0		0
1b Sub-total											
c Total from continuation sheets to Part VII, S	-										
d Total (add lines 1b and 1c)									£400,000 of	<u> </u>	
2 Total number of individuals (including but not reportable compensation from the organization		30se 18		o at	DOVE	e) wn	о ге	eceiveo more than	\$ 100,000 01		
- reportable components and organization		10							,	Yes	No
3 Did the organization list any former offic	er directo	or or	ten	cto	<u> </u>	kav s	mn	Novee or highes	t compensated		etidae
employee on line 1a? If "Yes," complete Schedu										3	Х
											Mar.
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										4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5	X
Section B. Independent Contractors											
Complete this table for your five highest com- compensation from the organization. Report of year.											
,							-				

(A) Name and business address	(B) Description of services	(C) Compensation
		- 1
	•	

<sup>2</sup> 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	(do not check more than one box, unless person is both an officer and a director/trustee hours for							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
00) CHARLIE HOLDERMAN					Г							
BOARD TRUSTEE	6.00	Х		_				0	C	0		
BOARD TRUSTEE	E 00	J			ĺ							
102) MICHELE LUCUK	5.00	Х			-		_			0		
BOARD TRUSTEE	1.00	Х						۸		0		
103) JOEL SIEFERT	1.00	_ ^						0				
BOARD TRUSTEE	2.00	Х						0	0	0		
104) JOE STEWART					-							
BOARD TRUSTEE	4.00	Х						0	0	0		
105) DAVID DIMMER												
BOARD PRESIDENT	2.00	Х		Х				0	0	0		
106) GAIL DOXIE												
BOARD VICE PRESIDENT	2.00	Х		Х				0	0	0		
107) WILLIAM MESSER												
BOARD VICE PRESIDENT	2.00	Х		Х				0	0	0		
108) DAVID KOENIG									_			
BOARD TREASURER	2.00	Х		Х				0	0	0		
BOARD SECRETARY	2 00	v		17								
110) FALEY BANKS	2.00	Х		Х				U U		0		
BOARD MEMBER	.50	x						0	0	0		
1b Sub-total		.,										
c Total from continuation sheets to Part VII, S	ection A				• •	• • •						
d Total (add lines 1b and 1c)												
2 Total number of individuals (including but not	limited to t				bove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organizatio	<u>n</u> ▶	18	}									
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo ule J for suc	r, or ch ind	tru ividu	iste Jal	e, I	key e	:mp	loyee, or highest	compensated	Yes No		
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	00?	· If	"Yes	," (	complete Schedu	le J for such	4 X		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue con	mpen	satio	on f	rom	n any	uni	related organization	on or individual	5 X		
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>	pensated in compensation	ndepe on for	the	ent o	cont	tracto lar ye:	rs ti ar e	hat received more ending with or with	than \$100,000 on the organization	of on's tax		
(A)								(B)		(C)		
Name and business add	lress							Description of se	rvices (	Compensation		
							_		-			
							-					
2 Total number of independent contractors (in	ncluding bu	ıt not	lim	ited	d to	thos	e li	sted above) who	received			

more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees (		ge o
(A) Name and title	(B) Average hours per week (describe	box,	unle:	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	n
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(11) PATTY GELP											
BOARD MEMBER	.50	X	<u> </u>	_		<u> </u>	<u> </u>	C	0	)	0
112) JUDITH KEESEE BOARD MEMBER								,	,		0
113) ROBERT KEESEE	.50	X			-	<del>                                     </del>	_		,		0
BOARD MEMBER	.50	X						,			0
114) MICHAEL MALONE	1 .50	^									
BOARD MEMBER	1.00	x							0		0
115) DIANE WINGER	1.00			$\vdash$	$\vdash$						
BOARD MEMBER	.50	x							0		0
116) CRAIG SILBERG											
BOARD CHAIRMAN	3.00	Х		X					0		0
117) DAVID DEARMAN				$\vdash$	Т						
BOARD SECRETARY/TREASURER	3.00	Х		х	1			c	o		0
118) CHRISTIAN BALDWIN											
BOARD MEMBER	3.00	Х				<u> </u>		C	0		0
(19) GALE BOLLINGER											
BOARD MEMBER	3.00	Х		_		<u> </u>		C	0		0
120) JUSTIN BROWN	ļ										
BOARD MEMBER	3.00	Х							0		0
(21) BEVERLY CASTLEBERRY		l									_
BOARD MEMBER	3.00	X						C	0	l	0
1b Sub-total											
c Total from continuation sheets to Part VII, S	_				• •	• • •					
d Total (add lines 1b and 1c)					• • h = • •	<u>-</u>			↑400 000 of		
reportable compensation from the organization		18		ua	DOV	e) will	o re	ceived more man	\$100,000 01		
	., ,									Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	) If	"Yes	,"	complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on 1	fron	n any	uni	related organization	on or individual	5	X
Section B. Independent Contractors											
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
	<u> </u>	

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

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employ	ees (d	continued)
	(A) Name and title	(B) Average hours per week (describe	box,	unle er an	Pos heck ss ps d a c	erson direct	e than o is both tor/trust	an lee)	(D) Reportable compensation from the	compensation related	Reportable ompensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	from the organization and related organizations
122)	JEFF COPE							Г				
	BOARD MEMBER	3.00	Х						0		0	0
123)	COLLEEN DAME								·			
10.43	BOARD MEMBER	3.00	X			┢		_	0		0	0
124)	SUSAN DORNBLASER BOARD MEMBER	3 00									^	_
125)		3.00	X	$\vdash$		$\vdash$	$\vdash$		U			0
(23)	BOARD MEMBER	3.00	x						0		0	0
126)	DOUG FRANKLIN	3.00	_ ^	$\vdash$		H						
:	BOARD MEMBER	3.00	Х						0		0	0
127)	KIM S. FRENCH							$\vdash$				
	BOARD MEMBER	3.00	Х						0		0	0
128)	ROB GARRETT											
	BOARD MEMBER	3.00	Х						0		0	0
129)	JUDY A. GIBSON											
	BOARD MEMBER	3.00	Х		_	╙			0		0	0
130)	SCOTT B. GRAUER											_
	BOARD MEMBER	3.00	Х						0		0	0
(31)	RICK HADRAVA	2 00	,,								0	_
1337	BOARD MEMBER CHARLIE HARDING	3.00	Х		H	-		<u> </u>	0		U	0
1221	BOARD MEMBER	3.00	X								0	0
1b	Cub Asasi							_			<u> </u>	
	Total from continuation sheets to Part VII, So	ection A	• • •	• •	• •	• •						
	Total (add lines 1b and 1c)							•				
	Total number of individuals (including but not	limited to t	hose	liste				o re	ceived more than	\$100,000 o	f	
	reportable compensation from the organization	n ▶	18	3			·					
												Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	trı <i>ivid</i>	ıste ual	е, • •	key e	emp	oloyee, or highes	t compensa	ted	3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	11	"Yes	э, п	complete Schedu	le J for si	uch	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individ	lual	5 X
Se	ction B. Independent Contractors	-,,					-	<i>P</i>			•••	<del> </del>
1	Complete this table for your five highest comcompensation from the organization. Report c year.	pensated in ompensation	ndepe on for	ende the	ent ca	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100, nin the orgar	,000 d nizatio	of n's tax
	(A) Name and business add	ress							(B) Description of se	rvices	(	(C) Compensation
19								$\perp$				
		· · · · · · · · · · · · · · · · · · ·						$\perp$				
2	Total number of independent contractors (in				nite	d to	thos	se li	isted above) who	received		
	more than \$100,000 in compensation from the	e organizat	ion 🕨	•								

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and l	lig	hest Compensat	ed Emplo	yees (d	continued)	
(A) Name and title	(B) Average hours per week (describe	box,	unle: er and	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reports compensati relate organiza	able ion from ed	other compensation from the	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations	
133) JAMES HOLMAN						<del>-</del>						
BOARD MEMBER	3.00	Х						0		0	0	
(34) SALLY HOOD	.]											
BOARD MEMBER	3.00	Х						0		0	0	
135) LETITIA JACKSON												
BOARD MEMBER	3.00	X	L	_	匚			0		0	0	
136) JILL KING		1										
BOARD MEMBER	3.00	Х			<u> </u>	<u> </u>	ļ	0		0	. 0	
137) JACKIE KOURI	_								:	_		
BOARD MEMBER	3.00	X	_	_	<u> </u>			0		0	0	
(38) DAVID LAWSON		l									•	
BOARD MEMBER	3.00	X		_		<u> </u>	<u> </u>	0		- 0	0	
139) CHRISTIAN LEIKAM		J.,								^	^	
BOARD MEMBER 140) BILL LISSAU	3.00	Х								- 0	0	
BOARD MEMBER	3.00	х						,		0	0	
(41) DAVID LOFTIS	3.00	<u> </u>						0			U	
BOARD MEMBER	3.00	x						1		0	0	
142) DAVID MEANS	3.00	_ ^					$\vdash$	· · · · · ·				
BOARD MEMBER	3.00	x						1 0		0	0	
143) DAVID MURLETTE	1						$\vdash$					
BOARD MEMBER	3.00	Х						0		0	0	
1b Sub-total							▶					
c Total from continuation sheets to Part VII,												
d Total (add lines 1b and 1c)							<b></b>					
2 Total number of individuals (including but no				d a	bov	e) who	o re	eceived more than	\$100,000	of		
reportable compensation from the organization	on 🕨	18	3									
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schel	cer, directo	or, or ch ina	tru Iividi	uste ual	e,	key e	emp	oloyee, or highes	t compens	sated	Yes No	
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	0,0	00?	i If	"Yes	'n	complete Schedu	le J for	such	4 X	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or indiv	idual	5 X	
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest cor compensation from the organization. Report year.</li> </ol>												
(A) Name and business ac	ldress							(B) Description of se	ervices	(	(C) Compensation	
							$\perp$					
							$\vdash$					
							+					
2 Total number of independent contractors ( more than \$100,000 in compensation from t				nite	d to	thos	e li	isted above) who	received			

	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles	Pos heck ss pe	rson lirect	e than o is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
BOARD MEMBER  45) JIM OGEZ  BOARD MEMBER  46) WILLIAM ORR  BOARD MEMBER  47) TOM PALMER  BOARD MEMBER		stee	ustee	í I	loyee	Highest compen	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	Estimated amount of other compensation	
BOARD MEMBER  45) JIM OGEZ  BOARD MEMBER  46) WILLIAM ORR  BOARD MEMBER  47) TOM PALMER  BOARD MEMBER						ensated					
45) JIM OGEZ BOARD MEMBER 46) WILLIAM ORR BOARD MEMBER 47) TOM PALMER BOARD MEMBER	3.00	Х						0	0		
BOARD MEMBER 47) TOM PALMER BOARD MEMBER	3.00	Х						0	0		
BOARD MEMBER	3.00	Х						0	0		
	3.00	Х									
	3.00			$\exists$				0			
BOARD MEMBER 49) ERIN PETERS	3.00	Х			Н		=	0	0		
BOARD MEMBER	3.00	Х						0	0		
50) DR. CALIN PRODAN BOARD MEMBER	3.00	Х						0	0		
51) JOSEPH RAY BOARD MEMBER	2 00	>							0		
52) DR.CHANDINI SHARMA	3.00	X		-				Ų	0	·	
BOARD MEMBER	3.00	Х						0	0		
53) GREGORY SHAW BOARD MEMBER	3.00	Х						0	0		
54) HARRY SHELINE BOARD MEMBER	3.00	Х						0	0		
1b Sub-total							▶	-			
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)							<b>A</b>				
2 Total number of individuals (including but not lin reportable compensation from the organization	mited to th	nose l	iste	d at	OOVE	e) who	re	ceived more than	100,000 of		
3 Did the organization list any former officer employee on line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is the su	r, directo e <i>J for suc</i> um of rep	r, or h ind	tru ividu le c	<i>ial</i> omi	o pen:	sation	 n an	d other compens	ation from the	Yes No	
organization and related organizations grea individual								· · · · · · · · · · · ·		4 X	
5 Did any person listed on line 1a receive or at for services rendered to the organization? If "Yes,	ccrue cor <u>"complet"</u>	npen: e Sch	edu.	on fi <i>le J</i>	rom for	any such	unr pers	elated organization	n or individual	5 X	
Complete this table for your five highest compecompensation from the organization. Report corporation.	ensated ir mpensatio	ndepe	nde the	nt c	cont end	ractor ar yea	rs th	nat received more nding with or with	than \$100,000 cin the organizatio	if n's tax	
year.  (A)  Name and business addre								(B) Description of ser	adoes C	(C)	
rante and business adure								Description of Sel	**************************************	Compensation	
2 Total number of independent contractors (include more than \$100,000 in compensation from the contractors)	luding bu organizati	t not	lim	ited	l to	thos	e lis	sted above) who	received		
JSA 1E1055 2.000	J = 1.1.2.011								-44-54-57-14-14-14-14-14-14-14-14-14-14-14-14-14-	Form <b>990</b> (201	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (describe	box.	unles r and	Pos neck ss pe d a d	rson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	on from d	(F) Estimated amount of other compensation	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations	
55) SHELLEY SIGNOFF								_		_	_	
BOARD MEMBER 156) JULIE SLOAN	3.00	Х	Н					0		0	0	
BOARD MEMBER	3.00	х						٥		0	0	
157) SUSAN WALKER	0.00				-						· · · · · · · · · · · · · · · · · · ·	
BOARD MEMBER	3.00	Х						0		0	0	
158) JIM WEBB												
BOARD MEMBER	3.00	X						0		0	C	
59) PAUL WILLIAMS   BOARD MEMBER	3.00	х						_		Λ	C	
160) JUDY CLARK	3.00	_^								0		
BOARD PRESIDENT	1.00	Х		Х				0		0	C	
61) DR. MICHAEL VILLANUEVA												
BOARD TREASURER	1.00	Х		Х				0		0		
BOARD SECRETARY	1.00	Х		Х				0		0		
BOARD HONORARY MEMBER	.05	Х						0		0	C	
164) RON WYDEN BOARD HONORARY MEMBER	.05	х						,			C	
(65) WENDY BOND	.03	_^_	$\vdash$					<u> </u>		0		
BOARD MEMBER	.05	Х						0		0	C	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>						<b>&gt; &gt; &gt;</b>					
2 Total number of individuals (including but not reportable compensation from the organization		hose 1		d al	OOV	e) who	o re	ceived more than	\$100,000 (	10		
											Yes No	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3 X	
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes	," (	complete Schedu	le J for s	such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	ron	n any	uni	related organization	on or indivi	dual	5 X	
Section B. Independent Contractors											_	
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report c year.</li> </ol>												
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compensation	
Total number of independent contractors (ir more than \$100,000 in compensation from the contractors)				ite	d to	thos	e li	sted above) who	received			

Comparison of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property		from the organization and related organizations
BOARD MEMBER		
BOARD MEMBER   .05   X		
BOARD MEMBER  .05 X  .068) DAVID WALTERS  BOARD MEMBER  .05 X  .070) GAIL GREBE  BOARD MEMBER  .05 X  .08 AV  .09 AV  .09 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV  .00 AV	0	
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Section B. Independent Contractors	ividual	5 X
1 Complete this table for your five highest compensated independent contraction that are five in the		
1 Complete this table for your five highest compensated independent contractors that received more than \$1 compensation from the organization. Report compensation for the calendar year ending with or within the or year.	00,000 of ganization's ta	ах
(A) (B) Name and business address Description of services		(C) pensation
Total number of independent contractors (including but not limited to those listed above) who received		
more than \$100,000 in compensation from the organization ▶		orm <b>990</b> (20

Part VII Section A. Officers, Directors, Tru	ustees, Ke	;y ⊏n	ibic			and l	nıgl	1	(cont		
(A) Name and title	(B) Average hours per week (describe	box,	unle er an	Pos heck ss pe	erson	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	om	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	2)	from the organization and related organizations
177) CHRIS GRUBER										$\top$	
BOARD MEMBER	2.00	Х						0		0	
178) ROBERT G. CONOVER BOARD MEMBER	2.00	Х						0		0	(
BOARD MEMBER	2.00	Х						0		0	(
180) STEPHEN A. FELDMAN, ESQ BOARD MEMBER	2.00	Х						0		0	(
181) KAREN GURSKI, MD	2 00	,,									
BOARD MEMBER 182) GEORGE V. HAGER, JR., CPA	2.00	X			-			0		0	
BOARD MEMBER	2.00	Х					_	0		0	(
183) DAVID R. HOFFMAN, ESQ BOARD MEMBER	2.00	Х						0		0	(
BOARD MEMBER	2.00	x						0		0	(
185) PATRICK MCKOY BOARD MEMBER	2.00	Х						0		0	
186) CAROL F. LIPPA, MD										1	
BOARD MEMBER 187) ROBERT F. MARINO	2.00	Х						0		0	- (
BOARD MEMBER	2.00	Х		Ĺ.,				0		0	-
1b Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>* * *</b>			+	
2 Total number of individuals (including but not reportable compensation from the organization	limited to t	hose	liste				o re	ceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru <i>ividi</i>	iste ual	e,	key e	emp	loyee, or highes	t compensated		Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations great	sum of repeater than	ortab \$15	le 0	om 00?	per	satio	nai s," (	nd other compens	sation from the le J for such	15	
individual	accrue co	mpen	sati	on :	fron	n any	นทเ	related organization	on or individual	i	4 X
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," comple	te Scr	nedu	ile J	tor	such	per	son			5 X
Complete this table for your five highest com- compensation from the organization. Report c year.											tax
(A) Name and business add	Iress					•		(B) Description of se	rvices	Com	(C) pensation
				_			F				
							ļ				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	e li	sted above) who	received		

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	oye	es,	and l	Hig	hest Compensat	ed Employees (	continued)	
(A) Name and title	(B)  Average hours per week (describe hours for	box,	unle: er an	Pos heck ss pe d a c	erson	e than o	an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation from the	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
188) VAL F. NUNNENHAMP, JR. BOARD MEMBER	2.00	Х						0	(	)	
189) SHERYL L. WILLIAMS BOARD MEMBER	2.00	Х						0	(	) (	
190) TOM SIBSON, CPA BOARD MEMBER	2.00	х						0	(		
191) MICHAEL RUSSOMANO BOARD MEMBER	2.00	Х						0	(	) (	
192) CARL UNDERLAND BOARD MEMBER	2.00	Х						0	(	) (	
193) GORDON M. WASE, ESQ BOARD MEMBER	2.00	Х						0	(	) (	
194) MICHAEL P. WALKER, ESQ BOARD MEMBER	2.00	х						0	(	) (	
BOARD CHAIR	5.00	Х		х				0	(		
BOARD VICE CHAIR	5.00	Х	_	Х				0	(	) (	
197) DEB LEWIS BOARD SECRETARY 198) TOM KIRBY	5.00	Х		х				0	(	(	
BOARD TREASURER	5.00	Х		Х			Ĺ	0	(	<u></u>	
c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)							<b>V V</b>				
Total number of individuals (including but not reportable compensation from the organization)	imited to t	hose	liste	d al	bov	e) who	o re	ceived more than	\$100,000 of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	lle J for suc	ch ind	ivid	ual					• • • • • • • •	Yes No	
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	i If	"Yes	," (	complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue coi	mpen	sati	on 1	fron	n any	uni	related organization	on or individual	5 X	
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>											
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation	
						·	-				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	e li	sted above) who	received		
JSA 1E1055 2.000	<del></del>									Form <b>990</b> (2011	
60196P 649R											

(A) Name and title	(B) Average hours per week (describe	box,	unle:	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
199) AMANDA LONG										121
BOARD DIRECTOR	2.00	Х	<u> </u>		_		_	С		0
000) ANNE MANGUM				l						
BOARD DIRECTOR	2.00	Х					<u> </u>	C		0
01) BARBARA BARHAM	2 20	,,								
BOARD DIRECTOR	2.00	X			$\vdash$	<u> </u>	<u> </u>	0		0
002) CARROLL CAMPBELL, III	2 00	,,								
BOARD DIRECTOR  003) CHARLES BROWN	2.00	Х						0		0
BOARD DIRECTOR	2.00	Ų								
004) DAVID HAMMETT	2.00	X					$\vdash$			9
BOARD DIRECTOR	2.00	Х	ĺ							
05) FORD PEARSE	2.00						$\vdash$	-		1
BOARD DIRECTOR	2.00	x						0		
006) GEORGE WEST	2.00	_ ^	$\vdash$	$\vdash$	$\vdash$					1
BOARD DIRECTOR	2.00	x								
07) GERALD HUSKAMP	2.00			$\vdash$	$\vdash$		$\vdash$	Ĭ	'	1
BOARD DIRECTOR	2.00	х						1		
08) JERRY NEELY		-			_					,
BOARD DIRECTOR	2.00	х								
09) JOHN ABSHER										
BOARD DIRECTOR	2.00	X						0		ol c
1b Sub-total							<b></b>			
c Total from continuation sheets to Part VII, S	ection A						•			
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n 🕨	18	3							
										Yes No
3 Did the organization list any former offic	er, directo	r, or	tru	ıste	e, l	key e	emp	oloyee, or highes	t compensated	STALL SHEET BOARD
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ivid	ual						3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le d	om	pen	satio	n ar	nd other compens	sation from the	
organization and related organizations gre								complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye	es," comple	te Scr	nedu	ile J	tor	such	per.	son		5 X
Section B. Independent Contractors						\			11 - 1100 000	- 6
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report c year.</li> </ol>										
(A)								(B)		(C)
Name and business add	ress							Description of se	rvices	Compensation
						-				
							+			
	<u> </u>									

Part VII	Section A. Officers, Directors, Tru	istees, Ke	y En	ploy	yee	s, a	nd H	ligl	hest Compensat	ed Employees	(contir	Page nued)
	(A) Name and title	(B)  Average hours per week (describe	(do i box,	not cho unless	(C Posi eck r s per a di	ition more t rson is irector	than or both a	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	m	(F) Estimated amount of other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISO		from the organization and related organizations
	EN RICHARDS D DIRECTOR	, ,,	l ,									
	ARET COKER	2.00	Х		$\dashv$	$\dashv$					0	
	D DIRECTOR	2.00	x						۱ ،		٨	
	NIE NORTHCUTT	2.00	-		$\dashv$	$\dashv$					<del>-</del>	
BOAR	D DIRECTOR	2.00	Х			İ			О		0	
13) PAUL BOAR	OKEN D DIRECTOR	2.00	Х						0		0	
14) RENE				T	T		T					
	D DIRECTOR	2.00	Х	$\sqcup$	4	_		_	0		0	
15) SARA	ROWAN D DIRECTOR	2 00	\									
16) SETH		2.00	X_	-	_	$\dashv$		-	0		0	
	D DIRECTOR	2.00	Х						0			
	ON MCLEOD	2.00	- 7	-	$\dashv$	$\dashv$		$\dashv$			<u> </u>	
	DIRECTOR	2.00	Х		- 1				0		0	
18) WILL	IAM VAN HORN				$\top$	$\top$						
BOAR	D DIRECTOR	2.00	Х						0		0	
19) GREG												
	CO-PRESIDENT	1.00	X		X				0		0	
	G ELLERBROEK	7 00	v									
	O CO-PRESIDENT	1.00	X		X	Ш.			0		O	
1b Sub-tot	om continuation sheets to Part VII, Se	oction A	• •			• •					-	
	idd lines 1b and 1c)						• •				-	
2 Total nu	umber of individuals (including but not l ble compensation from the organization	imited to th	nose I	isted	ab	ove)	who	re	ceived more than	\$100,000 of		
3 Did the	e organization list any former office ee on line 1a? If "Yes," complete Schedu	er, directo	r, or h indi	trus ividua	stee	, ke	ey er	npl	loyee, or highest	compensated	3	Yes No
4 For any organization	r individual listed on line 1a, is the sation and related organizations greal	um of rep ater than	ortab \$15	le co 0,00	mp 0?	ens:	ation <i>"Yes,</i> "	an " c	nd other compens	ation from the	4	X
5 Did any	person listed on line 1a receive or ices rendered to the organization? If "Ye	accrue cor	npen	satio	n fr	om	any (	unr	elated organization	n or individual	5	be sale
Section B.	Independent Contractors											
1 Comple comper year.	te this table for your five highest comparation from the organization. Report co	pensated ir ompensatio	depe on for	nden the o	nt co cale	ontra enda	actor: r yea	s th	nat received more nding with or with	than \$100,000 in the organizat	of ion's ta	ax
	(A) Name and business addr	ress							(B) Description of se	rvices		C) ensation
		<u>.</u>										

(A) Name and title	(B) Average hours per week (describe	box,	(C) Position (do not check more than of box, unless person is both officer and a director/trustrest					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
321) RUTH SCHEMMEL BOARD SECRETARY	1 00	v		Ţ					,	
322) CINDY MEYER	1.00	X		Х				0		J U
BOARD TREASURER	1.00	Х		Х				0	(	0
23) DR JAMES BARKER										
BOARD DIRECTOR	1.00	Х	Ш				_	0	(	0
324) JOCELYN DEPATIE	1 00								,	
BOARD DIRECTOR 525) DR MCVAY	1.00	X	$\vdash$					U		0
BOARD DIRECTOR	1.00	X						0	(	0
26) THOMAS SIMMONS										
BOARD DIRECTOR	1.00	Х					<u> </u>	0	(	0
327) STEVEN WESTRA										
BOARD DIRECTOR 528) REBECCA WILSON	1.00	X		$\dashv$	L			0	(	0
BOARD DIRECTOR	1.00	X						0	(	0
29) JACK BROYLES			H				$\vdash$		`	,
BOARD CHAIRMAN	2.00	Х		Х				0	(	0
BOARD CO-VICE CHAIRMAN	2.00	Х		Х				0	. (	0
31) KEITH ASHBURN BOARD CO-VICE CHAIRMAN	2 00	.,		,,					,	
1b Sub-total	2.00	X		Х				0		0
c Total from continuation sheets to Part VII, Si	ection A		• • •	• •	• •	• • •				
d Total (add lines 1b and 1c)							<b></b>			
2 Total number of individuals (including but not l reportable compensation from the organization	imited to tl	hose 18		d at	bov	e) who	o re	ceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	or, or ch ind	tru: <i>ividu</i>	stee	e, • •	key e	emp	loyee, or highes	compensated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	00?	- If	"Yes	," (	complete Schedu		4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi es," complet	mpen te Sch	satio nedul	on f le J	ron for	n any such	uni pers	related organization	on or individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest com									Ab \$400,000	
compete this table for your live highest com- compensation from the organization. Report c year.	ompensatio	on for	the	cal	lend	lracto lar ye	ar e	nat received more nding with or with	in the organization	on's tax
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
							1			
2 Total number of independent contractors (in more than \$100,000 in compensation from the	icluding bu e organizat	ıt not ion ▶	lim ►	itec	d to	thos	e li	sted above) who	received	
JSA 1E1055 2.000 60196P 649R									,	Form <b>990</b> (2011)

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											ontinued)
(A) Name and title	(B) Average hours per week (describe	box,	not ch unles er and	s pe	more rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations		(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	iC)	from the organization and related organizations
32) DEBORAH GARRETT BOARD SECRETARY	2.00	х		х				0			
33) STACEY JONES ANGEL BOARD TREASURER	2.00	Х		X				0		n	
BOARD GOV & NOMINATING COMM.	2.00	х	П	-				0		0	
335) RITA HORTENSTINE BOARD EXECUTIVE COMM MEMBER	2.00				_			0		1	
36) MARK CAMERON BOARD DEVELOPMENT COMM CHAIR	2.00							0		n	
37) MATT JOHNSON BOARD SERVICES COMMITTEE CHAIR	2.00	X						0		0	(
38) DAVID DOWNEY BOARD PUBLIC POLICY COMMITTEE	2.00	Х						0		o	(
39) SALLY HOGLUND BOARD DIRECTOR	2.00	х						0		0	(
40) DEAN KADESKY BOARD DIRECTOR	2.00	Х						0		0	(
41) PETE RUSH BOARD DIRECTOR	2.00	х						0		0	(
42) BARBARA SYPULT BOARD DIRECTOR	2.00	Х						0		0	(
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						▼ ▼			-	
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organization</li> </ul>	limited to the	hose	listed				▶ o re	ceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru:	stee	e,	key e	mp	loyee, or highes	t compensated	<u>.</u>	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	50,00	00?	If	"Yes	," (	complete Schedu	le J for such	7	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi es," complei	mpen te Sch	satio nedul	n f e J	ron for	n any such	uni pers	related organization	on or individua	1	5 X
Complete this table for your five highest com compensation from the organization. Report c year.	pensated in ompensation	ndepe	ende the	nt c	conf	tracto lar ye	rs ti ar e	hat received more	than \$100,00 nin the organiza	0 of	f n's tax
											(C) ompensation
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				ited	d to	thos	e li	sted above) who	received		
JSA 1E1055 2.000	- 0.90m20t		•					, - <u> </u>	Shari		Form <b>990</b> (2011
60196P 649R											

Part VII Section A. Officers, Directors, Tru (A)	(B)	, <u></u>		(0			<del>3</del> '	(D)	(E)	Ţ	(F)	
Name and title	Average hours per week (describe	box,	unles	Pos neck ss pe	ition more	than o is both or/trusto	an	Reportable compensation from the	Reportable compensation from related organizations	m	Estimated amount of other compensation	f
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	)	from the organization and related organization	on d
43) JEFF OWENS BOARD DIRECTOR	2.00	, ,										
44) RANDOLPH D. BROCK, III	2.00	X						0		1		
BOARD PRESIDENT 45) DANIEL BEAN	2.00	Х		Х				0		0		(
BOARD SECRETARY 46) J. PAUL GIULIANI	2.00	Х		X				0		0		(
BOARD TREASURER	2,00	Х		Х				0		0		(
47) MARIANNE APFELBAUM BOARD DIRECTOR	2.00	x						0		0		(
48) DON GEORGE BOARD DIRECTOR	2.00	Х										
49) E. RAY DINSTEL										1		
BOARD CHAIRMAN 50) CAROL A. MANNING, PHD	1.00	Х		Х				0		0		
BOARD VICE CHARIMAN 51) JENNIFER FEIST	1.00	X	Н	Х				0		0		ł
BOARD TREASURER 52) MONIQUE M. SHOLES, MA, LNHA	1.00	Х		Х				0		0		ı
BOARD SECRETARY	1.00	Х		Х				0		0		
53) BRIAN B. PHELPS BOARD DIRECTOR	1.00	Х						0		0		(
1b Sub-total			• • •		• • •		<b>&gt;</b>			1		
c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	-				· ·	 	<u> </u>			$\pm$		
2 Total number of individuals (including but not reportable compensation from the organization		hose l		d al	bove	e) who	re	ceived more than	\$100,000 of			
Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for sud	r, or ch ind	tru ividu	ste Jal	e, I	key e	mp	oloyee, or highes	t compensated		Yes 3	No X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf.	"Yes	," (	complete Schedu	le J for such		4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor es," complet	mpen te Sch	satio nedu	on f le J	from for	any such	uni per:	related organization	on or individual		5	Х
Section B. Independent Contractors  1 Complete this table for your five highest com												
compensation from the organization. Report c											s tax	
(A) Name and business add	ress							(B) Description of se	rvices	Со	(C) mpensation	
							<u> </u>					
												_
2 Total number of independent contractors (in	icluding bu	ıt not	lim	ited	d to	thos	e li	sted above) who	received			
more than \$100,000 in compensation from the									\$3500 km/m 2			

Part VII Section A. Officers, Directors, Ti	ustees, Ke	y En	nplo	ye	es,	and l	Hig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week (describe	box,	unle: er and	Pos heck ss pe	erson Jirect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
54) RON FEINMAN, ESQ BOARD DIRECTOR	1.00	х								
55) VINCENT CIBBARELLI, PHD BOARD DIRECTOR	1.00							0	0	0
BOARD DIRECTOR	1.00	Х						0	0	0
BOARD DIRECTOR	1.00	Х						0	0	0
558) MARGIE SHAVER BOARD DIRECTOR	1.00			-				0	0	0
559) JEFFERY D. ULMER, CPA BOARD DIRECTOR	1.00	X					_			
60) WILLIAM L. HOWARD, CCIM: EMERI BOARD DIRECTOR								0		0
61) DAVID R. STEPHENS BOARD CHAIR	4.00	X		х				0	0	0
62) MARION E. BACKUS BOARD VICE CHAIR	4.00	Х		Х				0	0	0
63) GLENN A. JENNER BOARD TREASURER	2.00	х		Х				0	0	0
64) JOHN H. KELLAM BOARD SECRETARY	2.00	х		Х				0	0	0
1b Sub-total	Section A						<b>* * *</b>			
2 Total number of individuals (including but not reportable compensation from the organization)	limited to ti	hose l	iste	d al	OOVE	e) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or, or oh ind	tru <i>ivid</i> u	iste	e, I	key e	mp	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	00?	- If	"Yes	," (	complete Schedui	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue con	mpen	satio	on f	rom	any	unr	related organization	n or individual	5 X
Section B. Independent Contractors										<u> </u>
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>	ompensatio	naepe on for	the	cal	end	ractor ar yea	rs ti ar e	hat received more inding with or with	than \$100,000 c in the organizatio	if n's tax
(A) Name and business add	dress							(B) Description of se	rvices C	(C) Compensation
Total number of independent contractors (in more than \$100,000 in compensation from the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of				ited	d to	thos	e lis	sted above) who	received	
JSA 1E1055 2.000	<u> </u>								] Aberessing A	Form <b>990</b> (2011)

(A) Name and title	(B) Average hours per week (describe	box,	unles er and	Pos neck s pe	irec	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
65) KELLY R. WILLIAMS BOARD DIRECTOR	1 00	.,								
66) SHANNON KANE	1.00	Х	$\vdash$	_	_					, 
BOARD DIRECTOR	1.00	х						0		
67) JAMIE ALBANO			П			2	_			
BOARD DIRECTOR	1.00	X	$\sqcup$					0	(	)
58) LEE JAMERSON BOARD DIRECTOR	2.00	X						, .	,	
59) KATRINA PARKER	2.00	<u> </u>		$\dashv$	_					
BOARD DIRECTOR	2.00	Х		_				o		d
0) BETTY JO ROBERTS								-		
BOARD DIRECTOR (1) LISA DECOSTE	2.00	Х		_				0	. (	
BOARD DIRECTOR	2.00	X						0	,	
2) ROBERT COMEAU	2.00			ᅱ						
BOARD CHAIR	2.00	X		х				0	(	
3) SCOTT E. HUCH										
BOARD VICE CHAIR	2.00	Х		Х				0		
4) JORDAN SMYTH, JR. BOARD VICE CHAIR	2.00	Ų,		Ų,				^		
5) JODI LYONS	2.00	Х		Х			=			
BOARD SECRETARY	2.00	х		Х				0	C	
1b Sub-total							<b>&gt;</b>			
c Total from continuation sheets to Part VII, Se										
d Total (add lines 1b and 1c)	imited to the	hosel	icted	···	2016	\ wbo	ro		£100.000 of	<u> </u>
reportable compensation from the organization		18	13160	au	JUVE	, wiic	, 16	ceived more man .	\$100,000 0	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ile J for suc	r, or ch ind	trus ividu	stee al.	e, ŀ	key e	mpi	oyee, or highest	compensated	Yes N
For any individual listed on line 1a, is the sorganization and related organizations greated individual	ater than	\$15 · · ·	0,00 · · ·	0?	If	"Yes,	" (	complete Schedul	e J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor s," complet	npen: e Sch	satio edule	n fi e J	rom for	any such i	unr pers	elated organization	n or individual	5 ×
Section B. Independent Contractors										
Complete this table for your five highest compound compensation from the organization. Report convear.	pensated ir ompensatio	ndepe on for	nder the	nt c cal	end	ractor ar yea	sth are	nat received more nding with or with	than \$100,000 of in the organization	of n's tax
(A) Name and business addi	ress							(B) Description of ser	rvices (	(C) Compensation
		_								
Total number of independent contractors (in more than \$100,000 in compensation from the	cluding bu organizati	t not ion ▶	limi	ted	to	thos	e lis	sted above) who	received	
1055 2.000										Form <b>990</b> (20

Part VII Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per			Pos heck	ition more	e than c		Reportable compensation	Reportable compensation from	Estimated amount of
	week					is both tor/trust	ee)	from	related	other compensation
	(describe hours for	악				희등	3	the organization	organizations (W-2/1099-MISC)	from the
	related organizations	lividu	it	cer	Key employee	hest	Former	(W-2/1099-MISC)		organization and related
	in Schedule	tor in	onal		Ploy	ee				organizations
	O)	Individual trustee or director	Institutional trustee		8	Highest compensated employee				
;76) ERIC STEINMILLER		-				ted				
BOARD FINANCE CHAIR	2.00	Х						0	c	o
77) MICHAEL L. HERRINTON										
BOARD AUDIT CHAIR	2.00	Х						C	o	0
78) DR. JAMES BICKSEL										
BOARD DIRECTOR	2.00	Х						0	0	0
79) MARK BIERBOWER										
BOARD DIRECTOR	2.00	Х						O	0	0
80) PATRICK BRANNELLY										
BOARD DIRECTOR	2.00	Х						0	0	0
81) TIMOTHY F. BELANGER										
BOARD DIRECTOR	2.00	Х						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
584) JANE OTTENBERG										
BOARD DIRECTOR	2.00	Х			ļ			0	0	0
985) SUSAN HEISEY		l								
BOARD DIRECTOR	2.00	Х	$\vdash$		<u> </u>	<u> </u>		U	Į	0
866) ROBERT D. KANTOR BOARD DIRECTOR	2.00	Х								,
							Ļ		U	0
1b Sub-total c Total from continuation sheets to Part VII, S			• •	• •						
d Total (add lines 1b and 1c)										
Total number of individuals (including but not							o re	ceived more than	\$100,000 of	1
reportable compensation from the organization	i ▶	18		<b>.</b>	00**	J,		don't do more than	Ψ100,000 oi	
										Yes No
3 Did the organization list any former offic	er, directo	r. or	fri	iste	e.	kev e	mn	Jovee or highes	t compensated	
employee on line 1a? If "Yes," complete Schedu	ıle J for su	ch ind	ivid	ual	• •					3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gre										
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ile J	for	such	per	son		5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>										
(A) Name and business add	ross							(B)	unices (	(C)
TVAIRE AND DUSINESS 800	1000						+	Description of se	N AICES	Compensation
							+-	·	-	
							+			
							+			
						-	+			
2 Total number of independent contractors (ir	icluding bi	ıt not	lin	nite	d to	thos	ا م	isted above) who	received Figure 1	
more than \$100,000 in compensation from the				ntet	י ונ	i iiios		isted above) wild	received	

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (describe	(do l	not cl	Pos heck ss pe	C) sition more	e than o is both or/trust	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
87) RICHARD RAMLALL			П							
BOARD DIRECTOR	2.00	Х	_		ļ			С	(	0
688) LINDA MAURANO BOARD DIRECTOR	2.00	Х						, ا	,	0
589) GRANT MCLAUGHLIN	2.00	^								1
BOARD DIRECTOR	2.00	х			1			C	(	0
90) TOM WIITHMAN										
BOARD DIRECTOR	2.00	Х						0	(	0
91) BISHOP COUNCIL NEDD, II										
BOARD DIRECTOR	2.00	Х	_				_	0	(	0
692) RYAN TRIPLETTE BOARD DIRECTOR	2 00	v								
593) MARILYN TUCKER	2.00	Х	Н					0		0
BOARD DIRECTOR	2.00	X						0	(	0
94) MATT HARPER		1			_					
BOARD PRESIDENT	2.00	Х		Х				0	(	0
95) MARIE KOLENDO										
BOARD TREASURER	2.00	Х	Ш	Х				0	(	0
96) BRENDA MITCHELL										_
BOARD SECRETARY 97) STEVEN ZABEL	2.00	Х	Н	Х	<u> </u>			0	(	0
BOARD DIRECTOR	1.00	Х							(	0
Sub-total     C Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c)     Total number of individuals (including but not line).	imited to t					  e) who	▶ ▶ • re	eceived more than	\$100,000 of	
Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru	ıste	e, I	key e	mp	oloyee, or highes	t compensated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	) If	"Yes	," (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors										5 X
Complete this table for your five highest com compensation from the organization. Report c year.										
(A) Name and business add	ress							(B) Description of se	rvices (	(C) Compensation
							-			10
2 Total number of independent contractors (in		ıt not	lim	iter	d to	thos	ا ۾	sted above) who	received	
more than \$100,000 in compensation from the							از پ	Stod GDOVE) WITO	. Journal	
JSA 1E1055 2.000 60196P 649R	s organizat	ion							REMIE	Form <b>990</b> (2011)

Part VII Section A. Officers, Directors, Tre	ustees, Ke	ey En	nplo	oye	es,	and I	ligi	hest Compensat	ed Employee:	s (continued)	
(A) Name and title	(B) Average hours per week (describe hours for	box,	unle er an	Pos heck ss pe	erson	e than o	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation fr related organizations (W-2/1099-MIS	other compensa	of tion
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organizati and relate organizatio	ed
98) JOHN BEASLEY BOARD DIRECTOR	1.00	х									
99) BETTY FAHAD	1.00	_ ^								1	
BOARD DIRECTOR	1.00	Х	_					0		0	(
600) NICK FARONE BOARD DIRECTOR	1.00	X									(
501) VALERY HOPSON BELLE	1.00	<u>  ^</u>	$\vdash$					0		<del></del>	
BOARD DIRECTOR	1.00	X						0		o	(
02) ARLENE HAYES											
BOARD DIRECTOR	1.00	X	├	<u> </u>				0		0	
603) FRANK MCCARTHY BOARD DIRECTOR	1.00	X		}				_			
504) SCOTT PACIOCCO	1.00	_ ^	$\vdash$							<del>-</del>	
BOARD DIRECTOR	1.00	х						0		0	(
05) RUSELL PERKINS											
BOARD DIRECTOR 506) SHANNON REVIERE	1.00	X		_	_			0		0	
BOARD DIRECTOR	1.00	X						_		0	
507) LYNN SEWARD	1.00				-				<u> </u>	1	
BOARD DIRECTOR	1.00	Х						0		0	
08) IVAN TOLBERT											
BOARD DIRECTOR  1b Sub-total	1.00	X	1				Ļ	0		_0	
c Total from continuation sheets to Part VII, S	ection A	• • •	• •	• •			<b>&gt;</b>				
d Total (add lines 1b and 1c)				• •	<u> </u>		<u></u>				
2 Total number of individuals (including but not reportable compensation from the organization				ed a	bov	e) who	o re	ceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	trı	uste ual	e,	key e	mp	loyee, or highes	compensated	Yes 3	No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15 •••	50,0 • •	00?	)	"Yes	," (	complete Schedu	le J for such	4 X	100
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue con es," comple	mpen te Scl	sati hedu	on i ile J	fron <i>I for</i>	n any such	uni per:	related organizations	on or individua	5	X
Section B. Independent Contractors											
1 Complete this table for your five highest com- compensation from the organization. Report of year.	pensated ii ompensati	ndepe on for	ende the	ent e	con	tracto Iar ye	rs t ar e	hat received more inding with or with	than \$100,00 in the organiza	0 of ition's tax	
(A) Name and business add	lress							(B) Description of se	rvices	(C) Compensation	
				_			-				
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nite	d to	thos	e li	sted above) who	received		
JSA 1E1055 2.000	_ 0. guinzai		•							Form <b>990</b>	(201
60196P 649R											-

	Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (describe	(do i		(C	C)			(D)	(E)	(F)	
			office	unles	neck ss pe	more rson	than of is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related	
		organizations in Schedule O)	Individual trustee or director	onal trustee		oloyee	compensated				organizations	
09) CHET												
310) THELM	DIRECTOR A WATSON	1.00	X						0	C	0	
	DIRECTOR	1.00	Х						<u> </u>	n	n	
311) ANDRE		1.00	_ ^	$\vdash$								
	DIRECTOR	1.00	Х						o	0	0	
	PRESIDENT	2.00	х		х				0	0	0	
13) EDWAR												
	1ST VICE PRESIDENT	1.00	Х		Х	_			0	0	0	
(14) TERES	2ND VICE PRESIDENT	1.00	l ,		νl				_		_	
15) DAVID		1.00	X	Н	Х	$\vdash$			0	U	U	
	SECRETARY	1.00	x		х				٥	n	n	
16) BARRY		1.00	- ''	Н								
	TREASURER	1.00	х		х				o	0	0	
17) LAURA	BOONE											
BOARD	DIRECTOR	1.00	Х						0	0	0	
18) CHAD	BROADWATER											
BOARD	DIRECTOR	1.00	Х						0	0	0	
	W BROWNFIELD											
	DIRECTOR	1.00	Х						0	0	0	
1b Sub-tota												
	m continuation sheets to Part VII, So					• •			<u></u>			
2 Total nur	Id lines 1b and 1c)	imited to th		iste	d at	OOVE	e) who	re	ceived more than	\$100,000 of		
· · · · · · · · · · · · · · · · · · ·		<u> </u>					<del></del>		<del></del>		Yes No	
3 Did the employe	organization list any former office e on line 1a? <i>If "Yes," complete Schedu</i>	er, directo ıle J for suc	r, or ch ind	tru <i>ividu</i>	stee	e, I	key e	mp	loyee, or highest	compensated	3 X	
organiza	individual listed on line 1a, is the stion and related organizations gre	ater than	\$15	0,00	00?	· If	"Yes	," (	complete Schedul	e J for such	4 X	
5 Did any	person listed on line 1a receive or ses rendered to the organization? If "Yes	accrue cor	npen	satio	on f	rom	any	unr	elated organization	n or individual	5 X	
	ndependent Contractors	<u>-, -</u> , <b>,</b>										
	e this table for your five highest compation from the organization. Report of											
	(A) Name and business add	ress							(B) Description of se	rvices (	(C) Compensation	
2 Total nui	mber of independent contractors (in	cluding by	ıt nat	lim	itea	l to	thee	نا ۾	sted above) who	received		

	(B) Average hours per week (describe hours for related organizations in Schedule	box,	unles	s pe	ition more	n both st Highest compensated is or smployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabi compensation related organizatio (W-2/1099-N	n from ons	(F) Estimated amount of other compensation from the organization and related organizations
320) MARK DAVIS BOARD DIRECTOR	1 00	v						0			
521) NANCY DODSON	1.00	Х		$\dashv$				U		4	0
BOARD DIRECTOR	1.00	Х						0		0	0
522) SHANNA HALL	1 00	,									0
BOARD DIRECTOR  523) SHERYL HOLDREN	1.00	X		$\dashv$			_				0
BOARD DIRECTOR	1.00	Х						0		o	0
24) WILLIAM HUTCHENS											
BOARD DIRECTOR	1.00	Х						0		0	0
525) CANDACE JONES BOARD DIRECTOR	1.00	х									0
226) CAMILLE RILEY	1.00	_^						0		$\dashv$	
BOARD DIRECTOR	1.00	х						0		0	0
27) SCOTT SAUNDERS							:				
BOARD DIRECTOR	1.00	Х	Н	-				0		0	0
28) WALLACE SUTTLE BOARD DIRECTOR	1.00	Х						0		0	0
29) ANGELA VANCE	1.00		Н							<b>─</b> ૻ	
BOARD DIRECTOR	1.00	Х						0		0	0
30) JULIE WARDEN											_
BOARD DIRECTOR	1.00	Х						0		0	0
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• • •				<b>A</b>			$\neg$	
d Total (add lines 1b and 1c)							<b>&gt;</b>				
2 Total number of individuals (including but not				d at	oove	e) who	re	ceived more than	\$100,000 of		
reportable compensation from the organization		1.6	5								Yes No
2 Did the exemination list and former office	er, directo	r, or	tru	ste	e. k	(AV A	mn				THE INCOME
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu				ıal ,							3 X
<ul> <li>employee on line 1a? If "Yes," complete Schedule</li> <li>For any individual listed on line 1a, is the sorganization and related organizations graindividual</li> </ul>	sum of repeater than	ortab \$15	le c 0,0	ual om 00?	pen	satior "Yes	 n ar ," (	nd other compens	sation from the J for su	 the <i>ich</i>	3 X
<ul> <li>employee on line 1a? If "Yes," complete Schedu</li> <li>For any individual listed on line 1a, is the sorganization and related organizations greindividual</li> <li>Did any person listed on line 1a receive or</li> </ul>	sum of repeater than	ortab \$15 	le c 0,0 · · ·	om om oo? on f	pen If	satior "Yes any	n ar ;" (	nd other compens complete Schedu	sation from the Jernal for su	the uch  ual	
<ul> <li>employee on line 1a? If "Yes," complete Schedulation</li> <li>4 For any individual listed on line 1a, is the sorganization and related organizations graindividual</li></ul>	sum of repeater than accrue corpletes," complete	ortab \$15 · · · mpen te Sch	le o 0,0 satio	om 00? on f	pen If rom	satior "Yes any	n ar ," ( uni	nd other compens complete Schedu related organization	sation from the Jernal for summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer summer sum	the uch  ual	4 X 5 X
<ul> <li>employee on line 1a? If "Yes," complete Schedu</li> <li>For any individual listed on line 1a, is the sorganization and related organizations greindividual</li> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Yes," complete Schedu</li> </ul>	sum of repeater than accrue cones," complete	\$15 mpen te Sch	le o 0,0 sationedu	om; 00? on f ele J	pen If from for	satior "Yes any such	n ar ;" ( uni <i>pers</i>	nd other compens complete Schedu related organization hat received more	sation from the J for succession or individent	the uch ual	4 X 5 X
<ul> <li>employee on line 1a? If "Yes," complete Schedulation and interest organization and related organizations graindividual</li></ul>	sum of repeater than accrue cons," complete pensated in compensation	\$15 mpen te Sch	le o 0,0 sationedu	om; 00? on f ele J	pen If from for	satior "Yes any such	n ar ;" ( uni <i>pers</i>	nd other compens complete Schedu related organization hat received more	eation from the J for succession or individent than \$100, in the organ	the uch	4 X 5 X
<ul> <li>employee on line 1a? If "Yes," complete Schedular For any individual listed on line 1a, is the sorganization and related organizations gree individual</li></ul>	sum of repeater than accrue cons," complete pensated in compensation	\$15 mpen te Sch	le o 0,0 sationedu	om; 00? on f ele J	pen If from for	satior "Yes any such	n ar ;" ( uni <i>pers</i>	nd other compens complete Schedu related organization hat received more ending with or with	eation from the J for succession or individent than \$100, in the organ	the uch	4 X 5 X
<ul> <li>employee on line 1a? If "Yes," complete Schedular For any individual listed on line 1a, is the sorganization and related organizations gree individual</li></ul>	sum of repeater than accrue cons," complete pensated in compensation	\$15 mpen te Sch	le o 0,0 sationedu	om; 00? on f ele J	pen If from for	satior "Yes any such	n ar ;" ( uni <i>pers</i>	nd other compens complete Schedu related organization hat received more ending with or with	eation from the J for succession or individent than \$100, in the organ	the uch	4 X 5 X
<ul> <li>employee on line 1a? If "Yes," complete Schedular For any individual listed on line 1a, is the sorganization and related organizations gree individual</li></ul>	eater than accrue cores," complete pensated in compensation ress	sortab \$15 mpen te Sch	sationed the	ual composition of the second composition of the second contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract contract c	pen: If from for	satior "Yes any such ractor ar yes	uni	nd other compens complete Schedu related organization hat received more ending with or with  (B) Description of se	eation from the J for succession or individual than \$100, in the organization	the uch	4 X

Part VII Section A. Officers, Directors, Tr. (A) Name and title	(B)  Average hours per week (describe hours for	(do l	not cl unles	Pos heck ss pe d a d	c) ition more rson lirect	e than o is both tor/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation fron related organizations	(F) Estimated amount of other compensation
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
31) RANDALL WRIGHT BOARD DIRECTOR	1.00	Х						0		
32) ANNETTE ZAVAREEI BOARD DIRECTOR	1.00	Х					,	0		
33) BRAD BECKMAN BOARD PRESIDENT	.50	X		х				0		
34) DIANA BROWN BOARD VICE PRESIDENT										1
35) DAVID LORITZ	.50	Х		X						
BOARD TREASURER  36) KATIE DYKES	.50	X		Х				0		1
BOARD SECRETARY 37) JIM BRUST	.50	Х		Х				0		)
BOARD DIRECTOR 88) STEPHANIE LA PLANT	.50	X						0		0[
BOARD DIRECTOR  B9) PAT RICHARDSON	.50	Х		$\dashv$				0	'	0
BOARD DIRECTOR  O) SHANNON TODD	.50	X						0		0
BOARD DIRECTOR  1) JACKIE WAALEN  BOARD DIRECTOR	.50	X					_	0		0
1 b Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to tl	nose	iste	d at	oove	  e) who	▶	ceived more than	\$100,000 of	
<ul> <li>reportable compensation from the organization</li> <li>Did the organization list any former office employee on line 1a? If "Yes," complete Schedute</li> <li>For any individual listed on line 1a, is the second complete in the second complete.</li> </ul>	er, directo ule J for suc	h ind	tru ividu	ıal .						Yes No
organization and related organizations gre	eater than	\$15	0,00	00?	If	"Yes,	," (	complete Schedu	e J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X
Section B. Independent Contractors  1 Complete this table for your five highest com compensation from the organization. Report c year.	pensated ir ompensation	ndepe on for	nde the	nt c	cont	ractor lar yea	rs ti	hat received more nding with or with	than \$100,000 in the organizati	of on's tax
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
		19								

	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unle	Pos heck ss pe	erson Jireci	e than to this employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensatio related organizat (W-2/1099-	on from d ions	an com fr org an	(F) stimated nount of other pensation om the anization d related anizations	
542)	DANIEL WALSH	_				_	9					_		
112/	BOARD DIRECTOR	.50	X								^			,
543)	BONNIE WEYERS	.50	Α.					_						(
	BOARD DIRECTOR	.50	х						0		Λ			(
544)	LARRY WHITE					$\vdash$		-						
	BOARD DIRECTOR	.50	x						0		٥			(
345)	BETH MEYER-ARNOLD			$\vdash$	_									
	BOARD PRESIDENT	1.00	x		х						0			(
546)	ELLEN DIZARD	1.00	_^	Н	$\frac{\Lambda}{2}$	<del> -</del>		_						
	BOARD VICE PRESIDENT	1.00	x		x						^			,
547)	MARK STENZEL	1.00									U			(
	BOARD SECRETARY	1.00	X		Х						_			,
(48)	DALE MUEHL	1.00		$\dashv$	-	_					- 0			(
	BOARD TREASURER	1 00	.,		Ţ,									
:491	TOM BAYLERIAN	1.00	Х		Х			_			0			(
1421	BOARD DIRECTOR	1 00	ļ ,,											
:50\	<del></del>	1.00	Х	$\dashv$		_			0		0			_(
,20)	PEARLEAN CANNON			ļ										
	BOARD DIRECTOR	1.00	Х	_				_	0		0			(
,5T)	AL CASTRO													
. =	BOARD DIRECTOR	1.00	Х			_			0		0			(
152)	SUE COLEGROVE						ļ							
	BOARD DIRECTOR	1.00	_ X						0		0			(
1b	Sub-total													
C	Total from continuation sheets to Part VII, S	ection A 🔒												
	Total (add lines 1b and 1c)	<u></u>					• •	<b>&gt;</b>						
2	Total number of individuals (including but not reportable compensation from the organization	imited to th			d ab	ove	e) who	re	ceived more than S	6100,000 o	f			
	eportoble dempendation from the organization		18											_
	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	ile J for suc	h indi	vidu	ıai .							3		X
	For any individual listed on line 1a, is the sorganization and related organizations greindividual	ater than	\$15	0,00	00?	lf	"Yes,	" с	complete Schedul	e J for s	uch	4	X	
5	Did any person listed on line 1a receive or or services rendered to the organization? If "Ye	accrue con	npens	atio	n fi	rom	anv	unr	elated organizatio	n or individ	lual	5		X
Sec	tion B. Independent Contractors										• •			_
4	Complete this table for your five highest compound to compensation from the organization. Report covers.	pensated in ompensatio	depe in for	nde the	nt c	ont	ractor ar yea	s th	nat received more nding with or with	than \$100, in the organ	000 o	f n's tax		
	(A) Name and business add	ess							(B) Description of ser	vices	С	(C) ompens	ation	
						_								_
										11				
														_
										-				
2	otal number of independent contractors (in	cluding but	h most	line:	اسمغة	8.4	there	, It-	dod about the	and a second of the second				
2	otal number of independent contractors (in nore than \$100,000 in compensation from the	cluding but organization	t not on ▶	limi	ited	to	those	e lis	sted above) who	received				

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	olqr	ye	es,	and I	Hig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week (describe	box,	unie: er an	Pos heck ss pe	erson direct	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
353) JIM DAVIS BOARD DIRECTOR	1.00	Х						0		
554) LYN GEBOY BOARD DIRECTOR										,
55) DAVID HAGMAN	1.00	X						0	(	)C
BOARD DIRECTOR (56) PHILLIP E. HICKMAN	1.00	X			-			0	C	C
BOARD DIRECTOR 557) JOHN KUROWSKI	1.00	Х						0	C	0
BOARD DIRECTOR	1.00	Х						0	C	С
358) BRUCE LINDL BOARD DIRECTOR	1.00	х						0	_ c	C
BOARD DIRECTOR	1.00	х						0	C	0
60) JAMES R. MUELLER BOARD DIRECTOR	1.00	Х								0
61) ALLYSON OLIVIER										
BOARD DIRECTOR 662) JACQUELYN RICE	1.00	Х						0	U	C
BOARD DIRECTOR 63) DAVID SIMBRO	1.00	X			Н			0	0	C
BOARD DIRECTOR  1b Sub-total	1.00	Х						0	0	C
c Total from continuation sheets to Part VII, S			• • •		• • •		•			
d Total (add lines 1b and 1c)	limited to the	nose I	iste	d al	bove	e) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or chind	tru ividu	iste	e, I	key e	mp	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	- If	"Yes	," (	complete Schedui	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npen	satio	on f	rom	anv	unr	elated organization	on or individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated ir ompensatio	ndepe on for	the	ent d cal	end	racto ar yea	rs tl ar e	hat received more nding with or with	than \$100,000 o in the organizatio	of n's tax
(A) Name and business add	ress							(B) Description of se	rvices (	(C) Compensation
					_					
								<del>-</del>		
Total number of independent contractors (in more than \$100,000 in compensation from the second contractors)	icluding bu e organizat	t not ion ▶	lim ·	ited	to.	thos	e lis	sted above) who	received	
JSA 1E1055 2.000 60196P 649R										Form <b>990</b> (2011)
<b>****</b>										

Part VII Section A. Officers, Directors, Ti		,								
(A) Name and title	(B) Average			•	C) sition			(D) Reportable	(E) Reportable	(F) Estimated
wante dite the	hours per	(do	not cl			e than c	one	compensation	compensation from	amount of
	week					is both		from	related	other
	(describe hours for	9 5			Jirec	tor/trust		the	organizations	compensation from the
	related	divi	stitu	Officer	ey e	ighe mbk	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	dual	tion	٦	Key employee	st co	4	(**-2/1033-14100)		and related
	in Schedule O)	trus	a s		yee	omp				organizations
	-,	Individual trustee or director	Institutional trustee		"	Highest compensated employee				
64) JANICE KNIGHT	-		Н		-	ed	_			
BOARD DIRECTOR	2.00	x						,		
65) NIKKI BEVON	2.00		Н		$\vdash$					
BOARD DIRECTOR	2.00	x						,	_	
66) ASHLEY HARRIS	2.00	Α.			$\vdash$				0	
BOARD DIRECTOR	2.00	x								
67) WILLIAM B. HOWELL	2.00		$\vdash$		-		_			
BOARD DIRECTOR	2.00	x						,	_	
68) CYNTHIA LUTHER	2.00	_ ^			-					
BOARD DIRECTOR	2.00	X						_		
69) CELIA MANLEY	2.00							0		· .
BOARD DIRECTOR	2.00	х						_	0	
70) PAMALA WILSON	2.00	<u> </u>								
BOARD DIRECTOR	2.00	x						,	^	
71) MARSHALL BELAGA	2.00				$\vdash$				0	
BOARD DIRECTOR	2.00	Х								
72) WILLIAM MEEKS	2.00	<del>  ^</del>	$\vdash$		_		-		0	
BOARD DIRECTOR	2.00	X								
73) JANET BUTTS	2.00	_^	$\dashv$	_				<u> </u>		
BOARD DIRECTOR	2 00	vi								
74) MELANIE FORTENBERRY	2.00	Х	$\dashv$	-			_			
BOARD DIRECTOR	2.00	x								
1b Sub-total	2.00						_			
										<del></del> -
c Total from continuation sheets to Part VII, S	ection A ,	• • •		• •						<del></del>
d Total (add lines 1b and 1c)	inaitani ta ti			، ه دا ماد	• •				1,00,000	
reportable compensation from the organizatio	n ►	1 9	Stet	J at	OOVE	e) wnc	re	ceived more than :	\$100,000 of	
opening the period of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the original of the orig		10								Yes No
3 Did the organization list any former office	er, directo	r, or	trus	stee	e, I	∢ev e	mp	lovee, or highest	compensated	
employee on line 1a? If "Yes," complete Sched	ule J for suc	h ind	vidu	al.				• • • • • • • • • •		3 X
4 For any individual listed on line 1a, is the										<b>高級多數</b> 15
organization and related organizations gro	eater than	\$15	0.00	007	lf	"Yes.	" c	complete Schedul	e J for such	
individual										4 X
5 Did any person listed on line 1a receive or	accrue cor	npen	satio	n f	rom	anv	unr	elated organization	n or individual	校准 原類 鈴藤
for services rendered to the organization? If "Yo	es," complet	e Sch	edul	le J	for	such <sub>l</sub>	pers	son		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com	pensated ir	idepe	nde	nt c	cont	ractor	s th	nat received more	than \$100,000 o	f
compensation from the organization. Report of	ompensatio	n for	the	cal	end	ar yea	ar e	nding with or with	in the organization	n's tax
year.										
(A)								(B)		(C)
Name and business add	ress					_		Description of ser	rvices C	ompensation
2 Total number of independent contractors (in	cluding bu	t not	limi	ited	l to	those	e lis	sted above) who	received	and a dilayang

more than \$100,000 in compensation from the organization  $\blacktriangleright$ 

(A) Name and title	(B) Average hours per week (describe hours for	(C) Position (do not check more than of box, unless person is both officer and a director/irust					(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated	
	related organizations in Schedule	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
) SUSAN GRAVES				T						
BOARD DIRECTOR  DAY VANWINKLE	2.00	X	$\vdash$		+	┝	<u></u>	1	,	
BOARD DIRECTOR	2.00	x					١		1	
) ANGELA SKINNER	2.00	1.		+	1-	$\vdash$				
BOARD DIRECTOR	2.00	Х					0			
) BRUCE DUNCAN										
BOARD CHAIR	1.00	Х	2	١ _			0			
) SHAUN STAUFFER										
BOARD VICE CHAIR	1.00	Х					0	(	)	
) GEORGE JENSEN	1 , ,,		▎	,						
BOARD TREASURER ) MELINDA VANCE	1.00	X	2	+	1-		0	1	<u> </u>	
BOARD SECRETARY	1.00	X	,	,						
) MIKE BRENT	1.00	_^	+	<del>,                                     </del>	+			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
BOARD MEMBER EMERITUS	1.00	x					۱ .			
) CONNIE LATTA	1.00	1		$\top$	<del>                                     </del>		Ĭ		1	
BOARD MEMBER	1.00	Х					0			
) ALAN JOHNSTON										
BOARD MEMBER	1.00	Х					0	1		
) PATRICIA OLENICK										
BOARD MEMBER	1.00	Х					0			
b Sub-total										
c Total from continuation sheets to Part VII, S										
d Total (add lines 1b and 1c)	instantant	• • •						£400.000 =£		
Total number of individuals (including but not reportable compensation from the organizatio	mintea to ti n ▶	18		apov	e) wn	o re	ceived more than	\$ 100,000 61		
		* -							Yes 1	
Did the organization list any former office	er. directo	r. or	trust	ee.	kev e	mn	lovee, or highes	t compensated	GREEN NOTE OF	
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividua	Ι.,			• • • • • • • • • • •	• • • • • • • • •	3	
For any individual listed on line 1a, is the	sum of rep	ortab	le co	mpe	nsatio	n ai	nd other compens	sation from the		
organization and related organizations gr	eater than	\$15	0,000	)? 1	f "Yes	," (	complete Schedu	le J for such		
individual									4 X	
Did any person listed on line 1a receive or	accrue coi	mpen	sation	fro	m any	uni	related organization	on or individual	的复数 成分末位	
for services rendered to the organization? If "Yestion B. Independent Contractors	es," compiei	te Sch	edule	J to	r such	per.	son		_ 5	
Complete this table for your five highest com	nonceted is	odono	ndon		tracto	** *	hat received more	than \$100,000	o.f	
compensation from the organization. Report of year.	ompensation	on for	the c	alen	dar ye	are	ending with or with	nin the organization	on's tax	
(A)							(B)		(C)	
Name and business address							Description of se	rvices	Compensation	
						L				
						$\perp$				
						L				
Total number of independent contractors (in	ncluding bu	it not	limit	ed t	o thos	e li	sted above) who	received		
more than \$100,000 in compensation from th										

Name and title    Name and title	Part VII Section A. Officers, Directors, Tr		1	· pro			and i	ııgı			
86) DEREK M. SMITH  BOARD MEMBER  1.00 X  0 0  37) FAYE MEAVER  BOARD MEMBER  1.00 X  0 0  88) AL WIGGINS  BOARD MEMBER  1.00 X  0 0  89) BRAD HINTON  BOARD MEMBER  1.00 X  0 0  90) REV JAMES COLLINS  EOARD MEMBER  1.00 X  0 0  91) REP LAURA HALL  BOARD MEMBER  1.00 X  0 0  92) MESY STELER  BOARD MEMBER  1.00 X  0 0  93) CHRIT STELER  BOARD MEMBER  1.00 X  0 0  94) TOM SAUBER  BOARD MEMBER  1.00 X  0 0  95) CERT FORD  BOARD MEMBER  1.00 X  0 0  96) DEBELE RUSSELL  BOARD MISSELL  BOARD MISSELL  BOARD MISSELL  BOARD MISSELL  BOARD TREASURER  1.00 X  0 0  97) TOM SAUBER  BOARD SECRETARY  1.00 X  0 0  98) DEBELE RUSSELL  BOARD MISSELL	(A) Name and title	hours per week	(do not check more than or box, unless person is both officer and a director/truste						compensation from	compensation from related	amount of other compensation
86) DERBIK M. SMITH  BOARD MEMBER  1.00 X  0 0  87) FAYS MEAVER  BOARD MEMBER  1.00 X  0 0  88) AL MIGSINS  BOARD MEMBER  1.00 X  0 0  90) REV JAMES COLLINS  BOARD MEMBER  1.00 X  0 0  91) REV JAMES COLLINS  BOARD MEMBER  1.00 X  0 0  92) MISSY JASES COLLINS  BOARD MEMBER  1.00 X  0 0  93) CURTIS FORD  BOARD MEMBER  1.00 X  0 0  93) CURTIS FORD  BOARD MEMBER  1.00 X  0 0  94) TOM SAUBER  BOARD LIMITEDIATE PAST CHAIR  1.00 X  X  0 0  95) DEBBIE RUSSELL  BOARD TREASURER  1.00 X  0 0  96) DEBBIE MINSR  BOARD TREASURER  1.00 X  0 0  97) DEBBIE RUSSELL  BOARD TREASURER  1.00 X  0 0  98) DEBBIE RUSSELL  BOARD SECRETARY  1.00 X  0 0  99) DEBBIE RUSSELL  Compensation from the organization bet and tc)  1.00 X  18 Sub-total  1.00 X  18 Sub-total  1.00 X  18 Sub-total  1.00 X  18 Sub-total  1.00 X  19 Sub-total  10 Total Inform continuation sheets to Part VII, Section A  10 Total Inform of Individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization into any former officer, director, or trustee, key employee, or highest compensated employee on line 14: Pi "Yes," complete Schedule J for such individual individual into any former officer, director, or trustee, key employee, or highest compensated employee on line 14: Pi "Yes," complete Schedule J for such individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individu		related organizations in Schedule	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization and related
87) FAYE WEAVER BOARD MEMBER 1.00 X 0 0 0 88) AL WIGGINS BOARD MEMBER 1.00 X 0 0 0 90) REV JAMES COLLINS BOARD MEMBER 1.00 X 0 0 0 90) REV JAMES COLLINS BOARD MEMBER 1.00 X 0 0 0 91) 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 0 0 0 93) CURTIS FORD BOARD FORMEDIATE PAST CHAIR 1.00 X X 0 0 0 94) TOM SAUBER BOARD VICE CHAIR 1.00 X X 0 0 0 94) TOM SAUBER BOARD FERASURER 1.00 X X 0 0 0 95) DEBBIE RUSSELL BOARD TERASURER 1.00 X X 0 0 0 96) DEBBIE MINER BOARD SECRETARY 1.00 X X 0 0 0 97 Total and dilines it any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization being the storage of the sum of the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual 1 Storage in a storage of the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 1 Storage in a storage of the sum of the organization of the calendar year ending with or within the organization's lax year.  (A) Name and business address  2 Total number of independent Contractors (A) Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization and related organization of the calendar year ending with or within the organization's lax year.  (A) Name and business address  Description of services  Compensation from the organization's lax year.	86) DEREK M. SMITH										
BOARD MEMBER  1.00 X  0 0  0 0  0 0  0 0  0 0  0 0  0 0		1.00	X			<u> </u>			0	0	
88) AL MIGGINS  BOARD MEMBER  1.00 X  0 0  0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0 0  0 0 0 0 0 0 0 0  0 0 0 0 0 0 0 0 0  0 0 0 0 0 0 0 0 0 0  0 0 0 0 0 0 0 0 0 0 0 0  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 00	l ,						_	,	
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more than 4 reciped the compensation from the digalization	more than \$100,000 in compensation from the						00	- 111	2.32 23010/ 11110	.55555	

								(D)	(E)	(F)
Name and title	hours per week	box,	unle	heck ss pe	mon	than o is both or/trust	an	compensation from	Reportable compensation from related	other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee			Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation from the organization and related organizations
97) DINA BICKELL										
BOARD DIRECTOR	1.00	Х	<u> </u>	L					<u>.</u>	0
598) PEGGY JENIKINS										
BOARD DIRECTOR  i99) DAVE MARTIN	1.00	Х		_				0		0
BOARD DIRECTOR	1.00	Х			-					
'00) HEIDI GOETTSCH	1.00									0
BOARD DIRECTOR	1.00	X						0		
'01) STEVE HABERNICHT	1.00	<del></del>								
BOARD DIRECTOR	1.00	Х						0		o
'02) MIKE MORRIS										0
BOARD DIRECTOR	1.00	Х						0		o
'03) TOM HOBT										
BOARD DIRECTOR	1.00	Х			Ш			0		0
04) DARSHINI JAYAWARDENA										
BOARD DIRECTOR	1.00	Х								<u> </u>
05) CHAR SCHLEPP	1 00	,,				i				,
BOARD DIRECTOR 06) HEIKE SCHMOLCK	1.00	X	$\dashv$			-	_	0		0
BOARD DIRECTOR	1.00	X						^		
07) STAN THURSTON	1.00			$\dashv$			-			1
BOARD DIRECTOR	1.00	х						0		
1b Sub-total							•		· · · · ·	-
c Total from continuation sheets to Part VII, S	ection A					• •	•	-		
d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (including but not	limited to the	nose i	iste	d at	ove	) who	re	ceived more than	\$100,000 of	
reportable compensation from the organizatio	n ▶	18								
<ul> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched</li> <li>4 For any individual listed on line 1a, is the</li> </ul>	ule J for suc	:h ind	vidu	ıal .						Yes No
organization and related organizations graindividual	eater than	\$15 · · ·	0,0	00?		"Yes,	." с	complete Schedul	e J for such	4 X
		nnon	satio	on f	rom	any	unr ners	elated organization	n or individual	5 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	es," complet	e Sch	edu	le J	for	such <sub>i</sub>	• • • •	· · · · · · · · · · · · · · · · · · ·		<u> </u>
for services rendered to the organization? If "You Section B. Independent Contractors	es," complet	e Sch	edu	le J						
for services rendered to the organization? If "Yo	es," complet	e Sch	<i>edu.</i> nde	nt c	ont	ractor	s th	nat received more	than \$100,000	of
for services rendered to the organization? If "You Section B. Independent Contractors  1 Complete this table for your five highest components of the organization. Report of the organization from the organization.	pensated ir	e Sch	<i>edu.</i> nde	nt c	ont	ractor	s th	nat received more	than \$100,000 in the organization	of
for services rendered to the organization? If "Y Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report of year.  (A)	pensated ir	e Sch	<i>edu.</i> nde	nt c	ont	ractor	s th	nat received more nding with or with (B)	than \$100,000 in the organization	of on's tax (C)
for services rendered to the organization? If "Y Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report of year.  (A)	pensated ir	e Sch	<i>edu.</i> nde	nt c	ont	ractor	s th	nat received more nding with or with (B)	than \$100,000 in the organization	of on's tax (C)
for services rendered to the organization? If "Y Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report of year.  (A)	pensated ir	e Sch	<i>edu.</i> nde	nt c	ont	ractor	s th	nat received more nding with or with (B)	than \$100,000 in the organization	of on's tax (C)
for services rendered to the organization? If "Y Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report of year.  (A)	pensated ir	e Sch	<i>edu.</i> nde	nt c	ont	ractor	s th	nat received more nding with or with (B)	than \$100,000 in the organization	of on's tax (C)
for services rendered to the organization? If "Y Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report of year.  (A)	pensated ir pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pensation pens	ndepe	nde	ent c	cont	ractor ar yea	s thar e	nat received more nding with or with (B) Description of se	than \$100,000 in the organization	of on's tax (C)

(A) Name and title	(B) Average hours per week (describe hours for	box,	unle: er an	Pos heck ss pe	erson lirec	e than o	an tee)	(D) Reportable compensation from the	Reportable compensation from related organizations	other compensation
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	organization and related organizations
08) PAIGE PATTON-MORRIS										
BOARD PRESIDENT	.50	Х		Х	<u> </u>			0		0
09) LON PAGE BOARD VICE PRESIDENT				٠,,						
10) ROSEMARY THIELMAN	.50	Х		Х	<u> </u>		-	0		9
BOARD SECRETARY	.50	x		х						
11) JAMES SCHAEFER	.50			Ĥ	$\vdash$			0		<u> </u>
BOARD TREASURER	.50	X		X				0		0
12) BRIAN CASEY	1						-			<u> </u>
BOARD DIRECTOR	.50	Х						i o		0
13) LORENE HARRIS										
BOARD DIRECTOR	.50	Х						0		0
14) AUDRE HYATT	1									
BOARD DIRECTOR	.50	Х						. 0		0
15) BARB MAHONEY										
BOARD DIRECTOR 16) TIM NICKOLAUS	.50	X	$\vdash$					0		0
BOARD DIRECTOR	.50	Ų			,					
17) MELISSA POLAND-KNAPIK	.50	X								4
BOARD DIRECTOR	.50	X								
18) MAUREEN SCHMITTER-EDGECOMBE			$\neg$	$\dashv$						<del></del>
BOARD DIRECTOR	.50	Х			!			lo		o
1b Sub-total							•			
c Total from continuation sheets to Part VII, S	ection A						▶		"	
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not reportable compensation from the organization	limited to the	nose I	iste	d at	OOVE	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization		16								IV Tu
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or th indi	tru ividu	stee	e, k	ey e	mp	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	- If	"Yes	." (	complete Schedul	e J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npen	satio	n f	rom	any	unr	related organizatio	n or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com- compensation from the organization. Report c year.	pensated ir ompensatio	ndepe on for	nde the	nt c	ont end	ractor ar yea	rs th ar e	hat received more inding with or with	than \$100,000 in the organizat	of ion's tax
(A) Name and business add	ress							(B) Description of ser	vices	(C) Compensation
							-	<del></del>	(0)	
							$\vdash$			
							$\vdash$			
Total number of independent contractors (ir more than \$100,000 in compensation from the	cluding bu	t not	lim	ited	to	thos	l. e lis	sted above) who	received	

BOARD DIRECTOR  BOARD DIRECTOR  20) BRUCE LYAU  CFO  21) WILLIAM FISHER  CEO  22) KEITH SWANSON  VICE PRESIDENT OF FINANCE  23) LINDA MITCHELL  PRESIDENT/CEO  24) JAMES VUMBACO  CFO  25) PATRICIA CLARK  EXECUTIVE DIRECTOR  26) GRACE GRANT-BROWN  COO  27) ELLEN BROWN  CEO  28) JESSICA FEAZELL	(B) Average									continued)
BOARD DIRECTOR  BOARD DIRECTOR  20) BRUCE LYAU  CFO  21) WILLIAM FISHER  CEO  22) KEITH SWANSON  VICE PRESIDENT OF FINANCE  23) LINDA MITCHELL  PRESIDENT/CEO  24) JAMES VUMBACO  CFO  25) PATRICIA CLARK  EXECUTIVE DIRECTOR  26) GRACE GRANT-BROWN  COO  27) ELLEN BROWN  CEO  28) JESSICA FEAZELL	hours per week (describe	box,	not ch unles	Pos neck ss pe	erson lirect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
BOARD DIRECTOR  20) BRUCE LYAU  CFO  21) WILLIAM FISHER  CEO  22) KEITH SWANSON  VICE PRESIDENT OF FINANCE  23) LINDA MITCHELL  PRESIDENT/CEO  24) JAMES VUMBACO  CFO  25) PATRICIA CLARK  EXECUTIVE DIRECTOR  26) GRACE GRANT-BROWN  COO  27) ELLEN BROWN  CEO  28) JESSICA FEAZELL	hours for related organizations in Schedute O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
CFO  CEO  CEO  CEO  CEO  CEO  CEO  CEO					-	<u>u</u>				
CFO  221) WILLIAM FISHER  CEO  222) KEITH SWANSON  VICE PRESIDENT OF FINANCE  233) LINDA MITCHELL  PRESIDENT/CEO  224) JAMES VUMBACO  CFO  255) PATRICIA CLARK  EXECUTIVE DIRECTOR  260 GRACE GRANT-BROWN  COO  27) ELLEN BROWN  CEO  28) JESSICA FEAZELL	.50	Х						0	0	(
CEO  22) KEITH SWANSON  VICE PRESIDENT OF FINANCE  23) LINDA MITCHELL  PRESIDENT/CEO  24) JAMES VUMBACO  CFO  25) PATRICIA CLARK  EXECUTIVE DIRECTOR  26) GRACE GRANT-BROWN  COO  27) ELLEN BROWN  CEO  28) JESSICA FEAZELL	40.00		l	х				103,735.	0	9 563
CEO  22) KEITH SWANSON  VICE PRESIDENT OF FINANCE  23) LINDA MITCHELL  PRESIDENT/CEO  24) JAMES VUMBACO  CFO  25) PATRICIA CLARK  EXECUTIVE DIRECTOR  26) GRACE GRANT-BROWN  COO  27) ELLEN BROWN  CEO  28) JESSICA FEAZELL	40.00		$\dashv$	^				103,735.	0	8,563.
VICE PRESIDENT OF FINANCE  23) LINDA MITCHELL PRESIDENT/CEO  24) JAMES VUMBACO CFO  25) PATRICIA CLARK EXECUTIVE DIRECTOR  26) GRACE GRANT-BROWN COO  27) ELLEN BROWN CEO  28) JESSICA FEAZELL	40.00			Х				201,252.	0	22,591.
23) LINDA MITCHELL PRESIDENT/CEO  24) JAMES VUMBACO CFO  25) PATRICIA CLARK EXECUTIVE DIRECTOR  26) GRACE GRANT-BROWN COO  27) ELLEN BROWN CEO  28) JESSICA FEAZELL										
PRESIDENT/CEO  24) JAMES VUMBACO  CFO  25) PATRICIA CLARK  EXECUTIVE DIRECTOR  26) GRACE GRANT-BROWN  COO  27) ELLEN BROWN  CEO  28) JESSICA FEAZELL	40.00			Х				103,467.	0	5,173.
24) JAMES VUMBACO  CFO  25) PATRICIA CLARK  EXECUTIVE DIRECTOR  26) GRACE GRANT-BROWN  COO  27) ELLEN BROWN  CEO  28) JESSICA FEAZELL	50.00									_
CFO 25) PATRICIA CLARK EXECUTIVE DIRECTOR 26) GRACE GRANT-BROWN COO 27) ELLEN BROWN CEO 28) JESSICA FEAZELL	50.00		$\dashv$	Х	$\vdash$		_	130,307.	0	6,515.
EXECUTIVE DIRECTOR  26) GRACE GRANT-BROWN  COO  27) ELLEN BROWN  CEO  28) JESSICA FEAZELL	45.00			x				76,999.	0	3,867.
26) GRACE GRANT-BROWN  COO 27) ELLEN BROWN  CEO 28) JESSICA FEAZELL	13.00			-			$\neg$	10,555.		3,007.
COO 27) ELLEN BROWN CEO 28) JESSICA FEAZELL	45.00			Х				110,000.	0	4,865.
27) ELLEN BROWN CEO 28) JESSICA FEAZELL						_		-		<del></del>
CEO 28) JESSICA FEAZELL	40.00			Х				94,658.	0	480
28) JESSICA FEAZELL	40.00		-	,,				100 044		
	40.00		$\dashv$	Х				100,944.	0	1,712
DIR. OF FINANCE & OPERATIONS	40.00			Х			i	52,264.	0	(
29) KATHRYN REDINGTON	10.00		$\dashv$					32/2011		
CEO	40.00			Х				84,761.	0	(
1b Sub-total							ightharpoonup			
c Total from continuation sheets to Part VII, Sec										
d Total (add lines 1b and 1c)	mitad to th	one li	intor	1 0		) who	<b>P</b>	noised more than (	1100 000 of	
reportable compensation from the organization		18		) ar	JUVE	y wnc	re	ceived more than :	\$ 100,000 of	
										Yes No
3 Did the organization list any former officer	r, directo	r, or	trus	stee	e, k	ey e	mpl	oyee, or highest	compensated	
employee on line 1a? If "Yes," complete Schedule										3 X
4 For any individual listed on line 1a, is the su organization and related organizations grea	ım of rep	ortabl	e co	omi	pen:	satior	an	d other compens	ation from the	
individual									e J ioi sucii	4 X
5 Did any person listed on line 1a receive or a	ccrue cor	npens	atio	n f	rom	anv	unr	elated organizatio	n or individual	
for services rendered to the organization? If "Yes,	," complet	e Sch	edul	e J	for	such <sub>i</sub>	oers	on		5 X
Section B. Independent Contractors				-4 -	4		41	-ttd		
<ol> <li>Complete this table for your five highest compe compensation from the organization. Report cor year.</li> </ol>	mpensatio	n for	the	cal	end	ar yea	s ir ar ei	nding with or with	than \$100,000 o	r n's tax
(A)								(B)		(C)
Name and business addre	ss							Description of ser	vices C	ompensation
								<u>-</u> .		
		_								
							$\vdash$			
	-						-			
2 Total number of independent contractors (incl	luding bu	t not	limi	hati	to	thos	o lic	about America		eta garanganasis
more than \$100,000 in compensation from the	luuling bu		1111111	ILÇU		11103	5 II3	sted apove) who	teceivéd Ismassaca	
JSA 1E1055 2.000 60196P 649R	organizati	on 🕨		neu		11103	. IIS	wno	received	Form <b>990</b> (2011

Part VII Section A. Officers, Directors, Tr	(B)	, <u></u>	. 10.0		C)		9	(D)	(E)	(F)	
Name and title	Average			•	sition			Reportable	(E) Reportable	(F) Estimated	d
The area and	hours per	(do i	not c			e than o	one	compensation	compensation from		
	week			•		is both		from	related	other	
	(describe	office		$\overline{}$		or/trus		the	organizations	compensati	
	hours for	or di	nsti	3	ê '	활호	Forme	organization	(W-2/1099-MIS	C) from the	
	related organizations	rec irec	E.	ĕ	<u>B</u>	lest	ner	(W-2/1099-MISC)		organization and relate	
	in Schedule	Individual trustee or director	Institutional trustee		Key employee	e co				organizatio	
	O)	uste	5		e l	npe					
		ă	stee			Highest compensated employee					
20) FITZADEGU CORVENCON				_		ě					
'30) ELIZABETH STEVENSON											
EXECUTIVE DIRECTOR	40.00			Х	<del></del>			75,075.		0 5,	791.
'31) NIKKI VULGARIS-RODRIGUEZ											
EXECUTIVE DIRECTOR	40.00			Х	Ш		L	67,178.		0 1,3	354.
'32) JANET DEVLIN											
CFO	40.00			Х				114,758.		0 17,1	156.
'33) ERNA COLBORN											
PRESIDENT/CEO	40.00			Х				193,158.		0 33,4	416.
'34) WANDA J. LEW								· · ·			
DIR. OF FINANCE & OPERATIONS	40.00	ĺ		Х			-	100,470.		0 4.7	239.
'35) HEATHER ALLEN HERSHBERGER								, , , , , , , , , , , , , , , , , , , ,			
EXECUTIVE DIRECTOR	40.00	[		х				136,882.		0 22,5	536
'36) KELLY HAUER					Н			130,002.		22,3	<del>550.</del>
EXECUTIVE DIRECTOR	37.50			$ _{x} $				72 500			0
'37) DYANA SCHAEFER	37.30		$\vdash$	P				73,500.			0
	40 00										_
FINANCE DIRECTOR	40.00		$\vdash$	Х	$\sqcup$		_	43,514.		0	0
'38) MARSHA HILLS											
EXECUTIVE DIRECTOR	40.00			Х	Ш			56,600.		0	0
'39) TERI SHIRK											
EXECUTIVE DIRECTOR	40.00			Х	Ш			114,238.		0 19,1	137.
'40) LAURIE TRENHOLM											
EXECUTIVE DIRECTOR	40.00			Х	Ш			77,920.		0 5,0	060.
1b Sub-total							•				
c Total from continuation sheets to Part VII, S	ection A						•				
d Total (add lines 1b and 1c)							ightharpoonup				
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of		
reportable compensation from the organization	n 🕨	18	1			,					
										Yes	No
3 Did the organization list any former offic	er, directo	r, or	tru	istei	e, ŀ	кеу е	mp	loyee, or highest	compensated		197 H
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	ıal .						3	X
4 For any individual listed on line 1a, is the	sum of ren	ortah	le c	·om	nen	sation	1 27	nd other company	eation from the	AAZH MARK	EE
organization and related organizations gre	eater than	\$15	ด.ก	በበን	) If	"Yes	" (	complete Schedui	le .1 for such		
individual								• • • • • • • • • • •		4 X	
5 Did any person listed on line 1a receive or	accrue coi	nnen	atio	on f	rom	anv	unr	related organizatio	n or individual		
for services rendered to the organization? If "Ye	es." complet	e Sch	edu	le J	for	such	ners	son	iii or iiialvidaar	5	Х
Section B. Independent Contractors	, compre	00	<del>,,,,</del>			00011	porc	3011			
1 Complete this table for your five highest com	nancated in	ndene	nda	nt c	cont	racto	rc ti	hat received more	than \$100 000		
compensation from the organization. Report c	ompensatio	n for	the	cal	lend	ar ve	ıs u ar e	nat received more	in the organiza	i OI tion's tay	
year.	ompondan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cui	Cild	ar yo	u	moning with or with	iii tile organiza	non's tax	
				—	—		_				
(A) Name and business add	roco							(B)		(C)	
Traine and business add								Description of se	rvices	Compensation	
							-				
							<u> </u>	w-10			
2 Total number of independent contractors (in	cluding bu	t not	lim	ited	d to	thos	e li	sted above) who	received		
more than \$100,000 in compensation from the	e organizati	ion 🕨									选携
JSA 1E1055 2.000										Form 990	(2011)
60196P 649R											

(4)		1								
(A) Name and title	Average hours per week (describe	box, office	unles r and	Pos neck is pe	rson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations
'41) DEBRA R. BROOK	F0 00									
EXECUTIVE DIRECTOR (42) JANIE ELSON	50.00			Х				100,000.		0
FINANCE DIRECTOR	30.00			х				40,170.		
43) LINDA NEWKIRK	30.00			Λ				40,170.	<u> </u>	9
EXECUTIVE DIRECTOR	50.00			х			i	62,000.		n
44) REBECCA ARGILAGOS			$\dashv$					02,0001		
EXECUTIVE DIRECTOR	55.00			х				51,043.		0
45) KAREN NOEL	=									1
PRESIDENT/CEO	40.00			Х				69,378.		0 7,037
46) DEBBIE SOULA				i						
FINANCE DIRECTOR	40.00		_	Х				31,500.		0 2,400
47) DUANE J. GROSS				Į						
PRESIDENT/CEO	40.00		_	Х				84,003.		0 2,520
48) THERESA RILEY CFO	40 00									
49) WILLIAM STARLIPER	40.00			Х				9,039.		0
CFO CFO	40 00			v				41 617		
50) CATHERINE JAMES	40.00			Х				41,617.		0
CEO	40.00			$_{\rm X}$		i		68,320.		1 300
51) JENNIFER SCHEUERMANN	10.00	-	_	^			-	00,320.		0 1,389
DIRECTOR, FINANCE & OPERATIONS	35.00			x				70,021.		0 3,144
1b Sub-total							<b>•</b>	,		7,211
c Total from continuation sheets to Part VII, S							•			
d Total (add lines 1b and 1c)	<u> </u>						$\blacktriangleright$			
2 Total number of individuals (including but not reportable compensation from the organization	limited to th			d ab	ove	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organization		18								
3 Did the organization list any former offic	er, directo	r. or	trus	stee	e. }	ev e	mp	lovee, or highest	compensated	Yes No
employee on line 1a? If "Yes," complete Schedu	ule J for suc	h indi	vidu	al.						3 X
4 For any individual listed on line 1a, is the	sum of rep	ortabi	e co	omi	pen	sation	ar	nd other compens	ation from the	
organization and related organizations gre	eater than	\$15	0,00	00?	- If	"Yes	<i>"</i> c	complete Schedul	e J for such	
individual										4 X
5 Did any person listed on line 1a receive or	accrue cor	npens	atio	n f	rom	any	unr	elated organization	on or individual	
for services rendered to the organization? If "Ye	es," complet	e Sch	edul	e J	for	such <sub>i</sub>	oers	son	<u>.</u>	5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>	pensated ir ompensatio	ngepe on for	ndei the	nt c	end	ractor ar yea	rs ti	nat received more nding with or with	than \$100,000 in the organizati	of on's tax
(A)								(B)		(C)
Name and business add	ress							Description of se	rvices	Compensation
										<del></del> _
							_			
										<u> </u>

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ploy	yee	es,	and I	Hig	hest Compensat	ed Employe	es (c	continued)
(A) Name and title	(B) Average hours per week (describe	box office	not che unless er and	Posi eck s pe a d	rson lirect	e than o	an tee)	(D) Reportable compensation from the	(E)  Reportable compensation related organization	ı from	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		from the organization and related organizations
'52) ELAINE SPROAT				T			-				
PRESIDENT/CEO	35.00			Х				92,323.		0	7,812.
'53) HANNELORE STEVENS CONTROLLER	34.00			х				58 <b>,</b> 897.		0	8,147.
'54) DAVID MIDLAND											
PRESIDENT/CEO	40.00			Х				108,857.		0	8,635.
'55) COLLEEN M. WENZEL							l				
FINANCE DIRECTOR	40.00			Х				44,378.		0	0
'56) LEILANI J. PELLETIER, MB	40.00				i					ļ	
EXECUTIVE DIRECTOR '57) JOAN SILLASEN	40.00			X				65,167.		0	0
FINANCE DIRECTOR	40.00			,,				<b></b>			_
'58) PAMELA SCHUELLERMAN	40.00		-   -	X				55,010.		0	0
EXECUTIVE DIRECTOR	40.00		- 1.					00 171			0.740
759) NANCY A. DOUGLAS	40.00	$\vdash$	-+	Х				82,171.		- 0	8,743.
FINANCE DIRECTOR	40.00			$_{\rm x}$				67,778.		٨	10 051
60) NANCY B. UDELSON	10.00		<del>-                                     </del>	$\stackrel{\wedge}{+}$	-		-	07,770.		$\dashv$	10,851.
EXECUTIVE DIRECTOR	40.00	,		x l				95,617.			13,230.
61) NANETTE MANN ARRIAGA			<del>-   -</del>	$\dashv$			_	33,017.		$\dashv$	13,230.
FINANCE DIRECTOR	40.00			х				57,394.		0	0
62) KENNETH STRONG, JR.								3,,031.			
EXECUTIVE DIRECTOR	40.00			$_{\rm X}$				97,843.		0	6,444.
1b Sub-total							<b>&gt;</b>			$\neg$	
c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A		• • •				<b>&gt;</b>				
Total number of individuals (including but not I reportable compensation from the organization.)	imited to th	nose li	isted	ab	ove	) who	re	ceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduling	er, directo ile J for suc	r, or h indi	trus <i>vidua</i>	tee	e, k	ey e	mpl	loyee, or highest	compensat	ed	3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	ater than	\$15	0,000	0?	- If	"Yes,	" c	complete Schedul	e J for su	ch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npens	ation	n fr	om	anv	unr	elated organizatio	n or individu	ıal	5 X
Section B. Independent Contractors											· · · · · · · · · · · · · · · · · · ·
1 Complete this table for your five highest componentation from the organization. Report of year.	pensated in ompensation	depe on for	nden the c	t c	ont	ractor ar yea	sth are	nat received more nding with or with	than \$100,0 in the organi	)00 o	f n's tax
(A) Name and business addr	ess							(B) Description of ser	vices		(C) ompensation
											L
2 Total number of independent contractors (in more than \$100,000 in compensation from the	cluding bu organizati	t not on ▶	limit	.ed	to	those	e lis	sted above) who	received		

Part VII Section A. Officers, Directors, Tr	ıstees, Ke	y En	plc	ye	es,	and I	Hig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week (describe	box,	unles r and	Pos heck ss pe	erson Jirect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
'63) JUDITH FOWLER										
ASSOCIATE DIRECTOR - FINANCE	37.50			Х			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}$	68,220.	C	10,268.
'64) ERIC VANVLYMEN				١					_	
EXECUTIVE DIRECTOR	37.50		Н	Х	_		<u> </u>	75,288.		5,697.
'65) SALLI BOLLIN EXECUTIVE DIRECTOR	40.00			v			[	71 015	_	15 660
'66) DAVID F. ROSE	40.00			Х	-		_	71,815.		15,662.
SVP FINANCE	40.00			Х				65,010.	0	2,112.
'67) MARK FRIED	10.00							03,010.		2,112.
PRESIDENT/CEO	40.00			х.				97,892.	0	3,247.
'68) KATHLEEN CODY					_			,		
EXECUTIVE DIRECTOR	40.00			Х				15,768.	o	0
'69) REGINA BRADSON										
VP FINANCE AND OPERATIONS	37.50			Х				68,107.	0	0
'70) WENDY L. CAMPBELL	_									
PRESIDENT/CEO	37.50		$\Box$	Х	_			111,213.	0	0
'71) VELMA HAGGAN	40.00								_	
VP OF FINANCE & OPERATIONS '72) CINDY ALEWINE	40.00		$\dashv$	Х				53,493.	0	1,605.
PRESIDENT/CEO	40.00			х				95,584.		2 969
773) JANE ASPAAS	10.00		$\dashv$	^				93,364.		2,868.
EXECUTIVE DIRECTOR	37.50	i		Х				48,667.	0	0
1b Sub-total						1	•	50,000	<u></u>	
c Total from continuation sheets to Part VII, So							•			
d Total (add lines 1b and 1c)	· · · · · ·				• •		$\blacktriangleright$			
2 Total number of individuals (including but not l	imited to th	nose I	iste	d at	oove	e) who	ге	ceived more than	\$100,000 of	
reportable compensation from the organization		18	-							
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or hindi	tru	ste	e, l	кеу е	mp	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the s										A SEE LEVEL STREET
organization and related organizations gre	ater than	315 \$15	0.00	0111) 00?	pen <i>If</i>	sauor Yes"	таг :" <i>(</i>	ia otner compens complete. Schedul	ation from the	
individual								······		4 X
5 Did any person listed on line 1a receive or	accrue cor	npens	satio	n f	rom	any	unr	elated organization	n or individual	
for services rendered to the organization? If "Ye	s," complet	e Sch	edu	le J	for	such	pers	son	<u> </u>	5 X
Section B. Independent Contractors									<del></del>	<u> </u>
<ol> <li>Complete this table for your five highest componentation from the organization. Report of year.</li> </ol>	oensated ir ompensatio	ndepe on for	nde the	nt c cal	end	ractor ar yea	rs tl ar e	hat received more nding with or with	than \$100,000 c in the organizatio	of n's tax
(A) Name and business add	ess							(B) Description of se	rvices C	(C) Compensation
								<u>-</u>		
	<del></del> -						_			
2. Total number of independent content.	alicalia - 1	A 75 - 2	17	ta - 1		41	<u> </u>		. 775-18-18-18-18-18-18-18-18-18-18-18-18-18-	
2 Total number of independent contractors (in more than \$100,000 in compensation from the	cıudıng bu e organizati	ι not on ▶	lim	ited	ı to	thos	e lis	sted above) who	received	

Part VII Section A. Officers, Directors, Tr	1	y E11	ibio			and i	ııgı			
(A) Name and title	(B) Average hours per week (describe	box,	unles r and	Pos neck ss pe	rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
74) JANICE H. ESTES										
VP FINANCE & OPERATIONS	40.00			Χ				40,572.		0
75) MICHAEL P. SPENCER PRESIDENT/CEO	40.00		ĺ	٠,				56 500		
76) MARTHA RICHARDSON	40.00		-	X			_	56,503.		
EXECUTIVE DIRECTOR	37.50			х				73,760.		
77) SUSAN B. FRIEDMAN	37.30		$\neg$				_	73,700.		9
EXECUTIVE DIRECTOR	40.00			х				82,468.		o
78) GINO V. COLOMBARA		-						,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PRESIDENT/CEO	40.00			Х				67,883.		6,043
79) SUSAN KUDLA FINN										
PRESIDENT/CEO	40.00		_	Х				102,444.		6,864
80) BEN KORDESTANI								_		
CFO & COO 81) KEVIN NORTHROP	40.00		$\dashv$	Х				125,000.		23,472
DIRECTOR OF FINANCE/OPERATIONS	40.00			x		İ		67 100		1 242
82) SHARON PETERSON	40.00			^				67,120.		1,342
CEO	40.00			$_{\rm X}$		ľ		87,126.		1,743
83) SUSAN GRAVES	70.00		_	~	_			07,120.		1,743
FINANCE DIRECTOR	12.00			х				29,807.		d
84) JANE MARKS										
EXECUTIVE DIRECTOR	40.00			Х				64,902.	(	
1b Sub-total	<i></i> .						ightharpoonup			
c Total from continuation sheets to Part VII, So									<del></del>	
d Total (add lines 1b and 1c)				 		Novele e			24000000	<u> </u>
2 Total number of individuals (including but not l reportable compensation from the organization	imited to tr	ı iose 18		ac	ove	e) wnc	re	ceived more than	\$100,000 of	
- Ferritary and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and Grant and		10								Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ile J for suc	r, or h indi	trus vidu	stee	e, k	ey e	mpl	loyee, or highest	compensated	3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	ater than	\$15	0,00	00?	- If	"Yes,	," c	complete Schedul	e J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npens	atio	n f	rom	anv	unr	elated organization	n or individual	5 X
Section B. Independent Contractors	<u>, , , , , , , , , , , , , , , , , , , </u>	-								19112
<ol> <li>Complete this table for your five highest component of compensation from the organization. Report of year.</li> </ol>	pensated ir ompensatio	depe on for	nder the	nt c	ont end	ractor ar yea	rs th ar e	nat received more nding with or with	than \$100,000 in the organization	of on's tax
(A) Name and business add	ress							(B) Description of se	vices	(C) Compensation
				_						

Part VII Section A. Officers, Directors, To (A)	(B)				C)			(D)		T	
Name and title	Average hours per week	box,	unles	Pos heck ss pe	ition more	e than c	an	Reportable compensation from	(E)  Reportable compensation from related	Esti amo	(F) mated ount of ther
	(describe hours for related organizations in Schedule O)	official individual trustee	institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fror organ and	ensation in the nization related nizations
85) KIM KINNER											
EXECUTIVE DIRECTOR	40.00			Х				63,121.	(	)	842
86) CHRISTINA PACKARD	_									l	
DIRECTOR OF FINANCE AND HR	40.00		_	Х				59,126.	(	1	14,551
87) THOMAS HLAVACEK	_										
EXECUTIVE DIRECTOR	40.00			Х			_	98,761.	(		8,261
88) MARY "PATTY" DUNN	4		ĺ								
EXECUTIVE DIRECTOR	40.00		$\square$	Х	$\vdash\vdash$			54,694.	(	<b>"</b>	6,180
89) GLENDA BERRY PRESIDENT/ CEO	37 50			ι,				110 700	]	,	
90) HOLLY BRADFORD	37.50			Х			_	110,798.	(	<u>'</u>	
FINANCE DIRECTOR	45.00			Х				E7 02E	,	,	1 020
91) CAROL SIPFLE	43.00				$\vdash$			57,835.		,	1,930
EXECUTIVE DIRECTOR	45.00			Х				93,234.	(	,	2,806
92) MARK HAVENS	43.00		$\dashv$	Λ				33,234.		1	2,000
INTERIM EXECUTIVE DIRECTOR	40.00		İ	х				46,750.	(	n i	
93) ROBYN MOORE	10100		$\dashv$		-			10,730.			
CHIEF DEVELOPMENT OFFICER	40.00					х		101,571.	(		4,988
94) LISA LEE			$\neg$							1	-,,,,,,,
VP, DEVELOPMENT	40.00					Х		106,005.	(	1	6,510
1b Sub-total							$\blacktriangleright$				_
c Total from continuation sheets to Part VII, S							ightharpoons				
d Total (add lines 1b and 1c)							ightharpoons				
2 Total number of individuals (including but not				d at	oove	e) who	ге	ceived more than	\$100,000 of		
reportable compensation from the organization		18								1.	. 1
9 Did Abo consideration that the first										Allege S	Yes No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, directo lule I for suc	r, or shind	tru widi	ste	e, k	сеу е	mp	loyee, or highest	compensated	2	x
										3	A CONTRACTOR
4 For any individual listed on line 1a, is the organization and related organizations gr											
individual	eater than	φισ	0,00	OU !	"	765	, (	complete Schedu	ie j ioi sucii	4	x
5 Did any person listed on line 1a receive or								elated organization	on or individual	BEAR N	
for services rendered to the organization? If "Y										5	Х
Section B. Independent Contractors	,										
<ol> <li>Complete this table for your five highest concompensation from the organization. Report year.</li> </ol>	pensated in compensation	ndepe on for	nde the	nt o	end	racto ar yea	rs tl ar e	hat received more nding with or with	than \$100,000 on the organization	of on's tax	
(A)							Т	(P)	···	(C)	
Name and business ad	dress							(B) Description of se	rvices	(C) Compensa	ition
							$\top$			*	
							$\vdash$				
							L				

	rt VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	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.				
TRIBUTION D OTHER SI	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.			
	Business Code	TOUR TOUR TOUR TOUR	CONTRACTOR CONTRACTOR		
PROGRAM SERVICE REVENUE	2a WORKSHOP/CONFERENCES/SEMINARS 624100	2,215,023.	2,215,023.	0.	0.
Æ	b RESPITE PROGRAMS 624100	992,298.	992,298.	0.	0.
벌	c SUPPORT GROUPS 624100	133,068.	133,068.	0.	0.
8	d CARE CONSULTATION 624100	39,773.	39,773.	0.	0.
Z S	e EARLY STAGE PROGRAMMIN 624100	35,310.	35,310.	0.	0.
¥	f All other program service revenue	533,167.	533,167.	0.	0.
ğ	g Total. Add lines 2a-2f	3,948,639.	333,107.		
	3 Investment income (including dividends, interest and other similar amounts) ▶ 4 Income from investment of tax-exempt bond proceeds ▶	956, 254.	0.	0.	956,254.
4	5 Royalties	38,979.	0		20.070
	(i) Real (ii) Personal	30,979.		0.	38,979.
	6 a Gross rents				
	d Net rental income or (loss)				
Ì	7 a Gross amount from sales of assets other than inventory . 8,347,299. 156,035.				
	b Less: cost or other basis and sales expenses 8,191,845. 170,660. c Gain or (loss)	140,829.	0.	0.	140,829.
THER REVENUE	8 a Gross income from fundraising events (not including. \$\frac{5}{618},\frac{331}{331}.\] of contributions reported on line 1c). See Part IV, line 18				
#	b Less: direct expenses b 1, 455, 112.				
٥	c Net income or (loss) from fundraising events	-158,216.		0.	-158,216.
	9 a Gross income from gaming activities. See Part IV, line 19	130,210.			130,210.
	b Less: direct expenses b 2,363.		State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state		
	c Net income or (loss) from gaming activities · · · · · · . ▶	94,882.	0,	0.	94,882.
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory	23,799.	21,143.	0.	2,656.
1	Miscellaneous Revenue Business Code			Activistic Company	2,000.
	11a CALIFORNIA COUNCIL 900099	158,960.	158,960.	0.	0.
	b MISCELLANEOUS 900099	155,142.	0.	0.	155,142.
	c ADVERTISING 900099	850.	0.	850.	133,142.
	d All other revenue	000.	0.	030.	U.
	e Total. Add lines 11a-11d	314,952.	THE STREET	disconfiguration	
	12 Total revenue. See instructions		4,128,742.	850.	1,230,526.
BAA	11111	0109 07/06/11	4,140,144.	000.	Form 990 (2011)

### 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).

Do 6b.	Check if Schedule O contains a res  not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
_	Grants and other assistance to governments	¥	0.1po.1000		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th
	and organizations in the United States. See Part IV, line 21	260,473.	260,473.		
2					
3	Grants and other assistance to governments, organizations, and individuals outside the	1,830,049.	1,830,049.		2 200 10
	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  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		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.
- 1	<b>b</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.
(	Professional fundraising services. See Part IV, line 17				700/43
	f Investment management fees	92,812.	27,801.	60,193.	4,818.
	g Other	2,882,102.	2,207,582.	233,074.	441,446.
	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	E 246 750	4 100 047	400 460	727 042
16	Occupancy	5,346,752.	4,129,247.	480,462.	737,043.
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,751,372.	1,341,098.	132,164.	278,110.
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	PROGRAM EXPENSE	422,528.	422,528.	0.	0.
t	PLEDGE WRITE-OFFS	164,580.	22,059.	89,503.	53,018.
(	MISCELLANEOUS SUPPLIES	143,905.	88,075.	0.	55,830.
C	` <b></b>				
	All other expenses	635,302.	343,786.	78,628.	212,888.
	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 ► X if following	1 000 304	210 001	6 000	540.040
	SOP 98-2 (ASC 958-720)	1,266,184.	710,294.	6,880.	549,010.

		(A) Beginning of year		(B) End of year
	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		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)),		6	
8 9	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
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	2,992,081.	10 c	3,450,765
111	Sitter and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	27,553,124.	11	27,475,707
12		1,067,000.	12	1,067,000
13		1000000464	13	ш, ос., осо
14	· · ·		14	
15	· .	9,310,263.	15	9,739,968
16	Del DA (#100 DE 1970)	82,747,395.	16	81,282,964
17		7,650,527.	17	8,720,607
18		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	F	348,680.	23	323,295
24	g.g.	273,126.	24	12,534
25		2/3/120.	27	12,334
	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		10,155,069.	26	10,801,292
1	Organizations that follow SFAS 117, check here ➤ X and complete lines			
1	27 through 29 and lines 33 and 34.		\$1050I H	
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 ► and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	THE RESERVE TO SERVE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY
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
1 -0	Total liabilities and net assets/fund balances	82,747,395.	34	81,282,964

BAA Form 990 (2011)

	n 990 (2011) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	36-3463656		Page 12
Pa	rt XI Reconciliation of Net Assets			
-587	Check if Schedule O contains a response to any question in this Part XI			X
		or 7		
1	Total revenue (must equal Part VIII, column (A), line 12)		10,742	2,893.
2	Total expenses (must equal Part IX, column (A), line 25)	2 7	70,761	.,080.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18	3,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 7	12,592	2,326.
5	Other changes in net assets or fund balances (explain in Schedule O)	5 -	-2,092	2,467.
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 7	70,481	,672.
Pa	rt XII Financial Statements and Reporting			
- 10	Check if Schedule O contains a response to any question in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	Were the organization's financial statements audited by an independent accountant?	<i></i> .	2 b	х
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
(	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both:	ed on a		
	X Separate basis Consolidated basis Both consolidated and separate basis			Marite
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the saudit Act and OMB Circular A-133?	Single	3a 2	x
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3 b	x

Form 990 (2011)

BAA

TEEA0112 07/06/11

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

**Public Charity Status and Public Support** 

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Part | 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described Х in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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. b Type II Type III - Other a | Type I c | Type III - Functionally integrated 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 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 . . 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) 11 g (ii) 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) (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (ii) EIN (iv) is the (vi) Is the organization in (vii) Amount of support organization in column (i) column (i) listed in organized in the U.S.? (see instructions)) your governing document? Yes Yes No No Yes No (A) (B) (C) (D) Total

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

# 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.)

Sec	ction A. Public Support				.01 6		
Cale	endar year (or fiscal year inning in) ►	(a) 2007	<b>(b)</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.
Sec	tion B. Total Support					—— Folian is	
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</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 activiti	es, etc (see instru	ctions)			12	4,158,623.
_	First five years. If the Form 990 is organization, check this box and s	top here					
Sec	tion C. Computation of Pul Public support percentage for 201	blic Support F	ercentage			-	
	Public support percentage for 201	1 (line 6, column (f	) divided by line 11	, column (f))		14	
15	Public support percentage from 20	10 Schedule A, Pa	art II, line 14	• • • • • • • • •		15	95.83%
16 <i>a</i>	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						
lb	33-1/3% support test — 2010. If the and stop here. The organization q	he organization did jualifies as a public	l not check a box only cly supported organ	on line 13 or 16a, a nization	and line 15 is 33-1/	3% or more, check	this box
17 a	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					<i></i>	
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-organization'	eets the 'facts-and- circumstances' tes	circumstances' tes t. The organization	st, check this box a qualifies as a pub	and <b>stop here.</b> Exp plicly supported org	olain in Part IV how janization	/ the
	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or			
BAA					5	Schedule A (Form !	990 or 990-EZ) 2011

# 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.)

Sec	tion A. Public Support						
Caler	ndar 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.						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	governmental unit to the organization without charge.						
	Total. Add lines 1 through 5						
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.)						
Sec	tion B. Total Support						
		( ) 0000		( ) 0000	(4) 0040	(=) 2011	(6) T
Calen	dar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(0) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(6) 2010	(e) 2011	(r) Total
9 10a b	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(6) 2010	(e) 2011	(t) Total
9 10a b	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(6) 2010	(e) 2011	(r) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2007	(b) 2008	(c) 2009	(6) 2010	(e) 2011	(r) Total
9 10 a b	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(6) 2010	(e) 2011	(r) Total
9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	hird fourth or fifth	lay year as a sec	ion 501(c)(3)	
9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12,)	s for the organization	on's first, second, t	hird fourth or fifth	lay year as a sec	ion 501(c)(3)	
9 10 a b c 11 12 13 14 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and s	s for the organization here	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
9 10 a b c 11 12 13 14 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pul	s for the organization top here blic Support P	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
9 10 a b c 11 12 13 14 Seci	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and stion C. Computation of Put	for the organization here	on's first, second, to the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage o	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
9 10 a b c 11 12 13 14 Sect 15 16 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and stion C. Computation of Put Public support percentage from 20	s for the organization here	on's first, second, to the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage o	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
9 10 a b c 11 12 13 14 Sect 15 16 Sect 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and stong and stong and support percentage for 201 Public support percentage from 20 tion D. Computation of Inv	s for the organization here	on's first, second, to the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage of the contage o	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
9 10 a b c 11 12 13 14 Sect 15 16 Sect 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pullic support percentage for 201 Public support percentage from 20 tion D. Computation of Inv	s for the organization here	on's first, second, to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
9 10 a b c 11 12 13 14 Sect 15 16 Sect 17 18 19 a	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and s stion C. Computation of Pull Public support percentage from 20 tion D. Computation of Investment income percentage from 33-1/3% support tests — 2011. If	s for the organization dispersion of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organ	on's first, second, to the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content o	hird, fourth, or fifth	itax year as a sect	ion 501(c)(3)	8 9 9 P P P P P P P P P P P P P P P P P

Schedule A (Form 990 or 990-EZ) 2011 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Page 4
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 B

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

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## **Schedule of Contributors**

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

OMB No. 1545-0047

2011

Name of the organization		Employer identification number			
ALZHEIMER'S DISEASE & ASSOCIATION	© RELATED DISORDERS	36-3463656			
Organization type (check one):	:	30-3403030			
<b>3</b>					
Filers of:	Filers of: Section:				
Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private fou	indation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundary	lion			
	501(c)(3) taxable private foundation				
<b>Note.</b> Only a section 501(c)(7), instructions.	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See			
General Rule					
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II.	or more (in money or			
Special Rules					
under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II.	e year, a contribution of			
during the year, total	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitases, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,			
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					
990-EZ, or 990-PF), but it $must$	anot covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990; or check the box on line F F, to certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ or on			

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS **Employer identification number** ASSOCIATION 36-3463656 Part 1 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 1,000,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution \_ 2 Person **Payroll** 777,500. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution \_ 3 Person Payroil 427,222. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person **Payroll** 250,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_ \_ 5 Х Person Payroll 334,796. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 6 Person Payroll 191,680. Noncash (Complete Part II if there is

	3 (Form 990, 990-E2, or 990-PF) (2011)		Page 2
Name of or	ganization ALZHEIMER'S DISEASE & RELATED DISORDER ASSOCIATION	S	Employer identification number 36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7-		\$324,865.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		<b>\$</b> 249,190.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$ <u>180,742.</u>	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and Z!P + 4	(c) Total contributions	(d) Type of contribution
10		\$75,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 11 _		\$106,039.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$81,250.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

	3 (Form 990, 990-EZ, or 990-PF) (2011)		Page
Name of or	ganization ALZHEIMER'S DISEASE & RELATED DISORDER ASSOCIATION	S	Employer identification number 36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Par	t l if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 13_		\$77,708.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14 _		\$30,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and Z!P + 4	(c) Total contributions	(d) Type of contribution
_ 15_		\$25,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_16_		\$22,922.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$61,747.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$43,211.	Person X Payroll Noncash (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution \_19 Х Person Payroli 31,144. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZiP + 4 No. **Total contributions** Type of contribution \_\_20 Person **Payroll** 30,350. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 21 Person Х **Payroll** 27,686. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 22 Person Χ **Payroll** 21,122. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (d) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. \_ 23 Person **Payroll** 15,208. Noncash (Complete Part II if there is a noncash contribution.) (a) (c) (d) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 \_ 24 Person **Payroll** 

(Complete Part II if there is a noncash contribution.)

Noncash

12,800.

Name of o	rganization ALZHEIMER'S DISEASE & RELATED DISORDER ASSOCIATION	Employer identification number	
			36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 25		\$67,066.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 26_		\$25,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _		\$1,344,943.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 28 _		\$185,074.	Person Payroll Noncash  (Complete Part It if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 29 _		\$124,050.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 30 _		\$73,316.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

	3 (Form 990, 990-EZ, or 990-PF) (2011)		Page 2
Name of or	rganization ALZHEIMER'S DISEASE & RELATED DISORDER ASSOCIATION	RS	Employer identification number 36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 31 _		\$28,125.	Person  Payroli  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 32 _		\$22,308.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u>19,174.</u>	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$15,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 35		\$10,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 36 _		\$231,475.	Person X Payroll Noncash (Complete Part II if there is

	3 (Form 990, 990-EZ, or 990-PF) (2011)		Page 2
Name of or	ganization ALZHEIMER'S DISEASE & RELATED DISORDE ASSOCIATION	RS	Employer identification number 36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	
(a) No.	(b) Name, address, and Z!P + 4	(c) Total contributions	(d) Type of contribution
_ 37		\$58,221.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ <u>52,416.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$35,583.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 40 _		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 41 _		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 42 _		\$12,969.	Person X Payroll Noncash  (Complete Part II if there is

Name of or	ganization ALZHEIMER'S DISEASE & RELATED DISORDER ASSOCIATION	Employer identification number 36-3463656	
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_43_		\$95,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 44 _		\$43,750.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$ <u>16,000.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 46 _		\$15,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$96,022.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 48 _		\$50,700.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of or	ganization ALZHEIMER'S DISEASE & RELATED DISORDER ASSOCIATION	Employer identification number 36-3463656				
Part I	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 X Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
50		\$19,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 51 _		\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 52 _ i		\$104,505.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 53 _		\$545,825.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 54		\$150,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_ 55 Х Person **Payroll** 131,847. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_\_56 Person **Payroll** 92,201. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_\_57 Х Person **Payroll** 86,649. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_58 Person **Payroll** 62,500. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. \_59 Χ Person **Payroll** 20,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 60 Х Person Payroll 31,293. Noncash (Complete Part II if there is a noncash contribution.)

	B (Form 990, 990-EZ, or 990-PF) (2011)  rganization ALZHEIMER'S DISEASE & RELATED DISORDE	RS	Page Employer identification number
	ASSOCIATION		36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61		\$25,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$20,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$100,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$40,253.	Person  Payroli  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$35,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	 		Person X

(Complete Part II if there is a noncash contribution.)

Noncash

34,369.

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 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 <b>_</b>		\$120,057.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
68 <b>_</b> _		\$96,737.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
69		\$55,773.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 70 _		\$51,700.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 71 _		\$35,430.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 72 _		\$30,325.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

ochedale i	5 (1 Gilli 330, 330-L2, G 330-FF) (2011)		Page ∡
Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION		Employer identification number 36-3463656	
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is ne	eded.
(a) No.	(b) Name, address, and Z <del>I</del> P + 4	(c) Total contributions	(d) Type of contribution
_ 73 _		\$27,600.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
_ 74 _		\$23,824.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 75 _		\$162,030.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
_ 76_		\$70,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 77 _		\$ <u>33,146.</u>	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$30,356.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_79 Person **Payroll** 30,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 80 Person Payroll 25,418. Noncash (Complete Part II if there is a noncash contribution.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 81 Person **Payroll** 25,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 Person **Payroll** 22,120. Noncash (Complete Part II if there is a noncash contribution.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

		\$20,000.	Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
84_		\$20,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Person

\_\_83

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS

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

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 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	
_ 91 _		\$54,993.	Person  Payroll  Noncash  (Complete Part It if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
92		\$325,038.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 93 _		\$176,758.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
94_		\$105,425.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
95 -		\$100,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
96		\$70,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_97 Person **Payroll** 400,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution \_\_98 Person **Payroll** 100,000. Noncash (Complete Part II if there is a noncash contribution.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_99 Х Person **Payroll** 125,845. Noncash (Complete Part II if there is a noncash contribution.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 100 Х Person **Payroll** 5,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 101 Х Person Payroll 320,125. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 102 Х Person **Payroll** 220,000. Noncash

(Complete Part II if there is a noncash contribution.)

	B (Form 990, 990-EZ, or 990-PF) (2011)		Page
Name of o	rganization ALZHEIMER'S DISEASE & RELATED DISORDE ASSOCIATION	Employer identification number 36-3463656	
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_103_		\$2 <u>15,000</u> .	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104_		\$120 <u>,332</u> .	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_105_		\$100,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_106_		\$83 <u>,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$79,496.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108_		\$64,617.	Person X Payroll Noncash (Complete Part II if there is

Name of o	rganization ALZHEIMER'S DISEASE & RELATED DISORDER ASSOCIATION	RS	Employer identification number 36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_109_		\$10,100.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_110_		\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_111 _		\$9,750.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_112_		\$7,700.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_113_		\$7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_114		\$75,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of c	organization ALZHEIMER'S DISEASE & RELATED DISORD	DERS	Employer identification number
	ASSOCIATION		36-3463656
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_115_		\$35,000. 	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_116_		\$3 <u>8,284</u> .	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_117_		\$18,500.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_118_		\$11,689.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_119_		\$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_120_		- \$10,000.	Person X Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS **Employer identification number** ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 121 X Person **Payroll** 10,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 122 Х Person **Payroli** 10,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 123 Person **Payroll** 96,192. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 124 Person **Payroll** 74,407. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 125 Person Payroll 60,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 126 Χ Person

194,521.

**Payroll** 

Noncash

(Complete Part II if there is a noncash contribution.)

Name of o	rganization ALZHEIMER'S DISEASE & RELATED DISOR	DERS	Employer identification number
	ASSOCIATION		36-3463656
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is nee	eded.
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_127_		\$50,000. 	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_128_		\$32,126. 	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_129_		\$ <u>24,202</u> .	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_130_		\$ <u>163,227.</u>	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_131 _		\$29,027.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_132_			Person X Payroll

(Complete Part II if there is a noncash contribution.)

Noncash

25,000.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS **Employer identification number** ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 133 Х Person **Payroll** 25,000. Noncash (Complete Part II if there is a noncash contribution.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 134 Person Payroll 68,492. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_135 Person **Payroll** <u>54,439</u>. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution 136 Person Х **Payroll** 47,600. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 137 Person **Payroll** 40,939. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 138 Х

Payroll 37,731. Noncash (Complete Part II if there is a noncash contribution.)

Person

Name of o	organization ALZHEIMER'S DISEASE & RELATED DISORDE ASSOCIATION	ERS	Employer identification number 36-3463656
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_139_		- - \$35,989.	Person X Payroli Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_140_		- \$45,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_141_		\$245,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_142_		- - \$50,790.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_143_		\$231,032.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_144_		_	Person X

(Complete Part II if there is a noncash contribution.)

Person Payroll

Noncash

88,500.

Name of o	organization ALZHEIMER'S DISEASE & RELATED DISORDER ASSOCIATION	RS	Employer identification number 36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_145_		\$46,983.	Person X Payrolt Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_146_		\$40,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$35,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_148_		\$23,179.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_149_		\$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_150_			Person X

(Complete Part II if there is a noncash contribution.)

Payroll

Noncash

7,648.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 151 Х Person Payroll 7,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 152 Person Payroll 1,052,981. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** Noncash

(Complete Part II if there is a noncash contribution.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS

Employer identification number

ASSOCIATION 36-3463656 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS **Employer identification number** ASSOCIATION 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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

Openito Public Inspection

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.

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.

	e organization answered Tres Section 501(c)(4), (5), or (6) org	, to Form 990, Part IV, line 5 (Proxy Tax) o lanizations: Complete Part III.	r Form 990-E2, Part	v, line 35a (Proxy Tax),	inen
	of organization			Employer identifica	ation number
AL:	ZHEIMER'S DISEASE A	ND RELATED DISORDERS ASSOC	IATION	36-346365	6
		rganization is exempt under secti		section 527 organi	zation.
1	Provide a description of the or	ganization's direct and indirect political camp	aign activities in Part I	V.	,
2	Political expenditures			<b>&gt;</b> \$	
3	Volunteer hours				
Pa	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		·
1	Enter the amount of any excis	e tax incurred by the organization under sect	ion 4955	<b>&gt;</b> \$	
2		e tax incurred by organization managers und			
3		section 4955 tax, did it file Form 4720 for this			
4 :	a Was a correction made?			<i></i>	Yes No
	o If 'Yes,' describe in Part IV.				
Pa	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	•
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function acti	vities · · · · ► \$	
2		organization's funds contributed to other orga			
3	Total exempt function expendine 17b	itures. Add lines 1 and 2. Enter here and on F	Form 1120-POL,		
4	Did the filing organization file I	Form 1120-POL for this year?			· · · Yes No
5	Enter the names, addresses a organization made payments. amount of political contribution segregated fund or a political	and employer identification number (EIN) of a For each organization listed, enter the amount is received that were promptly and directly de action committee (PAC). If additional space is	I section 527 political on the paid from the filing of elivered to a separate parate parate parate parate parate parate parate information in the parate information in the parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parate parat	organizations to which the organization's funds. Also political organization, suc rmation in Part IV.	e filing enter the h as a separate
	(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)					-

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011	ALZHEIMER'S	DISEASE AND RELAT	ED DISORDERS AS	SOCIATION 36-3463	3656 Page <b>2</b>
Part II-A Complete if t section 501(h	he organization)).	on is exempt under se	ction 501(c)(3) an	d filed Form 5768 (e	lection under
A Check ► if the filing	organization belo	ngs to an affiliated group (and	l list in Part IV each affil	iated group member's nam	ne.
		d share of excess lobbying ex		• • • • • • • • • • • • • • • • • • • •	,
and the second		ked box A and 'limited contro	•		
	Limits on Lobb	ying Expenditures ans amounts paid or incurr	700	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence pub	lic opinion (grass roots lobbyi	ng)		
	•	gislative body (direct lobbying	•		
		id 1b)	•		
		· • • • • • • • • • • • • • • • • • • •			
e Total exempt purpose exp	enditures (add line	es 1c and 1d)	<i>.</i>	N	
f Lobbying nontaxable amore both columns.	unt. Enter the amo	ount from the following table in	1		
If the amount on line 1e, colur	nn (a) or (b) is:	The lobbying nontaxable a	mount is:		
Not over \$500,000		20% of the amount on line 1e.	2,000		
Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1	1,500,000	\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$1	17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable am	ount (enter 25% o	f line 1f)			
		enter -0			X2
i Subtract line 1f from line 1	c. If zero or less, e	enter -0			
		er line 1h or line 1i, did the org		O roporting	- 9000
section 4911 tax for this ye	ear?	er inte in or inte in, did the org			Yes No
		4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction	nder Section 501/h)		
	<del></del>	ns below. See the instruction bying Expenditures During			
	LOD	bying Expenditures During	4- real Averaging Fer	1	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d</b> ) 2011	(e) Total
2 a Lobbying non-taxable amount		X4 (1970)	x-2		
b Lobbying ceiling amount (150% of line 2a, column (e))					niest.
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (For	n 990 or 990-EZ) 2011

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)).	

	(a)		(b)
or each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity.	Yes	No	Amount
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,			
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	127.65		
a Volunteers?	х	2000000	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	x	-	
c Media advertisements?	x		5 2
d Mailings to members, legislators, or the public?	X	$\rightarrow$	5,24 36,38
e Publications, or published or broadcast statements?	X		30,30
	X		
f Grants to other organizations for lobbying purposes?	X	-	11,11
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-	$\vdash$	389,12
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	-	138,04
i Other activities?	X	(Delbih	45,79
j Total. Add lines 1c through 1i		252	625,75
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Abinoma	X	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912	113		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?			
art III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or	
section 501(c)(6).			
			Yes
Were substantially all (90% or more) dues received nondeductible by members?			
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
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	(c)(5) R (b)	or s Part	ection
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	R (b)	or s Part	ection
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members	R (b)	Part	ection
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members	R (b)	Part  1  2a	ection
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members	R (b)	Part	ection
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total	R (b)	Part  1  2a	ection
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members  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  b Carryover from last year	R (b)	Part  1  2a  2b	ection
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total	· · · · · · · · · · · · · · · · · · ·	Part  1 2a 2b 2c	ection
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members  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  C Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  mplete 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; a	and Pa	2a 2b 2c 3 4 5	ection III-A, line 3, is
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  mplete 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 complete this part for any additional information.	and Pa	2a 2b 2c 3	ection III-A, line 3, is
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501(c)(6) and if either (a) BOTH Part ill-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  mplete 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; a o, complete this part for any additional information.	and Pa	2a 2b 2c 3 4 5	ection III-A, line 3, is
501(c)(6) and if either (a) BOTH Part ill-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  mplete 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; a o, complete this part for any additional information.	and Pa	2a 2b 2c 3 4 5 TAFF	ection III-A, line 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'  Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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?  Taxable amount of lobbying and political expenditures (see instructions)  Taxable amount of lobbying and political expenditures (see instructions)  Total Information  mplete 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; at o, complete this part for any additional information.  NEARLY ALL OF THE CHAPTER NETWORK LOBBYING IS THROUGH.	and Pa	2a 2b 2c 3 4 5 TAFF	ection III-A, line 3, is

Schedule C (Form 990 or 990-EZ) 2011 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Page 4    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
• • • • • • • • • • • • • • • • • • • •
••••
**
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#### 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. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) . . . Aggregate grants from (during year) . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a **b** Total acreage restricted by conservation easements . . . . . . . . . . 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

- garrier or garrier at a manita	g conconons	0. 7, 11100011	<del></del>	. Other Chimal Acc	oto loomin	200/
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	a Public exhibition d Loan or exchange programs					
b Scholarly research						
4 Provide a description of the organi		explain how they f	urther the organizatio	n's exempt purpose in		
Part XIV.  5 During the year, did the organization			_			
assets to be sold to raise funds rat  Part IV Escrow and Custodia	<u>her than to be maintain</u>	ed as part of the or	rganization's collection	n?		No_
line 9, or reported an a	mount on Form 99	0, Part X, line 2	21.	wered res to roini	550, 1 4111	<del></del>
1 a Is the organization an agent, truste included on Form 990, Part X?	e, custodian, or other i	ntermediary for con	ntributions or other as	sets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIV and complete	the following table	<b>:</b> :			
					Amount	
c Beginning balance				. 1c		
d Additions during the year				. 1d		
e Distributions during the year				. 1e		
f Ending balance				. 1f		
2 a Did the organization include an am	ount on Form 990, Par	t X, line 21?			Yes	No
b If 'Yes,' explain the arrangement in	Part XIV.					
Part V Endowment Funds. Co	omplete if the organ	nization answer	red 'Yes' to Form	990, Part IV, line 10		-
	(a) Current year	(b) Prior year	(c) Two years back	155.0. 66	(e) Four ye	ars back
1 a Beginning of year balance	8,813,533.	8,353,819			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TWO 1 35
<b>b</b> Contributions	-19,383.	309,660				75.45
• Not investment cornings, seins		2 12 17		- 8		4500
c Net investment earnings, gains, and losses	162,174.	476,415	5. 504,49	4257,143.		
d Grants or scholarships	1,500.	554				ESTE OF
e Other expenditures for facilities	19000				Testado.	
and programs	636,228.	311,936	395,34	6. 72,083.	DUBLINES	THE PARTY
f Administrative expenses	12,533.	13,871	18,12	8. 5,471.		
g End of year balance	8,306,063.	8,813,533	8,353,81	9. 6,114,473.	11/2 14/2 17	
<ol><li>Provide the estimated percentage</li></ol>	of the current year end	balance (line 1g, c	olumn (a)) held as:			
a Board designated or quasi-endown	nent 🟲	%				
b Permanent endowment 🕨	%					
c Temporarily restricted endowment	<b>•</b>	_ %				
The percentages in lines 2a, 2b, ar	nd 2c should equal 100	%.				
3 a Are there endowment funds not in	the possession of the o	rganization that are	e held and administer	ed for the		l Na
organization by:					Yes	No
(i) unrelated organizations					3a(i) X	<del> </del>
(ii) related organizations						X
b If 'Yes' to 3a(ii), are the related org				• • • • • • • • • • • • • • • • • • • •	. 3b	1
4 Describe in Part XIV the intended to						
Part VI Land, Buildings, and				<u> </u>		
Description of property		or other basis restment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	/alue ——-
1 a Land		6,000.	160,101.	医生生性性性 红色的	160	5,101.
<b>b</b> Buildings			1,884,888.	464,767.	1,420	),121.
c Leasehold improvements			1,431,905.	865,687.	566	5,218.
d Equipment			5,917,281.	4,745,545.	1,17	L,736.
e Other			946,696.	820,107.	120	5,589.
Total. Add lines 1a through 1e. (Column	(d) must equal Form 9	90, Part X, column	(B), line 10(c).)			765.
BAA					dule D (Form	

Part VII	Investments - Other Securities. See	Form 990, Part X, I	ine 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) Financia	al derivatives		
(2) Closely	-held equity interests		
(3) Other			(i.e. 9)332
(C)			
(D)			
<u>(E)</u>			
<u>(F)</u>			
(G)			
<u> </u>	- <b></b>		
	n (b) must equal Form 990 Part X, column (B) line 12.) >		
Part VIII	Investments - Program Related. See		<del></del>
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			Cost of end-of-year market value
(2)			
(3)			
(4)	5. 14 16 2		
(5)		72-77-	
(6)	- W	100Car	
(7)			
(8)	- US/12	00 1100 100 1	
(9)			
(10)			
Total. (Column	n (b) must equal Form 990, Part X, column (B) line 13.) >		
Part IX	Other Assets. See Form 990, Part X, lin	ne 15.	****
_	(a) De	scription	(b) Book value
	EFICIAL INTEREST/ SPLIT INTERE	ST AGREEMENTS	9,668,997
	r annuities		70,971
(3)			
(4)	1000		
(5)			
(6)			
(7)	22110	277	
(8)			
(9)			
(10)			
	umn (b) must equal Form 990, Part X, column (B), i		▶ 9,739,968
Part X	Other Liabilities. See Form 990, Part X		Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan
70 C. L.	(a) Description of liability	(b) Book value	
	al income taxes	7 000 4	
	BILITY UNDER UNITRUST AGREEMEN		
	ERRED RENT	160,22	
	ITAL LEASE OBLIGATIONS	52,48	
2 1 2 2 1	CANNUITIES	42,07	DESCRIPTION OF THE PROPERTY OF THE SECOND OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T
	LAIMED PAYMENTS	36	<u>55.</u>
(7) (8)		-	
(9)			
(10)			
(11)		<del></del>	
10 10	(b) must equal Form 990, Part X, column (B) line 25.)	.> 1,254,59	20
Total Column	of most equal total 330, Falt A, Colollil D) IIIC 23.	1,234,33	

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).

Sche	edule D (Form 990) 2011 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	36-3463656	Page 4
Pai	t 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		
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	MANAGE	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments	TI SECOND	
	Donated services and use of facilities		
	Recoveries of prior year grants		
	I Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2 e	
	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4 CCC+1	
	Other (Describe in Part XIV.)		
	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	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	1650	
b	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV.)	MARKET	
	Add lines 2a through 2d		
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)	4 c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
	t XIV   Supplemental Information	, ,	
Com <sub>l</sub> Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, IV, 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 tedditional information.	ines 1b and 2b; his part to provide	
<u>Pt</u> _	V Line 4PT V ENDOWMENT FUNDS		
	THE DATA ENTERED IN COLUMNS (B) PRIOR YEAR, (C) TWO	YEARS_BACK	
	AND (D) THREE YEARS BACK DIFFER FROM THE PREVIOUS:	Y_FILED	
	TAX RETURN. THE SCHEDULE REFLECTS PRIOR YEAR(S) AG	CTIVITY	
		<u>RN.</u>	
	USE OF ENDOWMENTS AND ENDOWMENT FUNDS FOR 18 CHAP	TERS	
	PERCENTAGES LISTED BELOW:		

ntal Information (continued)	30-3403030	Page 3
NADEUDDU ANTERDUTA AND NADEUDDU NEUROR AURDED		
 NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER -		
 100% PERMANENT ENDOWMENT		
 THE ENDOWMENT FUNDS ARE FOR THE USE OF RESPITE SERV	ICES.	
 SOUTHEAST FLORIDA CHAPTER -		
 100% PERMANENT ENDOWMENT.		
 ENDOWMENT FUNDS ARE USED TO FUND PROGRAMS, SERVICES,	,_AND	
 OPERATIONS.		
CENTRAL AND NORTH FLORIDA CHAPTER -		
 100% PERMANENT ENDOWMENT		
	CED TO PUND	
 THE INCOME FROM THIS PERMANENT ENDOWMENT IS TO BE US	SED TO FUND	
 OPERATIONS.		
 ·		
 ALOHA CHAPTER -		
 88% PERMANENT ENDOWMENT		
 12% BOARD DESIGNATED OR QUASI-ENDOWMENT		
 THE FERN HAYES ENDOWMENT (\$100,000) SUPPORTS PURCHAS	SE OF BOOKS ON	
 ALZHEIMER'S DISEASE FOR LIBRARIES ON THE ISLAND OF I	KAUAI. THE QUAS	31
ENDOWMENT (\$13,675) IS SPECIFICALLY FOR THE USE OF I		
AND OUTREACH. THE WEINBERG FOUNDATION ENDOWMENT WAS		
ANOTHER ORGANIZATION ALONG WITH THE RIGHTS TO OCCUP		
COAST COMPREHENSIVE HEALTH CENTER. THIS WAS BASED OF	N THE RESTRICTE	5D
 PURPOSE OF THE ENDOWMENT.		
 EAST CENTRAL IOWA CHAPTER -		
100% BOARD DESIGNATED OR OUAST-ENDOWMENT		

Schedule D (Form 990) 2011 Part XIV Supplement	ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION  (al Information (continued)	36-3463656	Page 5
		MONEY MADVET	
	THE FUND WAS CREATED WITH PROCEEDS FROM VARIOUS N		
	ACCOUNTS USED FOR CASH RESERVE PURPOSES WITH THE	INTENT_OF_CREATIN	G
	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 ASSOC	EATION.	
	GREATER KENTUCKY AND SOUTHERN INDIANA CHAPTER -		
	100% PERMANENT ENDOWMENT	<b></b>	
	ATTACHED TO THE CHAPTER'S BEST FRIENDS ADULT DAY	CARE CENTER WAS A	<u></u>
	PERMANENTLY RESTRICTED ENDOWMENT WHOSE INTEREST W	NAS USED FOR THE	
	ADULT DAY CENTER. DURING THE FISCAL YEAR, THE ADU	JLT_DAY_CENTER,_AL	ONG
	WITH THE ENDOWMENT, WAS TRANSFERRED TO ANOTHER OF	RGANIZATION.	
	CENTRAL NEW YORK CHAPTER -		
	100% PERMANENT ENDOWMENT		
	THE PERMANENT ENDOWMENT IS TO BE MAINTAINED INTAG	THE DEPOSITION	
		21_1M_1_M_1	
	FOR EDUCATION AND FAMILY SERVICES.		
	ROCHESTER CHAPTER -		
	57% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	43% PERMANENT ENDOWMENT	<b></b> _	
	THE BOARD DESIGNATED FUNDS WILL BE USED TO SUPPOR	RT THE ORGANIZATIO	<u>N'S</u>
	PROGRAMS AS DEEMED NECESSARY. THE PERMANENT ENDO	MMENTS 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 AN	PPROVED BY THE BOA	ıRD .

Schedule D (Form 990) 2011 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION  [Part XIV] Supplemental Information (continued)	36-3463656	Page 5
CLEVELAND AREA CHAPTER -		
99.96% BOARD DESIGNATED OR QUASI-ENDOWMENT		
0.04% PERMANENT ENDOWMENT		
\$1000 IS A PERMANENT ENDOWMENT, THE REMAINDER IS	S A BOARD DESIGNAT	'ED
ENDOWMENT. THE BOARD DESIGNATED ENDOWMENT IS INTO		
AND ALSO TO BUILD INFRASTRUCTURE, AS WELL AS OTH		
BOARD FEELS ARE APPROPRIATE USE OF THE FUNDS.		
CENTRAL OHIO CHAPTER -		
100% PERMANENT ENDOWMENT		
THE ASSOCIATION IS THE BENEFICIARY OF FUNDS HELD	TN TRUST BY THE	
COLUMBUS FOUNDATION, WHICH ARE NOT UNDER THE CON		
ASSOCIATION_TRUSTEES. THERE WILL BE NO RESTRICT:		reenen
	IONO AND COED ACT	EEDED.
MIAMI VALLEY CHAPTER -		
58% PERMANENT ENDOWMENT		
42% BOARD DESIGNATED OR QUASI-ENDOWMENT		
THE ENDOWMENT USE IS UNRESTRICTED AT THIS TIME.		
OREGON CHAPTER -		
QQS DEDMANENT ENDOWMENT		
1% TEMPORARILY RESTRICTED ENDOWMENT		
THE ENDOWMENT IS USED FOR RESPITE CARE FOR THE N	ACGINTY CONFERENCE	
ONLY INTEREST EARNED ON THE ENDOWMENT CAN BE USE		
TITITIES OF THE OFF THE OFF THE PROPERTY CAN BE USE		
90% TEMPOPARILY RESTRICTED ENDOWMENT		

Schedule D (Form 990) 2011	ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION  tal Information (continued)	36-3463656	Page_5
Tate Air Cappiener			
	10% PERMANENT ENDOWMENT		
	THE ENDOWMENT INCOME SUPPORTS GENERAL OPERATIONS	AND ADVOCACY	
	_EFFORTS.		
	SOUTH CAROLINA CHAPTER -		
	100% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	THE FUNDS IN THE ENDOWMENTS ARE UNRESTRICTED, THU	IS THE PAYOUTS	
	FROM THE ENDOWMENTS ARE USED FOR OPERATING FUNDS.		
	SOUTH DAKOTA CHAPTER -		
	100% PERMANENT ENDOWMENT		
	THERE IS AN INTEREST PAYOUT EVERY YEAR THAT THE C	THADTED CAN GET	
		MAP TEN CAN GET	
<del></del>	AND_USE.		
		<b></b>	
	SOUTHEASTERN WISCONSIN CHAPTER -		
	100% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	THE ENDOWMENT WAS ESTABLISHED TO HELP PROVIDE FOR	THE LONG-TERM	<b>-</b>
	FINANCIAL STABILITY OF THE ASSOCIATION IN FULFILL	ING ITS OVERALL	
<b></b>	MISSION THE EARNINGS FROM THE FUND'S INVESTMENTS	MAY BE USED TO HE	LP
	FUND CURRENT PROGRAMS AND OPERATING EXPENSES. ONG	OING FUNDING	
<b></b>	COMES PRIMARILY FROM UNRESTRICTED PLANNED GIFTS.		
	GREATER IOWA CHAPTER -		
	100% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	THE INTENDED USE OF THE ENDOWMENT IS FOR RESPITE	AND EDUCATION IN	
	JASPER COUNTY, PLUS RESEARCH IN THE PRIOR YEAR.		
	ONOTEN COUNTY, I BOS RESEARCH IN THE PRIOR TEAR.	· <b></b>	

Schedule D (Form 990) 201		36-3463656	Page 5
Part XIV   Supplemen	ital Information (continued)		
		<del>-</del>	
<u>Pt_X</u>	LINE 2, FIN 48 FOOTNOTE		
		- <b></b>	
	IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION	<u>NO. 48</u>	<u> </u>
	_("FIN 48") (NOW REFERRED TO AS ASC740-10-25-6, "A	ASC 740"),	
	"ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN	N_INTERPRETATION	
	OF FASB STATEMENT 109", WHICH CLARIFIES THE ACCO	OUNTING FOR	
	_UNCERTAINTY_IN_INCOME_TAXES_RECOGNIZED_IN_AN_ENT	rerprise's	
	FINANCIAL STATEMENTS IN ACCORDANCE WITH THE BROA	ADER_CONCEPTS	
	PREVIOUSLY OUTLINED IN ASC 740. THE CHAPTERS ADD	OPTED THIS NEW	
<b>-</b>	GUIDANCE AS OF JULY 1, 2009. THIS GUIDANCE CLARI	FIES THE	
<b></b>	ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKE	EN OR EXPECTED TO	
<del></del>	BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELAT	ring to financial	
	STATEMENT RECOGNIZED AND MEASUREMENT. THIS SECTI	ON PROVIDES	
	THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSIT	CION CAN BE	
<b>-</b>	RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF T	THE POSITION IS	
<b></b>	MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POST	TION WERE TO BE	
<b>-</b>	CHALLENGED BY THE TAXING AUTHORITY. THE ASSESSME	ENT OF THE TAX	
	POSITION IS BASED SOLELY ON THE TECHNICAL MERITS	OF THE POSITION,	
<b>_</b>	WITHOUT REGARD TO THE LIKELIHOOD THAT THE POSITI	ON MAY BE	
	CHALLENGED. THE CHAPTERS ARE EXEMPT FROM INCOME	TAX_UNDER	
	INTERNAL CONTROL CODE ("IRC") SECTION 501(C)(3),	THOUGH IT IS	
<b>-</b>	SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT	[ PURPOSES, UNLESS	
<b></b>	THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. TH	HE TAX RETURN YEAR	.s
<b></b>	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 S	STATEMENTS. THE	
	CHAPTERS RECEIVE INDIVIDUAL AUDITS AND 19 CHAPTE	ERS INCLUDED A	

Schedule D (Form 990) 2011	ALZHEIMER'S DISEASE AN	D RELATED DISORDERS ASSOC	IATION	36-3463656	Page 5
Rart XIV   Supplement	al Information (continued	<u>a)</u>			
	FOOTNOTE THAT ADDR	ESSES THE LIABILITY	FOR UNCERTAIN	TAX_POSITIONS.	
	·- <b></b>				
		· <b>-</b>			
			<b></b>		
		· <b>-</b>			
		·			
<b>-</b>	<b>-</b>				
<b></b>					
		· <b></b>			
		·			
<b></b>					

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

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

Name of the o	Name of the organization Employer identification number								
ALZHEI	ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656								
Bank I	Fundraising Activities. Comple Form 990-EZ filers are not requi	ete if the organiz	ation ansv	wered 'Yes	' to Form 990, Part IV, lii	ne 17.			
1 Indic	ate whether the organization rai	sed funds throu	gh any of t	he followin	g activities. Check all tha	at apply.			
a 🗍 1	a Mail solicitations e Solicitation of non-government grants								
b ∏ I	nternet and email solicitations			f	Solicitation of gover	nment g	rants		
c ∏ 5	Phone solicitations			g	Special fundraising	_			
d ∏ı	n-person solicitations								
2 a Did t	he organization have a written o loyees listed in Form 990, Part V	r oral agreemer /II) or entity in co	t with any onnection	individual with profes	(including officers, direct sional fundraising servic	ors, trus	tees or key	· · · 🗌 Yes	No
b If 'Ye comp	es,' list the ten highest paid indivi bensated at least \$5,000 by the	iduals or entities organization.	(fundraise	ers) pursua	ant to agreements under	which th	e fundraiser is to	be be	
(i) Nan	ne and address of individual	(II) Activity	(iii) Did f	undraiser	(iv) Gross receipts	(v) A	mount paid to	(vi) Amount pa	aid to
	or entity (fundraiser)		of contri	dy or control butions?	from activity	fundr	retained by) aiser listed in olumn (i)	or retained organization	
			Yes	No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
	······································		-			İ			
	Ill states in which the organization				ontributions or bookses	notific-	litic avenue f		
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									
									<sub>5</sub>

Part III 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.

R			(a) Event #1  GALA (S)  (event type)	(b) Event #2 LUNCHEON (S) / DINNER (S) (event type)	(c) Other events 72 (total number)	(d) Total events (add column (a) through column (c))			
のとすくほど	1	Gross receipts	2,607,887.	1,343,380.	2,846,613.	6,797,880.			
Ē	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.			
	4	Cash prizes	0.	2,350.	1,900.	4,250.			
D	5	Noncash prizes	32,185.	0.	9,842.	42,027.			
RECT	6	Rent/facility costs	142,261.	36,443.	160,989.	339,693.			
	7	Food and beverages	118,048.	179,018.	198,937.	496,003.			
X P E	8	Entertainment	18,444.	18,985.	15,821.	53,250.			
EXPERSES	9	Other direct expenses	288,136.	102,269.	117,380.	507,785.			
	10 11	Direct expense summary. Add lines 4 through Net income summary. Combine line 3, columns	mn (d), and line 10			-151,222.			
Par	tIII	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	to Form 990, Part IV	, line 19, or reporte	d more than			
REVERUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
Ü E	1_	Gross revenue			97,245.	97,245.			
_	2	Cash prizes							
DIRECT S	3	Non-cash prizes							
TE	4	Rent/facility costs							
	5	Other direct expenses			2,363.	2,363.			
	6	Volunteer labor	Yes ——%	Yes%	X Yes % No				
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)			2,363.			
8 Net gaming income summary. Combine lines 1, column (d) and line 7									
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?									
		e any of the organization's gaming licenses ress,' explain:	evoked, suspended or te	erminated during the tax	year?	. Yes X No			
				· · · · •					

Schedule & (Folin 990 of 990-E2) 2011 ALEREIMER S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463636	Page 3
11 Does the organization operate gaming activities with nonmembers?	∐ 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?	X No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	2
	0.00%
	7.00 8
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?	X 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 \( \sigma\) c If 'Yes,' enter name and address of the third party:	
c in res, enter hame and address of the third party.	
Name ►	
Name •	
Address ►	i
16 Gaming manager information:	
Name • <u>N/A</u>	
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?	X No
<b>b</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	
See Part IV Supplemental Information (Continued)	

#### SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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. ► Attatch to Form 990.

Name of the organization						Employer identifi	cation number	
ALZHEIMER'S DISEASE AND REI	LZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION							
Partil General Information on G	rants and Assis	tance						
Does the organization maintain records the selection criteria used to award the     Describe in Part IV the organization's propertial Grants and Other Assistants.	rocedures for monito	ring the use of grant	funds in the United States					
Form 990, Part IV, line 21 form								
Part II can be duplicated if a								
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)								
<ul><li>2 Enter total number of section 501(c)(3)</li><li>3 Enter total number of other organization</li></ul>							6 0	

Partilli 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. Comp	lete this part to pro	ovide the informatio	n required in Part I.	line 2, and any other a	dditional information.		
Pt_I_Line_2THE_PROCEDURES	FOR MONITORI	NG THE USE OF C	GRANT FUNDS FOR	R 33_CHAPTERS:			
NORTHERN CALIF	ORNIA AND NOR	THERN NEVADA CH	HAPTER -	<b></b>	<del></del>		
THE CHAPTER RE	CORDS ALL GRA	NT AWARDS AND F	RESPITE PAYMENT	S ON SEPARATE	· • • • • • • • • • • • • • • • • • • •		
LEDGERS. RESPI	TE CRITERIA I	S AS FOLLOWS: T	THE FAMILY MUST	LIVE IN NORTHERN	<del></del>		
CALIFORNIA; TH	E_PERSON_WITH	DEMENTIA MUST	HAVE ALZHEIMER	Y'S DISEASE OR A			
RELATED DISORD	ER; THE PRIMA	RY CAREGIVER MU	JST BE PROVIDIN	G 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							
ee Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)							

#### SCHEDULE J (Form 990)

### **Compensation Information**

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

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification numbe

36-3463656

Part I Questions Regarding Compensation No Yes 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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. 1 b 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? . . . . . . 2 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4 a Х b Participate in, or receive payment from, a supplemental nongualified retirement plan? . . X 4 b c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . 4 c Х 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. For persons listed in Form 990, Part VII, Section A, line 1a, dld the organization pay or accrue any compensation contingent on the revenues of: a The organization? . . . . . . Х 5a **b** Any related organization?..... 5 b Х If 'Yes' to line 5a or 5b, describe in Part III. 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 Х **b** Any related organization?.... 6b Х If 'Yes' to line 6a or 6b, describe in Part III. 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 Х 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 Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

section 53.4958-6(c)?

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	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
		(i) Base compensation	(II) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i) [	179,252.	0.	22,000.	15,750.	6,841.	223,843.	0.
1 WILLIAM FISHER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	186,491.	6,667.	0.	0.	33,416.	226,574.	0.
2 ERNA COLBORN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	118,882.	18,000.	0.	4,722.	<u> 17,814.</u>	159,418.	0.
3 HEATHER ALLEN HERSHBERGER		0.	0.	0.	0.	0.	0.	0
	(i)							
4	(ii)							
	(i) <u> </u>							
5	(ii)					<u>. –</u>		
	(i)							<b></b>
6	(ii)							
_	(i)	<b></b>				<del></del>		<b></b>
7	(ii)			<u></u>				
	(i)	<b></b> -		<b></b>		<b></b>		<b></b>
	(ii)							
	(0)		<b></b>			<b></b>		<b></b>
	(ii)							
	(i)	<b></b>	<del></del>			<b></b>		
10	(ii)			<del></del>				
11	(i) (ii)				- <b></b>	<b></b>		<b></b>
	(i)							
12	(ii)		<b></b>					<b></b>
1 66	(i)							
13	(ii)	- <b></b> -	- <b></b>		- <b></b>	<b></b>	<b>-</b>	
	(i)							
14	(ii)		<b></b>				<b></b>	<b></b>
	(i)			· · · · · · · · · · · · · · · · · · ·				
15	(ii)							
	(i)			<del></del>				<u> </u>
	m					<b></b>	<b></b>	<b></b>
BAA	17.17	·		TEE 0.4100 04 m				-dul- 1/5 000\ 004

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Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

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

#### **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

Department of the Treasury Internal Revenue Service Name of the organization

(10)

Open to Public Inspection Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 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. (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes Νo (1)(2)(3) (4)(5)(6) Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **▶** \$ 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. (g) Written agreement? (a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (f) Approved by board or committee? (e) In default? 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. (b) Relationship between interested person and the organization (a) Name of interested person (c) Amount and type of assistance (1)(2) (3) (4)(5)(6)(7)(8)(9)

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

Schedule L (Form 990 or 990-EZ) 2011

Complete if the organization answere	ed 'Yes' on Form 990, Part	IV, line 28a, 28b, or 28	с.					
(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?				
(4) CENTRIC PROTECTO	DONDO MEMBER TO COMPE	224 526	CONGENIORION CEDUTORS	Yes	No			
(1) CENTRIC PROJECTS (2)	BOARD MEMBER IS OWNER	224,536.	CONSTRUCTION SERVICES		X			
(3)								
(4)								
(5)								
(6) (7)	<u> </u>							
(8)								
(9)								
(10)								
Part V Supplemental Information Complete this part to provide additional	l information for reconneces	to auestions on Schod	ule 1 (see instructions)					
Complete this part to provide additional	imormation for responses	to questions on socied	uic L (see insudelions).					
Pt IV, Line 1 BUSINESS TRA	NSACTIONS - INTE	RESTED PERSONS	3					
RICHARD WETZ	EL IS A BOARD ME	MBER OF THE HE	CART OF AMERICA CHAPTER					
	· <b></b>							
AND IS THE C	AND IS THE OWNER OF THE COMPANY CENTRIC PROJECTS. DURING							
THE FISCAL Y	THE FISCAL YEAR, HEART OF AMERICA OBTAINED CONSTRUCTION							
SERVICES FRO	SERVICES FROM CENTRIC PROJECTS WHILE RICHARD WETZEL WAS							
AN OWNER OF	CENTRIC PROJECTS	. THIS TRANSA	ACTION IS REPORTED					
ON SCHEDULE	L. RICHARD WETZE	EL WAS NOT INVO	DLVED IN THE					
BUSINESS TRA	NSACTION OR THE	DECISION TO EN	GAGE CENTRIC PROJECTS.					
HEART OF AME	RICA CONSIDERED	OTHER COMPETIT	CIVE OFFERINGS.					
THE_TRANSACT	ION WAS CONDUCTE	D AT ARM'S LEN	GTH AND AT FAIR					
MARKET VALUE			<b></b>					
					<b>-</b>			
			<b></b>					

## SCHEDULE M (Form 990)

#### **Noncash Contributions**

 Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990. OMB No. 1545-0047

2011

Open To Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

Part I Types of Property (a) (b) (c) (d) Noncash contribution Check if Method of determining Number of applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art . . . . . . . . . . Art - Historical treasures . . . . . . 3 Art - Fractional interests . . . . . . . . . 5 Clothing and household goods . . . . . . X 3,125. COST 6 Cars and other vehicles . . . . . . . . . X 52 28,729. COST 7 Boats and planes . . . . . . . . . 8 9 Securities - Publicly traded . . . . . . . Х 20 45,398. COST 10 Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests . Securities - Miscellaneous...... 12 Qualified conservation contribution -Historic structures . . . . . . . . . . . . . . . 14 Qualified conservation contribution - Other Real estate - Residential . . . . . . . 15 Real estate - Commercial . . . . . 16 Real estate - Other . . . . . . . . . 17 18 57 19 26,955 COST 20 Drugs and medical supplies . . . . Х 1 300. COST 21 23 Scientific specimens . . . . . . . . . 24 25 Other ► (SUPPLIES 1,432 287,519. COST Χ Other ► (OFFICE FURN./PHONE SYSTEM) Χ 2 26 13,500 COST 2 27 Other ► (PRINTING/BROCHURES X 558. COST 28 Other ► 0 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . 30 a Х b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . 32 a 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.

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

Schedule M (Form 990) 2011

and 33, and wh	Information. Complete this part to provide the information required by Part I, lines 30b, 32b, nether the organization is reporting in Part I, column (b), the number of contributions, the is 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.
<b></b>	
	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.
	<b></b>
- <b></b>	<b></b>

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656

Schedule M (Form 990) 2011

Page 2

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

## Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

Open to Public

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.

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number 36-3463656

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. (a) Description of asset(s) (b) Date of (c) Fair market value of (d) Method of (e) EIN of recipient (f) Name and address of recipient (g) IRC section of 1 distributed or transaction distribution asset(s) distributed or determining FMV for recipient(s) (if expenses paid amount of transaction asset(s) distributed or tax-exempt) or expenses transaction expenses type of entity ALZHEIMER'S ASSOC. 06/30/12 178,834. BOOK VALUE 13-3039601 225 N.MICH.AVE CHICAGO IL 60601 501(C)3 CASH ALZHEIMER'S ASSOC 06/30/12 ACCOUNT RECEIVABLES 44,521, BOOK VALUE 13-3039601 225 N.MICH.AVE CHICAGO IL 60601 501 (C) 3 ALZHEIMER'S ASSOC. PREPAID EXP/DEPOSITS 06/30/12 16,778. BOOK VALUE 13-3039601 225 N.MICH.AVE CHICAGO IL 60601 501 (C) 3 ALZHEIMER'S ASSOC. 06/30/12 EOUIPMENT 19,969. BOOK VALUE 13-3039601 225 N.MICH.AVE CHICAGO IL 60601 501 (C) 3 ALZHEIMER'S ASSOC. 06/30/12 INVESTMENTS 377,050. BOOK VALUE 13-3039601 225 N.MICH.AVE CHICAGO IL 60601 501(C)3 ALZHEIMER'S ASSOC. 06/30/12 LIABILITIES -24.368BOOK VALUE 13-3039601 225 N.MICH.AVE CHICAGO IL 60601 501(C)3 Yes No 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? . . . . . . . . . 2 a Х b Become an employee of, or independent contractor for, a successor or transferee organization? . . . . . . 2b Х

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.

SEE PART III

2 c

2 d

X

Х

Schedule N (Form 990 or 990-EZ) 2011		ER'S DISEASE AI	ND RELATED DIS	SORDERS ASSOCIA	ATION 36-34636	556		Page
Part I   Liquidation, Termination	, or Dissolu	ition (continued)						
Note. If the organization distributed all equal -0	of its assets d	uring the tax year, then f	Form 990, Part X, colur	mn (B), line 16 (Total as	sets), and line 26 (Total liabilities), should		Yes	No
3 Did the organization distribute its asse	ts in accordan	ce with its governing inst	rument(s)? If 'No,' desc	cribe in Part III		3	Χ	
4 a Is the organization required to notify th	ne attorney ger	eral or other appropriate	state official of its inte	nt to dissolve, liquidate,	or terminate?	4 a	Χ	
b If 'Yes', did the organization provide su	uch notice?					4 b	Χ	
5 Did the organization discharge or pay	all liabilities in	accordance with state la	ws?			5	Χ	
6 a Did the organization have any tax-exe	mpt bonds out	standing during the year!	?			6 a		Х
<b>b</b> Did the organization discharge or defe	ase all of its ta	x-exempt bond liabilities	during the tax year in a	accordance with the Inte	ernal Revenue Code and state laws?	6 b		
c If 'Yes,' to line 6b, describe in Part III h Part III.	ow the organia	zation defeased or otherv	wise settled these liabil	lities. If 'No,' explain in				
Partill Sale, Exchange, Disposit 'Yes' to Form 990, Part IV,	ion, or Oth line 32, or f	er Transfer of More Form 990-EZ, line 3	e than 25% of the 6. Part II can be do	Organization's A uplicated if addition	ssets. Complete this part if the organizat al space is needed.	ion an	iswere	∍d
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		tax-exe	ent(s) (if
						-		
						$\longrightarrow$		
						$\longrightarrow$		
								<del></del>
								1
	essor or transf	eree organization?				2 a	Yes	No
						2 b		
						2 c		
d Receive, or become entitled to, compe	ensation or othe	er similar payments as a	result of the organization	on's significant dispositi	on of assets?	2 d		
e If the organization answered 'Yes' to a	ny of the quest	tions in this line, provide	the name of the persor	n involved and explain in	n Part III.►			

Schedule N (Form 990 or 99	90-EZ) 2011 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656	Page 3
Part III Supplemen	tal Information. Complete to provide the information required by Part I, lines	
2e and 6c, a	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	
	THE 20 2012 ALL ACCESS AND LIADILITYIES OF THE VERMONT AND	
	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.	
	·	
	<b></b>	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
<u></u>		

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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.

Open to Public Inspection

ALTHETMER'S DISEASE	No. 1 (2011) 1 (2012) NA. 6 (2014) 1 (2014)	Employer identification number 36-3463656
	t III, Line 4	30 3403030
		<del></del>
	TATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	
	ROGRAM SERVICES - CHAPTERS PARTICIPATE IN THE	
	LZHEIMER'S ASSOCIATION* NATIONWIDE COMMON PROGR	
<u>-</u> PI	LAN. THE ASSOCIATION'S PORTFOLIO OF PROGRAMS IN	CLUDE:
	~	<b></b>
<u>-</u> - <u>I</u> 1	NFORMATION_AND_REFERRAL - PROVIDES_SUPPORT_AND_	INFORMATION
AE	BOUT ALZHEIMER'S DISEASE AND RELATED DEMENTIAS,	PROGRAMS AND
SE	ERVICES PROVIDED BY THE ASSOCIATION, AND COMMUN	ITY_RESOURCES
AS	S THEY RELATE TO ALZHEIMER'S DISEASE AND RELATE	D_DISORDERS
TH	HROUGH A 24/7 TOLL FREE HELP LINE AND FACE TO F	ACE_MEETINGS.
<u>IN</u>	FY2012, THE ALZHEIMER'S ASSOCIATION CONDUCTED	361,686
<u>IN</u>	FORMATION AND REFERRAL SESSIONS AND RECEIVED 2	62,824 CALLS
TC	THE HELPLINE. THE ASSOCIATION'S WEBSITE (ALZ.	ORG) RECEIVES
AP	PROXIMATELY 1.4 MILLION VISITS EACH MONTH. ONL	INE PROGRAMS
<u>_</u> IN	CLUDE: SELF-SERVICE EDUCATION PROGRAMS, ALZ CO	NNECTED*, A
	OCIAL NETWORKING SUPPORT TOOL, ALZHEIMER'S NAVI	GATOR*, AN ACTION
	ANNING TOOL, AN INTERACTIVE BRAIN TOUR (AVAILA	
LA	NGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFO	RMATION,
	RTALS IN SPANISH, CHINESE, VIETNAMESE, JAPANES	
	VIRTUAL LIBRARY, AND A SAFETY CENTER.	
	<del></del>	<b></b>
<b></b>	RE CONSULTATION - IMPROVES THE AFFECTS OF INDIV	VIDUALS AND THRID
	REGIVER'S QUALITY OF LIFE AND DECREASES THE ST	
OF	ALZHEIMER'S AND DEMENTIA. CARE CONSULTANTS IDI	ENTIFY AREAS

Schedule O (Form 990 or 990-EZ) 2011  Name of the organization	Page Employer identification number
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIAT	21ON 36-3463656
OF NEED AND PROVIDE ASSISTANCE A	ND PSYCHOSOCIAL SUPPORT BY PROVIDING
EDUCATION ABOUT THE DISEASE AND	SYMPTOM MANAGEMENT, PROBLEM
SOLVING, PLANNING FOR FUTURE NEE	DS, AND PROVIDING LINKAGES WITH
RESOURCES, PARTICULARLY DURING T	RANSITIONAL OR CRISIS SITUATIONS.
CARE CONSULTATIONS WERE DELIVERE	D IN FY2012.
CONSUMER_EDUCATION - CHAPTERS PE	OVIDE A VARIETY OF EDUCATIONAL
SEMINARS OFFERED IN COMMUNITIES	NATIONWIDE. 472,436 INDIVIDUALS
ATTENDED EDUCATION PROGRAMS IN F	Y2012.
SUPPORT GROUPS - CHAPTERS PROVID	E SUPPORT GROUPS FOR
CAREGIVERS AND PERSONS WITH THE	DISEASE OFFERED IN A VARIETY
OF LOCATIONS TO MEET THE NEEDS C	F DIVERSE COMMUNITIES.
276,074 SUCH PROGRAMS WERE DELIV	ERED IN FY2012.
SAFETY SERVICES - CHAPTERS PROVI	DE NATIONWIDE PROGRAMS, SUCH
AS MEDICALERT + ALZHEIMER'S ASSO	CIATION_SAFE_RETURN* AND
ALZHEIMER'S ASSOCIATION COMFORT	ZONE*, WHICH ADDRESSES THE
SAFETY NEEDS OF PERSONS WITH THE	DISEASE AND THEIR CAREGIVERS.
EARLY STAGE PROGRAMMING - ADDRES	SES_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 EN	GAGEMENT OPPORTUNITIES DESIGNED
TO HELP INDIVIDUALS AND FAMILIES	COPE WITH THE DIAGNOSIS AND

MAKE THE MOST OF LIFE FOLLOWING THEIR DIAGNOSIS.

EMPOWER THEM TO MAKE DECISIONS REGARDING THEIR FUTURE AND

Schedule O (Form 990 or 990-EZ)	2011	Page 2
Name of the organization  AT.ZHETMER'S DISEASE:	AND RELATED DISORDERS ASSOCIATION	Employer Identification number 36-3463656
222000000000000000000000000000000000000	THE ABBRIDE DISORDERS ASSOCIATION	30 3403030
	·	
<u></u>	THESE ARE NAMES THAT ARE TRADEMARKS TO ALZHEIM	ER'S ASSOCIATION
	·	
PT	IV, LINE 12A	
INI	DEPENDENT AUDITED FINANCIAL STATEMENTS	
Δ1.1	L CHAPTERS INCLUDED IN THE GROUP RETURN OBTAIN	ED CEDADATE
<u>INI</u>	DEPENDENT AUDITS. THERE IS NOT AN AUDIT FOR TH	E GROUP.
	·	
	· <b></b>	
Pt_VI, Line_laGOV	VERNING BODY	
<u>In</u>	CHAPTERS HAVE INDIVIDUAL GOVERNING BODIES AN	D BI-LAWS. THE
CHZ	APTER BY-LAWS DESCRIBE THE PROCESS BY WHICH CO	MMITTEES OF THE
BOA	ARD OF DIRECTORS ARE CREATED AND MEMBERS APPOI	NTED. THE BY-LAWS
MA	HAVE PROVISIONS FOR AN EXECUTIVE COMMITTEE W	HICH AUTHORIZES THE
EXE	COUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOAR	D IN MANAGEMENT
	THE BUSINESS AND IN THE AFFAIRS OF THE CORPOR	
SUE	BJECT_TO_LIMITATIONS_CONTAINED_WITHIN_THE_BY-L	AWS_AND_STATE
COF	RPORATE LAW.	
THE	CHAPTERS MAY HAVE OTHER COMMITTEES AS REQUIR	ED BY
	ALZHEIMER'S ASSOCIATION POLICIES AND PROCEDU	
OR_	ARE OTHERWISE FORMED TO CARRYOUT THE PURPOSES	OF THE
СНА	PTER_AND_NOT_HAVING_OR_EXERCISING_THE_AUTHORI	TY OF THE BOARD OF
DIR	ECTORS ARE ESTABLISHED BY RESOLUTION OF THE B	OARD.

Schedule O (Form 990 or	990-EZ) 2011	Page
		Employer identification number 36-3463656
		· <b></b>
Pt_VI,_Line_3	DELEGATION OF CONTROL OVER MANAGEMENT DUTIES	
	BACK OFFICE ACCOUNTING (BOA) IS A FEE-FOR-SERV	
	THE NATIONAL ALZHEIMER'S ASSOCIATION. THE TYPES	S OF SERVICES
	_ PROVIDED_VARIES_BY_CHAPTER, BUT_MAY_INCLUDE_BE	ING RESPONSIBLE
	FOR THE INTEGRITY OF THE FINANCIAL REPORTING; I	DEVELOPING
	ACCOUNTING POLICY AND CONTROL PROCEDURES; ISSUE	ING FINANCIAL
	STATEMENTS; PRESENTING FINANCIAL INFORMATION TO	CHAPTER
<b></b>	EXECUTIVE DIRECTORS AND BOARDS; ASSISTING CHAPT	PER EXECUTIVE
	DIRECTORS_IN_PREPARING_ANNUAL_FINANCIAL_BUDGETS	S; AND/OR
	PREPARING THE ANNUAL FINANCIAL STATEMENTS AND I	DISCLOSURE
	NOTES THAT ARE EXAMINED BY EXTERNAL AUDITORS.	
<b></b>		
	BOA SERVICES ARE PROVIDED TO THE FOLLOWING 14 C	CHAPTERS:
<b></b>	ALOHA_CHAPTER	<b></b>
	CENTRAL ILLINOIS CHAPTER	
	EAST CENTRAL IOWA CHAPTER	<b></b>
	GREATER KENTUCKY AND SOUTHERN INDIANA CHAPTER	
	MAINE CHAPTER	
<del>-</del>	GREAT PLAINS CHAPTER	
	OREGON CHAPTER	
	SOUTH DAKOTA CHAPTER	
	VERMONT_CHAPTER	
	CENTRAL AND WESTERN VIRGINIA CHAPTER	
	SOUTHEASTERN VIRGINIA CHAPTER	
	GREATER WISCONSIN CHAPTER	
	MID SOUTH CHAPTER	
·		

Schedule O (Form 990 or 99	0-EZ) 2011	Page 2
Name of the organization  ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION		Employer identification number 36-3463656
	INLAND NORTHWEST CHAPTER	
	PT VI-B, LINE 11b	
	FORM 990 REVIEW PROCESS	
	THE CHAPTER DATA FOR THE RETURN WAS COMPILED FR	OM THE CHAPTERS'
	FINANCIAL STATEMENTS AND ACCOMPANYING DOCUMENTA	TION. THIS
	_WAS_REVIEWED AND COMPILED BY NATIONAL STAFF. TH	E_RETURN
	_WAS_FURTHER_REVIEWED_BY_GRANT_THORNTON_LLPTHE	_GROUP_990
	RETURN WAS NOT REVIEWED BY INDIVIDUAL CHAPTER'S	BOARDS.
Pt_VI, Line_12c_	CONFLICT OF INTEREST POLICY MONITORING AND ENFO	RCEMENT
	45 OF 45 CHAPTERS ANSWERED YES.	
	THE FOLLOWING ANSWERED YES:	
	NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER	<u> </u>
	_DIRECTORS AND OFFICERS SIGN A CONFLICT OF INTER	EST_STATEMENT_ANNUALLY
	AT THE BOARD OF DIRECTORS ANNUAL MEETING. THE B	OARD_DEVELOPMENT
	_COMMITTEE VETS OUT ANY CONFLICT AS IT KNOWS EAC	H MEMBERS MAIN
	SOURCE OF EMPLOYMENT AND/OR PROFESSION. IF A ME	MBER_HAS_A_CONFLICT,
	HE OR SHE WILL NOT BE ABLE TO VOTE. EMPLOYEES S	IGN AN EMPLOYEE
	_ACKNOWLEDGEMENT_AT_HIRE.	
	_COLORADO_CHAPTER -	
	_THE_CHAIRMAN_OF_THE_BOARD_AND_THE_PRESIDENT/CEO	HAVE ONGOING
	_CONVERSATIONS AND MEETINGS WITH INDIVIDUAL BOAR	D MEMBERS REGARDING

\_\_\_\_\_VOTES RELATING TO THE CONFLICT.

SOUTHEAST FLORIDA CHAPTER -

\_\_\_\_A CONFLICT OF INTEREST FORM IS SUBMITTED TO OFFICERS, DIRECTORS AND

\_\_\_\_EMPLOYEES ANNUALLY. ANY DICLOSURES 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

\_\_\_\_OR POTENTIAL CONFLICTS OF INTEREST AND MUST DOCUMENT THESE CONFLICTS FOR

\_\_\_\_\_THE\_CHAPTER\_FILES. ANY BOARD MEMBERS DEEMED IN CONFLICT OF INTEREST WITH

\_\_\_\_\_REVIEW AND VOTE ON SUCH MATTER. THIS ABSENCE DURING DISCUSSION AND

A MATTER REQUIRING BOARD ACTION MUST BE ABSENT DURING THE BOARD'S

VOTE MUST BE RECORDED IN BOARD MINUTES. ALL VOLUNTEERS AND STAFF

Schedule O (Form 990 c	or 990-EZ) 2011	Page :
Name of the organization  ALZHEIMER'S DI	SEASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
	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 C	F 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_VC	TING ON ITEMS WHERE A
	POTENTIAL CONFLICT IS INVOLVED.	
	GREATER ILLINOIS CHAPTER -	· <b></b>
	OFFICERS AND BOARD MEMBERS SIGN A NEW CONFLIC	T_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 COMMI	TTEE, AND ANY POTENTIAL
	CONFLICTS ARE INVESTIGATED BY THEM. THE BOARD	MEMBER IS REQUIRED TO
	SELF-DISCLOSE ANY CHANGES IN CONFLICTS OF INTE	REST DURING THE YEAR TO THE
	BOARD CHAIR. DEPENDING ON THE POTENTIAL CONFL	ICT, BOARD MEMBERS
	COULD_BE_ASKED_TO_RECUSE_THEMSELVES_FROM_CERT	AIN VOTES OR ASKED TO
	RESIGN FROM THE BOARD.	·
		· <del></del>
	GREATER INDIANA CHAPTER -	·
	AS A ROUTINE ITEM AT THE AUGUST BOARD OF DIRE	CTORS MEETING, ALL
<b></b>	MEMBERS ARE GIVEN INSTRUCTIONS ON WHAT CONSTI	TUTES A CONFLICT OF
	INTEREST AND THEN EACH MEMBER SIGNS HIS/HER F	ORM. ANY MEMBER WHO IS
	NOT IN ATTENDANCE AT THAT MEETING IS CONTACTE	D BY THE EXECUTIVE

\_\_\_\_\_ASSOCIATION THEY MUST TAKE A LEAVE OF ABSENCE UNTIL THAT POSITION IS

\_\_\_\_\_MEMBER IS FORMALLY CONSIDERING EMPLOYMENT WITH THE ALZHEIMER'S

FILLED.

\_\_\_\_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

MAINE CHAPTER -

\_\_\_\_BOARD MEMBERS, STAFF, COMMITTEE MEMBERS AND VOLUNTEERS ARE

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

MID MISSOURI CHAPTER -

Schedule O (Form 990 or Name of the organization		Employer identification number
ALZHEIMER'S DIS	SEASE AND RELATED DISORDERS ASSOCIATION	36-3463656
	DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST T	O_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 BO	DARD MEMBERS ARE
	REMINDED ANNUALLY, AT THE TIME OFFICERS ARE EL	ECTED FOR THE COMING
	YEAR, AND ALL NEW BOARD MEMBERS ARE GIVEN A CO	PY OF THE POLICY AS PART
	OF THE INTRODUCTION PROCESS. CONSTANT MONITORI	NG IS DONE IN THE
	APPROVAL PROCESS BY THE BOARD AND EXECUTIVE DI	RECTOR. DURING THE YEAR
	IF_ANY_CONFLICTS_ARISE_IT_IS_THE_RESPONSIBILITY	OF THE MEMBERS TO DISCLOSE
	AND ELIMINATE IF NECESSARY ANY POTENTIAL OR AC	TUAL DUALITY OF
	INTERESTS OR CONFLICTS OF INTEREST.	<b></b>
	• • • • • • • • • • • • • • • • • • • •	
	GREAT PLAINS CHAPTER -	<b></b>
	ALL INTERESTED PERSONS SHALL BE REQUIRED TO FI	LE WITH THE ASSOCIATION A
	DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL	COMMENCING HIS OR HER
	SERVICE WITH THE ASSOCIATION, AND THEREAFTER S	HALL 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 I	SSUE AROSE WHERE THERE
	MAY BE A POTENTIAL CONFLICT OF INTEREST THE BO	ARD 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

Schedule O (Form 990 or 9  Name of the organization	90-EZ) 2011	Page 2
ALZHEIMER'S DISE	ASE AND RELATED DISORDERS ASSOCIATION	36-3463656
	CONDUCT, WHICH MAY RESULT IN A CONFLICT OF INTE	REST_WITH_THE_CHAPTER;
	TAKE ANY PUBLIC POSITION INIMICAL TO THE BEST IN	NTERESTS OF THE CHAPTER,
<b></b>	WITHOUT THE PRIOR WRITTEN APPROVAL OF THE BOARD	OF DIRECTORS OR
	ENGAGE IN ANY COURSE OF CONDUCT, WHICH MAY RESULT	LT IN A CONFLICT OF
	INTEREST WITH THE CHAPTER; TAKE ANY PUBLIC POSIT	ION INIMICAL TO THE BEST
	INTERESTS OF THE CHAPTER, WITHOUT THE PRIOR WRIT	TTEN_APPROVAL_OF_THE
	BOARD OF DIRECTORS; OR ENGAGE IN ANY COURSE OF	CONDUCT, WHICH MAY
	RESULT IN A CONFLICT OF INTEREST WITH THE ALZHE	IMER'S ASSOCIATION, OR
	ANY OTHER CHAPTER, WITHOUT THE PRIOR WRITTEN APP	PROVAL OF THE
	ALZHEIMER'S ASSOCIATION. THE CONFLICT OF INTERES	ST 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	R. IF THERE IS A
	CONFLICT OF INTEREST THEY WOULD ABSTAIN FROM VOT	ring.
	·	
	CENTRAL NEW YORK CHAPTER -	
	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY I	S REVIEWED AND SIGNED BY
	THE BOARD MEMBERS AND OFFICERS. BOARD MEMBERS HAV	YE A DUTY TO DISCLOSE ANY
	CONFLICTS THAT ARISE DURING THE COURSE OF BOARD	ACTIVITIES. SHOULD A
	CONFLICT ARISE THAT SHOULD BE ADDRESSED, THE DET	TERMINATION 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 -	9

THE CHAPTER'S PRESIDENT AND CEO ANNUALLY REVIEWS ANY CONFLICT OF

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INTEREST DISCLOSED AND BRINGS THAT CONFLICT OF I	NTEREST TO THE
ATTENTION OF THE BOARD CHAIR IN THE EVENT OF A S	ITUATION OR ACTION THAT
COULD GIVE RISE TO CONFLICT. ADDITIONALLY, THE B	OARD CHAIR ASKS BOARD
MEMBERS TO DISCLOSE AT THE BEGINNING OF EACH BOA	RD MEETING ANY
CONFLICT OF INTEREST REGARDING ITEMS ON THE BOAR	D'S AGENDA, SO THAT, IF
THERE IS A CONFLICT, THEY CAN EXCUSE THEMSELVES	FROM THE VOTING AND
	ICIES CONTAIN OUR
CHAPTER'S CONFLICT OF INTEREST POLICY, AND STAFF	ARE ASKED ANNUALLY TO
SIGN A CONFLICT OF INTEREST STATEMENT AND TO NOT	IFY THE PRESIDENT/CEO
OF ALL OUTSIDE BUSINESS ACTIVITIES, PREFERABLY P	RIOR TO UNDERTAKING
THEM. SERIOUS CONFLICTS OF INTEREST MAY RESULT IN	N_DISCIPLINARY_ACTION_UP
TO AND INCLUDING DISMISSAL.	
ROCHESTER CHAPTER -	
ANNUALLY, THE BOARD MEMBERS AND OFFICERS ARE REQ	UIRED TO SUBMIT
CONFLICT OF INTEREST STATEMENTS. THE INDIVIDUAL	IS REQUIRED TO NOTIFY
THE ORGANIZATION IF A CONFLICT OCCURS PRIOR TO T	HE NEXT REQUIRED
SUBMISSION OF THE CONFLICT OF INTEREST STATEMENT	. IF THE PRESIDENT/
CEO AND BOARD CHAIR ARE AWARE OF A POTENTIAL CON	FLICT 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

AS SOON AS THEY ARISE. FAILURE TO COMPLY WITH THE AGREEMENT IS MET WITH

CONFLICT OF INTEREST AGREEMENT ANNUALLY AND TO DISCLOSE ANY CONFLICTS

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	APPROPRIATE REPERCUSSIONS UP TO AND INCLUDING R	ESIGNATION FROM THE
	BOARD OF DIRECTORS.	
	DOING OF DIMECTORS.	
	GREATER EAST OHIO CHAPTER -	
	ANNUALLY, THE BOARD OF TRUSTEES COMPLETES THE CO	ONFLICT OF INTEREST
	STATEMENT. ANY TRUSTEE HAVING A POSSIBLE CONFLIC	CT OF INTEREST ON ANY
	MATTER BEFORE THE BOARD MAY NOT VOTE OR USE HIS	/HER PERSONAL
	INFLUENCE WITH THE BOARD WITH RESPECT TO THE MA	TTER, AND HE/SHE SHALL
	NOT BE COUNTED IN DETERMINING A QUORUM FOR THE I	MEETING AT WHICH THE
	MATTER IS CONSIDERED OR VOTED UPON. THE MINUTES	OF ANY SUCH MEETING
	WILL REFLECT THAT A DISCLOSURE WAS MADE, THAT T	HE INTERESTED TRUSTEE
	ABSTAINED FROM VOTING, AND THAT A QUORUM WAS PRI	ESENT WITHOUT
	COUNTING THE INTERESTED TRUSTEE.	
	CLEVELAND AREA CHAPTER -	
	ANNUALLY EACH TRUSTEE AND OFFICER RECEIVES A COL	PY OF THE CONFLICT OF
	INTEREST POLICY AND SIGNS A DISCLOSURE FORM AT	
	FISCAL YEAR. ANY DISCLOSURES WILL BE MADE BY TH	
	PRESIDENT OF THE CHAPTER. THE CONTRACT OR TRANSA	CTION_WILL_BE_CONSIDERED
	PROPERLY AUTHORIZED OR APPROVED ONLY IF THERE I	S A FAVORABLE VOTE BY
	A MAJORITY OF THE TRUSTEES OR MEMBERS OF THE EX	ECUTIVE COMMITTEE. THE
	KEY INDIVIDUAL WILL NOT BE COUNTED IN A QUORUM F	OR 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
	·	
	CENTRAL OHIO CHAPTER -	

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	ASE AND RELATED DISORDERS ASSOCIATION	36-3463656
	THE CONFLICT OF INTEREST POLICY IS SIGNED ANNUA	LLY 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	F 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 T	HE DECISION.
	MIAMI VALLEY CHAPTER -	
	CONFLICT OF INTEREST STATEMENTS ARE GIVEN TO THE P	SOARD MEMBERS AND OFFICERS
	ANNUALLY. THE STATEMENTS ARE REVIEWED AT A BOARD	MEETING. POTENTIAL BOARD
	MEMBERS ARE CAREFULLY SCREENED BY THE EXECUTIVE DI	RECTOR AND PERSONNEL CHAIR
	TO DETERMINE IF ANY CONFLICTS OF INTEREST EXIST I	PRIOR TO MAKING A REQUEST
	TO A PERSON TO JOIN THE BOARD. THE PERSONNEL CHAIL	R REVIEWS WITH EACH BOARD
	MEMBER ANNUALLY TO MAKE SURE NO CONFLICTS HAVE	OCCURRED DURING THE
	YEAR. IF A CONFLICT IS DETECTED, IT WILL BE BROWN	UGHT TO THE ATTENTION OF
	THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR. IF A	CONFLICT DOES EXIST THE
	BOARD MEMBER WOULD BE ASKED TO ABSTAIN FROM VOT	ING 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 BOAR	D DIRECTOR OR OFFICER OF
	THE CHAPTER SHALL ENGAGE IN A COURSE OF ACTION I	WHICH MAY RESULT IN A
	CONFLICT OF INTEREST WITH THE CHAPTER, OR TAKE A	ANY PUBLIC POSITIONS
	INIMICAL TO THE BEST INTERESTS OF THE CHAPTER, W	ITHOUT THE PRIOR WRITTEN
	APPROVAL OF THE BOARD OF DIRECTORS. IF A CONFLIC	CT_OF_INTEREST_SHALL
	ARISE THE CONFLICT IS PRESENTED TO THE BOARD OF	DIRECTORS WHO WILL

\_\_\_\_\_\_VOTE TO RESOLVE THE MATTER.

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	OKLAHOMA AND ARKANSAS CHAPTER -	
	BOARD MEMBERS AND OFFICERS ARE REQUIRED TO RE-S	SIGN THE POLICY ONCE
	A YEAR. NEW BOARD MEMBERS MUST SIGN IT BEFORE E	BEING APPROVED FOR BOARD
	MEMBERSHIP. THE CFO MONITORS ANY NEW VENDORS EA	ACH MONTH FOR ANY
	PERSONAL_CONNECTION_WITH_A_BOARD_MEMBERIF_A_C	CONFLICT OF INTEREST
<b></b>	ARISES THE CONFLICT WOULD BE DISCUSSED AT BOARD	COMMITTEE MEETINGS
	AND APPROPRIATE ACTIONS WOULD BE TAKEN TO REMED	Y THE SITUATION.
	OREGON CHAPTER -	
*****	THE CHAPTER MAINTAINS A CONFLICT OF INTEREST PO	LICY BETWEEN THE BOARD,
	COMMITTEES AND EMPLOYEES. ANNUAL REVIEW OF ALL	BOARD RELATIONSHIPS IS
	CONDUCTED TO IDENTIFY POTENTIAL CONFLICTS. DURI	NG THE YEAR, ANY
	CHANGES RESULTING IN POTENTIAL CONFLICTS ARE DO	CUMENTED AND
	ANNOUNCED TO OTHER OFFICERS AND BOARD MEMBERS.	ANY AFFECTED
	MEMBERS OR OFFICERS RECUSE THEMSELVES FROM VOTI	NG ON ITEMS WHERE
	POTENTIAL CONFLICT IS INVOLVED.	
	·	
	DELAWARE_VALLEY_CHAPTER	
	YEARLY ALL STAFF, BOARD AND KEY VOLUNTEERS COMP	
	CONFLICT OF INTEREST POLICY FORM. THESE ARE REV	IEWED BY EITHER THE
	PRESIDENT & CEO OR THE MANAGER OF VOLUNTEER SER	VICES. ANY QUESTIONABLE
	ITEMS_FROM_THE_STAFF/BOARD_ARE_REVIEWED_WITH_THE	BOARD CHAIR. IF THERE ARE
	QUESTIONABLE ITEMS FROM KEY VOLUNTEERS THEN THE	Y ARE REVIEWED WITH
	THE VP OF CONSTITUENT SERVICES.	
	\$1	
	SOUTH_CAROLINA_CHAPTER	
<b></b>		

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EMPLOYEES AND BOARD MEMBERS COMPLETE A CONFLICT	OF INTEREST FORM
ANNUALLY AT THE BEGINNING OF THE FISCAL YEAR. ME	EMBERS MUST DISCLOSE
ANY POTENTIAL CONFLICT OF INTEREST RELATED TO BU	JSINESS RELATIONS WITH
THE CHAPTER, ETC. MEMBERS ABSTAIN FROM DISCUSSIN	NG AND/OR VOTING ON
ITEMS RELATED TO THE POTENTIAL CONFLICT. QUESTIC	ONABLE SITUATIONS WHERE
CONFLICT COULD ARISE ARE DISCUSSED BY THE BOARD	CHAIR AND CEO TO
DETERMINE THE APPROPRIATE COURSE OF ACTION. IF N	NECESSARY THE CHAIR AND
CEO MEET WITH THE BOARD MEMBER TO INSURE THAT NO	ACTIONS ARE TAKEN
THAT WOULD PRESENT A CONFLICT.	<b></b>
	• • • • • • • • • • • • • • • • • • • •
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 QUESTI	ONS ARE ASKED IF
NECESSARY. IF A CONFLICT ARISES DURING THE YEAR,	THE CHAPTER EXPECTS SELF
DISCLOSURE FROM THE BOARD AND OFFICERS. THE BOAR	RD WILL ADDRESS THE
MATTER AND REMEDY THE SITUATION.	· <b></b>
	·
GREATER DALLAS CHAPTER -	· <b></b>
ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST DO	CUMENT EACH YEAR AND
THE DOCUMENTS ARE REVIEWED BY THE SECRETARY OF T	THE BOARD. AUDITORS
SEND OUT A RELATED PARTY QUESTIONNAIRE EACH YEAR	R TO BOARD MEMBERS
AND REVIEW THE QUESTIONNAIRE. EMPLOYEES EXECUTE	A CONFLICT OF
INTEREST FORM EACH YEAR, WHICH IS REVIEWED BY TH	E VP OF FINANCE &
OPERATIONS. CONFLICTS OF INTEREST THAT ARISE DU	RING THE YEAR ARE
DISCLOSED TO THE BOARD SECRETARY. ANY PERSON WIT	TH A CONFLICT OF

\_\_\_\_\_DECISIONS IN THE TRANSACTION.

INTEREST IS PROHIBITED FROM PARTICIPATING IN ANY DELIBERATIONS AND

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ALZHEIMER 3	DISEASE AND RELATED DISORDERS ASSOCIATION	130-3403030
<b></b>		
	VERMONT_CHAPTER -	
	THE CHAPTER MONITORS THE CONFLICT OF INTEREST	POLICY COMPLIANCE OF THE
	BOARD OF DIRECTORS, OFFICERS AND ALL STAFF THR	OUGH_SELF-DISCLOSURE.
	WHEN A CONFLICT ARISES, THE BOARD DISCUSSES AN	D_BRINGS_THE_ISSUE_TO_A
	BOARD RESOLUTION.	
	CENTRAL_AND_WESTERN_VIRGINIA_CHAPTER	
	WE HAVE ADOPTED THE CONFLICT OF INTEREST POLIC	Y_ESTABLISHED_BY_THE
	NATIONAL ORGANIZATION. PER THIS POLICY, ALL IN	TERESTED PARTIES ARE
	REQUIRED TO FILE WITH THE ASSOCIATION A DISCLO	SURE STATEMENT PRIOR TO
	SUCH AN INDIVIDUAL COMMENCING HIS OR HER SERVI	CE WITH THE ASSOCATION
	AND THEREAFTER SHALL FILE WITH THE ASSOCIATION	AN UPDATED DISCLOSURE
	STATEMENT (AT LEAST ONCE ANNUALLY) AND AS APPR	OPRIATE 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
<b></b>	FORESEEABLE_ACTUAL_OR_POTENTIAL_CONFLICT_OF_IN	TEREST. WHEN ANY SUCH
	CONFLICT OF INTEREST IS RELEVANT TO A MATTER R	EQUIRING ACTION BY THE
<b></b>	BOARD OF DIRECTORS OR A COMMITTEE, THE DISCLOS	URE 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 COMMITTE	E, AS THE CASE MAY BE,
- <b></b>	EXCLUDING THE INTERESTED PERSON CONCERNING WHO	M_THE_DOUBT_HAS
	ARISEN.	
	SOUTHEASTERN_VIRGINIA_CHAPTER	```
	EACH_BOARD_MEMBER_IS_REQUIRED_TO_SIGN_A_CONFLIC	CT OF INTEREST

NATIONAL CAPITAL CHAPTER 
THE CONFLICT OF INTEREST POLICY IS PART OF OUR EMPLOYEE HANDBOOK. THE

\_\_\_\_REVIEW AND VOTE ON SUCH MATTER.

OFFICERS REGULARLY ENFORCE THIS POLICY WITH ALL EMPLOYEES. WE MAKE SURE TO

\_\_\_\_THE\_CHAPTER MAINTAINS A CONFLICT OF INTEREST POLICY BETWEEN THE BOARD,

\_\_\_\_\_COMMITTEES AND EMPLOYEES. AN ANNUAL REVIEW OF ALL BOARD RELATIONSHIPS

\_\_\_\_GREATER\_WISCONSIN\_CHAPTER -\_

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	IS_CONDUCTED_TO_IDENTIFY_POTENTIAL_CONFLICTSD	URING THE YEAR, ANY
	CHANGES RESULTING IN POTENTIAL CONFLICTS ARE DO	CUMENTED AND
	ANNOUNCED TO OTHER OFFICERS AND BOARD MEMBERS.	ANY AFFECTED
	MEMBERS_OR_OFFICERS_RECUSE_THEMSELVES_FROM_VOTI	NG ON ITEMS WHERE
	A POTENTIAL CONFLICT IS INVOLVED.	
<b></b>	SOUTHEASTERN_WISCONSIN_CHAPTER	
	THE CONFLICT OF INTEREST POLICY IS PRESENTED AN	D DISCUSSED ANNUALLY FOR
	THE_INFORMATION_AND_GUIDANCE_OF_DIRECTORS, OFFI	CERS, COMMITTEE
	MEMBERS, AND KEY EMPLOYEES. THE POLICY REQUIRES	THE MEMBERS TO
	_ DISCLOSE ANY POTENTIAL CONFLICTS WHEN THEY OCCU	R. THE INTERESTED
	INDIVIDUAL IS REQUIRED TO WITHDRAW FROM THE VOT	ING AND DECISION
	PROCESS. THE EXECUTIVE COMMITTEE WOULD BE REQUI	RED TO OBTAIN TWO
	COMPETITIVE_BIDS_FROM_DISINTERESTED_ENTITIES_TO	ENSURE THAT FAIR VALUE
<del>-</del>	IS_RECEIVED AND PRESENTED TO THE BOARD FOR FULL	APPROVAL.
	<b></b>	
<del>-</del>	MISSISSIPPI CHAPTER -	
	IT_IS_AN_ANNUAL_REQUIREMENT_OF_THE_BOARD_OF_DIRE	CTORS TO SIGN A CONFLICT
	OF INTEREST STATEMENT. EACH BOARD MEMBER IS ASK	ED TO DISCLOSE ANY
	POTENTIAL CONFLICTS OF INTEREST AT EACH BOARD M	EETING. DEPENDING ON
<b></b>	THE ISSUE IN CONFLICT THE BOARD MEMBER MAY BE A	SKED_TO_ABSTAIN_FROM
	VOTING AND NOT BE INCLUDED IN THE QUORUM FOR THE	E BOARD MEETING. IF IT
	IS DETERMINED TO BE A SERIOUS CONFLICT THE MEMBER	ER 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 CONFL	ICTS OF INTEREST AND
REPORT REGULARLY TO THE BOARD OF DIRECTORS. IF	A CONFLICT DOES ARISE,
THE CHAPTER CEO WILL ADDRESS AND REMEDY THE SITU	ATION.
GREATER IOWA CHAPTER -	
THE RESPONSIBILITY OF DISCLOSING ANY KNOWN OR RE	ASONABLY 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 SID	E OF PRUDENCE AND
DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT IF IN D	OUBT AS TO WHETHER SUCH
CONFLICT EXISTS. DISCLOSURE SHALL BE MADE IN WRI	TING ON DISCLOSURE
FORMS PROVIDED BY THE CHAPTER. IN THIS REGARD, A	LL INTERESTED PERSONS
ARE REQUIRED TO ANNUALLY FILE A CONFLICT OF INTE	REST_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 EXECUT	IVE DIRECTOR TO
MAINTAIN CURRENT DISCLOSURE STATEMENTS OF ALL IN	TERESTED PERSONS AND
TO ADDRESS SITUATIONS IN WHICH A CONFLICT OF INTE	REST 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 DECIS	IONS SHOULD

MAKING.

INCLUDE A RECORD OF THE INDIVIDUAL'S REQUEST TO REFRAIN FROM DECISION

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	<del></del>	
	THE BOARD GOVERNANCE COMMITTEE MEETS ANNUALLY T	O REVIEW CONFLICT
	OF INTEREST STATEMENTS FROM BOARD MEMBERS AND K	EY STAFF. THE
	GOVERNANCE_COMMITTEE_WILL_INVESTIGATE_ALL_ALLEG	ATIONS OF
	NONCOMPLIANCE AND MAKE RECOMMENDATIONS TO THE C	HAPTER BOARD. THE
	CHAPTER_BOARD_TAKES_ALL_NECESSARY_ACTIONS_AT_IT	S MEETINGS. DURING THE
	YEAR, ANY CHANGES RESULTING IN POTENTIAL CONFLI	CTS ARE DOCUMENTED
	_AND_REVIEWED_BY_THE_OTHER_BOARD_MEMBERS_AND_OFF	ICERS. ANY AFFECTED
	MEMBERS_OR_OFFICERS_RECUSE_THEMSELVES_FROM_VOTI	NG ON ITEMS WHERE
	A POTENTIAL CONFLICT IS INVOLVED.	<b></b>
Pt_VI,_Line_15_	COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO,	EXEC. DIR., OR
<b></b>	TOP MGT AND OTHER OFFICERS & KEY EMPLOYEES	<b></b>
	45 OF THE 45 CHAPTERS ANSWERED YES.	<b>-</b>
<b></b>	THE FOLLOWING ANSWERED YES:	
<del>-</del>		<b>-</b>
	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 REC	OMMENDED BY THE
	EXECUTIVE COMMITTEE. THE DIRECTOR OF FINANCE'S	SALARY IS PROPOSED
	BY THE CEO. BOTH THE CEO AND DIRECTOR OF FINANC	E SALARIES ARE APPROVED
<b></b>	BY THE WHOLE BOARD IN EXECUTIVE SESSION.	
	COLORADO CHAPTER -	

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THE CEO'S COMPENSATION IS DETERMINED BY THE COM	PENSATION COMMITTEE
(PER_THE_NATIONAL_ORGANIZATION_GUIDELINES)OTH	ER KEY EMPLOYEES ARE
REVIEWED BY THE CEO AND COMPENSATION RANGES ARE	DEVELOPED BY THE CEO
AND THE VP OF FINANCE. ALL SENIOR MANAGEMENT PO	SITIONS 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 36	O_REVIEW_OF_THE
EXECUTIVE DIRECTOR PER NATIONAL'S GUIDELINES. T	HERE IS A MERIT-BASED
REVIEW PROCESS CURRENTLY IN PLACE FOR ALL ASSOC	IATION EMPLOYEES. THE
PROCESS WAS COMPLETED IN APRIL 2012 FOR THE EXE	CUTIVE DIRECTOR AND
CHIEF FINANCIAL OFFICER'S POSITIONS.	<b></b>
SOUTHEAST FLORIDA CHAPTER -	
THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR R	EVIEWING AND
APPROVING COMPENSATION FOR THE CEO.THE CEO REVI	EWS AND APPROVES
COMPENSATION FOR THE COO AND OTHER EMPLOYEES. THE	HIS 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, R	EVIEWED 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 KE	Y_EMPLOYEES.
	ALOHA CHAPTER -	
	THE COMPENSATION OF THE CHAPTER'S CEO IS DETER	MINED BY THE
	COMPENSATION COMMITTEE OF THE BOARD OF DIRECTO	ORS, WHICH IS LED BY THE
	VICE PRESIDENT. THE COMPENSATION OF KEY EMPLOY	EES IS DETERMINED BY THE
	CHAPTER CEO BASED ON COMPARABILITY DATA AND RE	COMMENDATIONS FROM
	THE BOARD VICE PRESIDENT AND BOARD TREASURER.	
	CENTRAL ILLINOIS CHAPTER -	<b></b>
	THE COMPENSATION COMMITTEE, WHICH INCLUDES A N	ATIONAL ORGANIZATION
	REPRESENTATIVE, IS RESPONSIBLE FOR DETERMINING	THE EXECUTIVE DIRECTOR'S
	ANNUAL SALARY AND BENEFITS. THE COMPENSATION I	S_DETERMINED_BY
<b></b>	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 USE	D IN THE PROCESS.
<b></b>	·	
	GREATER_ILLINOIS_CHAPTER -	
=	THE_CHAPTER'S_BOARD_COMPENSATION_COMMITTEE_DET	ERMINES 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.	
		<b>-</b>
	GREATER INDIANA CHAPTER -	
	THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETER	MINED BY A COMMITTEE

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CONSISTING OF MEMBERS OF THE BOARD OF	
TREASURER) AND A MEMBER ASSIGNED BY TH	
OF THE ALZHEIMER'S ASSOCIATION, USING	<del> </del>
CONTEMPORANEOUS SUBSTANTITATION. THE E	EXECUTIVE DIRECTOR EVALUATES
THE DIRECTORS OF FINANCE, DEVELOPMENT,	PROGRAM, AND COMMUNICATION
WITH THE SAME CRITERIA AND THEN MAKES	THE DECISION ON COMPENSATION.
THE EXECUTIVE DIRECTOR WAS EVALUATED I	N JUNE 2012, AND THE DIRECTORS
OF THE VARIOUS DEPARTMENTS WERE EVALUA	TED IN AUGUST AND SEPTEMBER
2012	
EAST CENTRAL IOWA CHAPTER -	
THE EXECUTIVE DIRECTOR'S SALARY RANGE	IS REVIEWED BY THE COMPENSATION
COMMITTEE, BASED ON THE COMPARABLE DAT	'A PROVIDED BY THE NATIONAL
ORGANIZATION. THE COMPENSATION COMMITT	EE MAKES SALARY
RECOMMENDATIONS TO THE EXECUTIVE COMMI	TTEE WHO ANNUALLY REVIEWS
THE EXECUTIVE DIRECTOR'S PERFORMANCE W	ITH INPUT FROM THE FULL BOARD
OF DIRECTORS AND STAKEHOLDERS USING A	360 REVIEW TOOL.
CENTRAL AND WESTERN KANSAS CHAPTER -	
THE BOARD PRESIDENT USES A FORMULA TIE	
THIS PART OF THE COUNTRY, PER THE NATION	
OUR EXECUTIVE DIRECTOR'S SALARY. A COM	
TOGETHER TO REVIEW THE EXECUTIVE DIREC	TOR'S COMPENSATION. THEY MEET
QUARTERLY. OUR DIRECTOR'S LAST REVIEW	TOOK PLACE IN OCTOBER 2011, AND
RAISE WAS GIVEN. FOR THE FINANCE DIREC	TOR, THE EXECUTIVE DIRECTOR USES

DETERMINE SALARY. THE FINANCE DIRECTOR'S LAST REVIEW WAS JULY 2011, AND

FORMULAS TIED TO AVERAGES CONSISTENT WITH THIS PART OF THE COUNTRY, TO

Schedule O (Form 990 or 99	90-EZ) 2011	Page 2
Name of the organization  ALZHEIMER'S DISEA	ASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
	A RAISE WAS GIVEN.	
	A MISE WAS GIVEN.	
	·	
	GREATER KENTUCKY AND SOUTHERN INDIANA CHAPTER -	
	THE COMPENSATION OF THE EXECUTIVE DIRECTOR FOR	EACH_YEAR, OR THE
	TERMS OF COMPENSATION FOR A MULTI-YEAR CONTRACT	, IS RECOMMENDED BY
	THE EXECUTIVE COMMITTEE OF THE BOARD IN ADVANCE	AND APPROVED BY A
	VOTE OF THE FULL BOARD. IN CONSIDERING COMPENSA	TION, ALL ELEMENTS ARE
	PROVIDED TO THE BOARD, INCLUDING (BUT NOT LIMIT	ED TO): THE VALUE OF ALL
	EMPLOYEE BENEFITS WHETHER TAXABLE OR NOT, THE V	ALUE OF VEHICLES TO THE
	EMPLOYEE, RETIREMENT AND HEALTH PLAN CONTRIBUTION	ONS. PRIOR TO A FINAL
	VOTE ON THE COMPENSATION, THE BOARD COLLECTS IN	FORMATION REGARDING
	AMOUNTS PAID BY COMPARABLE ORGANIZATIONS FOR CO	MPARABLE_SERVICES
	AND CONSIDERS HOW THE PROPOSED COMPENSATION COM	PARES TO THE
	COMPARISON INFORMATION. IF THE AMOUNT PROPOSED	AS COMPENSATION
	SEEMS HIGH BASED ON THE COMPARISON INFORMATION,	THE BOARD CONSIDERS
	COLLECTING ADDITIONAL INFORMATION OR OBTAINING	A PROFESSIONAL
- <b></b>	COMPENSATION OPINION. THE VOTE BY THE BOARD IS	RECORDED IN THE
	MEETING MINUTES WITHIN SIXTY DAYS AFTER THE MEET	TING, INCLUDING THE
- <b></b>	AMOUNT AUTHORIZED AND REFERENCES TO THE COMPARIS	SON INFORMATION.
		·
	MAINE CHAPTER -	
	THE COMPENSATION COMMITTEE, WHICH IS COMPRISED	
nng ngalautag tip di ngagan tipagga	_AND_AN_EXPERIENCED_HUMAN_RESOURCE_INDIVIDUAL_NO	r AFFILIATED WITH THE
	_ASSOCIATION_(CHAPTER), MEETS TO DISCUSS THE COM	
	_EXECUTIVE DIRECTOR. SALARY SURVEYS ARE ONE OF FI	
. –	BY THE COMMITTEE IN COMPARISON WITH OTHER ORGAN	
	_SIZE_IN_A SIMILAR GEOGRAPHIC LOCATION. ADDITIONS	ALLY, THE COMMITTEE

Name of the organization		Page 2	
ALZHEIMER'S DI	SEASE AND RELATED DISORDERS ASSOCIATION	36-3463656	
	CONDUCTS A 360 EVALUATION FOR THE EXECUTIVE D	IRECTOR, WHOSE	
<b></b>	COMPENSATION IS ADJUSTED ANNUALLY IN THE FIRS	T HALF OF THE FISCAL YEAR.	
		·	
	HEART OF AMERICA CHAPTER -	·	
	THE_COMPENSATION_COMMITTEE_OF_THE_BOARD_ANNUA	LLY REVIEWS AND SETS	
	THE COMPENSATION OF THE EXECUTIVE DIRECTOR. S	ALARY DATA FOR	
<b>-</b>	COMPARABILITY IS PROVIDED TO THE BOARD AND RE	VIEWED TO ENSURE THAT	
	SALARIES ARE WELL WITHIN RANGE FOR THIS MARKE	<u>T.</u>	
		· <b></b>	
	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_CO	MMITTEE PRESENTS ITS	
	REPORT TO THE FULL BOARD OF DIRECTORS. THE F	INANCE DIRECTOR OF THE	
	CHAPTER IS EVALUATED BY THE EXECUTIVE DIRECTO	R ON AN ANNUAL BASIS	
	AND COMPENSATION IS DETERMINED BY PERFORMANCE	AND COMPARABLE DATA	
	FOR SIMILAR POSITIONS.		
	SOUTHWEST MISSOURI CHAPTER -		
A	EACH YEAR THERE IS A REVIEW OF THE COMPENSATI	ON AND BENEFITS OF THE	
	EXECUTIVE DIRECTOR BY THE COMPENSATION COMMIT	TEE, CONSIDERING	
er och feld kommet ef folk	COMPARABILITY DATA, THE CURRENT FINANCIAL CON	DITION_AND_THE BUDGETED	
	REVENUES AND EXPENSES OF THE CURRENT YEAR AND		
	GREAT PLAINS CHAPTER -		

THE COMPENSATION COMMITTEE PERFORMS A YEARLY EVALUATION OF THE

Schedule O (Form 990	or 990-E2) 2011	Page 2	
Name of the organization ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION		Employer Identification number 36-3463656	
	PRESIDENT/CEO AND DETERMINES THE PROPER COMPEN	SATION. THE CEO	
	CONDUCTS A YEARLY PERFORMANCE EVALUATION OF TH	E MANAGERIAL	
	POSITIONS AND PRESENTS THE COMPENSATION TO THE	COMPENSATION	
	COMMITTEE.		
	MIDLANDS_CHAPTER -		
	COMPENSATION OF THE TOP MANAGEMENT OFFICIAL, T	HE PRESIDENT/CEO, IS	
	DETERMINED AFTER AN ANNUAL WRITTEN REVIEW OF P	ERFORMANCE AND	
	SERVICE WHEN COMPARED TO THE JOB DESCRIPTION A	ND COMPARABLE SALARY	
	DATA FROM OTHER SOURCES. THE COMPENSATION FOR I	DEVELOPMENT	
	DIRECTOR, PROGRAM DIRECTOR AND FINANCE DIRECTOR	R IS DETERMINED AFTER	
	AN ANNUAL WRITTEN REVIEW WITH THE EXECUTIVE DI	RECTOR. THE EXECUTIVE	
	DIRECTOR ALSO REVIEWS WITH THE COMPENSATION COL	MMITTEE.	
<b>_</b>	CENTRAL_NEW_YORK_CHAPTER		
	ALL INCREASES ARE APPROVED BY THE BOARD. THE CO	EO AND CFO'S	
<b>-</b>	COMPENSATION ARE REVIEWED, AIDED BY A SURVEY OF	F_COMPARABLE_SALARIES_AND	
	APPROVED_BY_THE_EXECUTIVE_COMMITTEE_ANNUALLY	THE LAST REVIEW PROCESS	
	WAS_MAY_11, 2012.		
		·	
	HUDSON_VALLEY/ROCKLAND/WESTCHESTER_CHAPTER	<b></b>	
	BEFORE DETERMINING COMPENSATION FOR THE CHAPTE	R'S CEO AND	
	RECOMMENDING RAISES FOR OTHER KEY EMPLOYEES, TI	HE_CHAPTER'S	
	COMPENSATION COMMITTEE REVIEWS THE COMPENSATION	N_SURVEY_PUBLISHED	
	BY THE NEW YORK COUNCIL OF NONPROFITS (IN WHICH	H_DATA_IS_SORTED_BY_THE	
<del>-</del>	ORGANIZATIONAL SIZE AND LOCATION), AS WELL AS :	SIMILAR INFORMATION	
	PROVIDED BY THE NATIONAL ORGANIZATION. THE COM	PENSATION COMMITTEE	

Schedule <b>O</b> (Form 990 or 990-EZ) 2011				
Name of the organization  ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656			
DETERMINES THE CEO'S SALARY AND PROVID				
CEO ON KEY EMPLOYEES, WHICH INCLUDE DI	RECTOR OF FINANCE, DIRECTOR			
OF DEVELOPMENT, DIRECTOR OF PROGRAMS A	AND DIRECTOR OF PUBLIC			
POLICY & COMMUNICATIONS.				
ROCHESTER CHAPTER -	<del></del>			
THE CEO WAS HIRED IN 2010 AND THE COMP	PENSATION 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 COM	MPLETED A BROAD COMPENSATION STUDY			
OF SIMILAR POSITIONS ACROSS INDUSTRIES	S AND THE RESULTS OF THAT STUDY			
WERE INCORPORATED INTO THE COMPENSATION	ON_DECISION. IN OCTOBER 2007,			
THE BOARD OF DIRECTORS RETAINED A THIR	RD PARTY HUMAN RESOURCES			
MANAGEMENT COMPANY TO CONDUCT A COMPEN	SATION AND BENEFITS			
BENCHMARKING STUDY. THE RESULTS OF TH	NAT STUDY WERE USED TO			
DETERMINE COMPENSATION OF ALL EMPLOYEE	S INCLUDING OTHER OFFICERS			
AND KEY EMPLOYEES.				
WESTERN_NEW_YORK_CHAPTER				
THE EXECUTIVE DIRECTOR'S COMPENSATION	IS_DETERMINED_BY_A			
COMPENSATION COMMITTEE ANNUALLY IN MAY	T. THIS COMMITTEE REVIEWS			
COMPARABILITY DATA AND THE EXECUTIVE D	IRECTOR'S ANNUAL PERFORMANCE			
REVIEW. THE FINANCE DIRECTOR IS REVIEW	ED ANNUALLY IN JULY BY THE			
EXECUTIVE DIRECTOR. COMPARABILITY DATA	IS USED TO DETERMINE			
COMPENSATION.				

GREATER EAST OHIO CHAPTER -

Schedule O (Form 990 Name of the organization	Of 99U-EZ) 2011	Page Employer identification number
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION		36-3463656
	ANNUALLY, THE COMPENSATION COMMITTEE REVIEWS	COMPARABILITY
	DATA_AND_DETERMINES_THE_EXECUTIVE_DIRECTOR'S	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 FISC	AL YEAR 2012. THE NATIONAL
	ORGANIZATION PROVIDED SALARY COMPARISONS TO	THE EXECUTIVE DIRECTOR
	WHO USED THIS INFORMATION TO MAKE SALARY ADJ	USTMENTS FOR SENIOR
	MANAGERS (FINANCE DIRECTOR, PROGRAM DIRECTOR	, DEVELOPMENT DIRECTOR,
<b></b>	AND_TECHNOLOGY & SOCIAL MEDIA DIRECTOR) EFFE	CTIVE JULY 1, 2012.
	CENTRAL_OHIO_CHAPTER -	
	THE GOVERNANCE COMMITTEE MEETS ANNUALLY TO E	ERFORM A REVIEW OF THE
	EXECUTIVE DIRECTOR AND DETERMINES IF AN INCE	EASE IN COMPENSATION IS
	GIVEN. THE REVIEW INCLUDES HOW GOALS HAVE BE	EN MET FOR BOTH THE
	ASSOCATION'S LOCAL STRATEGIC PLAN, AS WELL AS	THE NATIONAL ORGANIZATION'S
	STRATEGIC PLAN. CONSIDERATION OF PAST PRACTI	CES_OF_PAYING_EXECUTIVE
	DIRECTORS IS TAKEN INTO CONSIDERATION AS WEL	L
		<b></b>
	MIAMI_VALLEY_CHAPTER	
	THE SALARY FOR THE EXECUTIVE DIRECTOR WAS SE	T BY THE COMPENSATION
	COMMITTEE (BOARD MEMBERS AND A REPRESENTATIVE	E FROM THE NATIONAL
<b></b>	ORGANIZATION) WHEN HE WAS HIRED IN 2011. THE	COMMITTEE IS SCHEDULED
	TO MEET IN THE CURRENT MONTH TO CONDUCT HIS	ANNUAL REVIEW AND DETERMINE
<b></b>	HIS NEW SALARY. ALL OTHER CHAPTER POSITIONS	ARE REVIEWED AND SALARIES

SET IN ACCORDANCE WITH LOCAL COMPARISONS.

Schedule O (Form 990 or 99	0-EZ) 2011	Page 2
Name of the organization		Employer identification number
ALZHEIMER'S DISEA	SE AND RELATED DISORDERS ASSOCIATION	36-3463656
	NORTHWEST OHIO CHAPTER -	·
	_THE_EXECUTIVE_DIRECTOR'S_PERFORMANCE IS ASSESSED	ANNUALLY BY THE BOARD
	OF DIRECTORS AND COMPENSATION IS DETERMINED BY 1	THE COMPENSATION
	COMMITTEE AND THE EXECUTIVE COMMITTEE, BASED ON	THE BOARD'S
	_EVALUATIONS ALL CHAPTER STAFF ARE EVALUATED AN	NUALLY BASED UPON THE
	INDIVIDUAL STAFF MEMBER'S WRITTEN ANNUAL GOALS A	AND OVERALL
	DEDECTIVATION OF THE COMPENSATION CONSTRUCTS DESCRIPTION	
	PERFORMANCE. THE COMPENSATION COMMITTEE REVIEWS	REGIONAL STAFF
	SURVEYS AND RECOMMENDS COMPENSATION LEVELS FOR S	STAFF POSITIONS.
	<u> </u>	
	OKLAHOMA & ARKANSAS CHAPTER -	
	THE COAS COMPENSATION WAS INST DEVIEWED ON SEDI	PEMBER 27 BV TUE
	THE CEO'S COMPENSATION WAS LAST REVIEWED ON SEPT	LEMBER 21 DI INE
	PERSONNEL COMMITTEE OF THE BOARD. THEY REVIEWED	HIS MONTHLY GOALS
	AND_HIS_STRATEGIC_GOALS_SET_BY_THE_NATIONAL_ORGA	ANTZATION THEV AICO
		MIZATION. THEI ALSO
	CONSULTED LOCAL NON-PROFIT WAGE RATES AS PUBLISH	HED LOCALLY, AND
	REGIONALLY FINALLY THEY REVIEWED THE CEO'S COME	PENSATION WITH LIKE
	CHAPTERS THROUGH OUT THE COUNTRY WITH THE NATION	NAL ALZHEMER'S
	ASSOCIATION.	
	<del></del>	<del></del>
		·
	OREGON CHAPTER -	
	THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY T	THE BOARD OF DIRECTORS.
	THE SALARY AMOUNT IS DETERMINED BY UTILIZIING OU	TSIDE SURVEYS, LOCAL
	NONPROFIT COMPARABLES AND USING GUIDANCE FROM TH	E_NATIONAL_ORGANIZATION.
- <b></b>	THREE BOARD MEMBERS COMPRISE A COMMITTEE TO PERF	ORM_THIS_PROCESS.
	DELAWARE VALLEY CHAPTER -	· <b></b>
	DV TAMO PROUTER A COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO COMPRISON TO	
	BY-LAWS REQUIRE A COMPENSATION COMMITTEE COMPOSE	D OF VOLUNTEER

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SALARY DATA FOR OTHER EMPLOYEES.

\_\_\_\_\_YEAR, AS WELL AS OTHER EMPLOYEES. THE EXECUTIVE DIRECTOR RESEARCHED

\_\_\_ THE BOARD REVIEWS THE SALARIES OF THE EXECUTIVE DIRECTOR IN THE PAST

Name of the organization	Employer identification number	Page 2
	36-3463656	
GREATER DALLAS CHAPTER -		
THE CHAPTER EXECUTIVE'S COMPENSATION IS REVIEWED	AND APPROVED BY THE	HE
COMPENSATION COMMITTEE. ALL OTHER STAFF ARE REVI	EWED, APPROVED AND	
BUDGETED BY THE CHAPTER EXECUTIVE. INDEPENDENT S	URVEYS ARE UTILIZE	D
IN DETERMINING MARKET COMPETITIVE SALARY STRUCTU	RE FOR OTHER KEY	
EMPLOYEES.		
VERMONT CHAPTER -		
THE BOARD REVIEWED AND APPROVED THE COMPENSATION	LEVEL FOR THE	
EXECUTIVE DIRECTOR & OTHER KEY EMPLOYEES.		
CENTRAL & WESTERN VIRGINIA CHAPTER -		
THE COMPENSATION OF THE CHAPTER'S CEO IS DETERMI	NED BY THE	
GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS.		. – – -
OF KEY EMPLOYEES IS ALSO REVIEWED BY THE CHAPTER		
	CEO, BOARD CHAIR,	. AND
BOARD_TREASURER.		
COMMUEACMEDN VIDCINIA CUADMED		
SOUTHEASTERN VIRGINIA CHAPTER -		
THE CHAPTER'S COMPENSATION COMMITTEE RECEIVES CO		
DATA FOR THE CEO AS WELL AS OTHER TOP MANAGEMENT		
COMPENSATION COMMITTEE REVIEWS THE CEO'S PERFORM		
AGREED_UPON_GOALS. THE COMMITTEE CONDUCTS AN ELE	CTRONIC 360	. – – –
PERFORMANCE SURVEY SOLICITING INPUT FROM KEY CON		
CONCERNING THE CEO'S PERFORMANCE. THE PROVIDED	SALARY DATA GUIDES	
THE SALARY STRUCTURE FOR THE CEO AND TOP MANAGEM	ENT_POSITIONS	
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Name of the organization  ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656					
TERMINING OF PROBABLE AND RELATED DISORDERS ASSOCIATION	120 2403030					
NATIONAL CAPITAL CHAPTER -						
THE CHAPTER USES THE SALARY AND COMPENSATION SUF	RVEY_AND					
COMPARABILITY DATA WITHIN THE INDUSTRY TO COMPEN	SATE THE OFFICERS					
AND KEY EXECUTIVES. THESE KEY EMPLOYEES ARE INTE	ERVIEWED_AND					
APPROVED BY THE BOARD MEMBERS. ALL SALARIES AND	COMPENSATIONS FOR					
ALL EMPLOYEES, REGARDLESS OF THE NATURE OF THE E	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	2 2011 WAS THE LAST					
TIME THE COMPENSATION SUVERY WAS CONDUCTED.	· <b></b>					
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 COME	LETED BY THE CEO FOR					
THE FINANCE DIRECTOR POSITION. THE FINANCE COMMI	TTEE RECOMMENDS A					
SALARY_INCREASE_PERCENTAGE_BASED_ON_COMPARABILIT	Y DATA GATHERED.					
THIS IS APPROVED BY THE BOARD OF DIRECTORS.						
WEST VIRGINIA CHAPTER -						
PERFORMANCE AND COMPENSATION REVIEWS ARE CONDUCT						
EXECUTIVE DIRECTOR EACH AUGUST FOR ALL STAFF MEM	BERS, INCLUDING KEY					
EMPLOYEE POSITIONS OF DEVELOPMENT DIRECTOR, CONS						
DIRECTOR AND FINANCE DIRECTOR. THE COMPENSATION						
BOARD OF DIRECTORS ANNUALLY CONDUCTS THE PERFORM						

Schedule O (Form 990 o	r 990-EZ) 2011	Page 2
Name of the organization  ALZHEIMER'S DIS	SEASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
	COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR	, WHICH WAS LAST
	PERFORMED IN MARCH 2012.	
	GREATER WISCONSIN CHAPTER -	· <b></b>
	AN ANNUAL REVIEW OF WAGES AND SALARIES FOR ALL	MANAGEMENT AND
	SUPPORT STAFF IS COMPLETED BY AN INDEPENDENT G	ROUP OF NONPROFIT
	ORGANIZATIONS. A BOARD LEVEL REVIEW IS COMPLET	ED FOR ALL STAFF
	SALARY RANGES ANNUALLY IN COMBINATION WITH THE	ANNUAL BOARD PROCESS.
	THE FINANCE/COMPENSATION COMMITTEE REVIEWS ALL	SALARIES OF MANAGEMENT
	STAFF. THE BOARD PRESIDENT IDENTIFIES THE SALA	RY AND RELATED
	COMPENSATION FOR THE CHAPTER EXECUTIVE.	· <b></b>
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***************************************	SOUTHEASTERN WISCONSIN CHAPTER -	
	THE CHAPTER PARTICIPATES IN A LOCAL BI-ANNUAL :	SALARY SURVEY BY THE
	NON-PROFIT CENTER OF MILWAUKEE, WHICH IS USED	TO COMPARE EMPLOYEES
<b></b>	SALARIES INCLUDING THE DIRECTOR OF FINANCE AND	HUMAN RESOURCE LAST
	PARTICIPATION IN THE SURVEY WAS FOR 2011. EMPLO	YEE SALARIES ARE REVIEWED
	ANNUALLY DURING THEIR PERFORMANCE REVIEW AT THE	E END OF THE FISCAL YEAR
<del>-</del>	AND APPROVED BY THE EXECUTIVE DIRECTOR. THE COM	MPENSATION COMMITTEE
	USES THE DATA IN THE SALARY SURVEY WHEN THEY RE	EVIEW AND APPROVE THE
	EXECUTIVE DIRECTOR'S COMPENSATION ON AN ANNUAL	BASIS AFTER FISCAL YEAR
	END	·
	MISSISSIPPI CHAPTER -	
	THE COMPENSATION COMMITTEE REVIEWS COMPARABILIT	TY_DATA, CHAPTER
	FINANCIAL POSITION, AND CURRENT_SALARY LEVELS H	FOR THE EXECUTIVE
	DIRECTOR. THIS IS DONE ANNUALLY IN OCTOBER.	

Schedule O (Form 990 or	990-EZ) 2011	Page 2
Name of the organization	FACE AND DELAMED DISCONDEDS ASSOCIATION	Employer identification number 36-3463656
ALZHEIMER 5 DIS	EASE AND RELATED DISORDERS ASSOCIATION	30-3403030
	·	
	_MID_SOUTH_CHAPTER -	
	THE BOARD AND COMPENSATION COMMITTEE APPROVE AN	D_ANALYZE
	COMPENSATION OF THE EXECUTIVE DIRECTOR ALONG WI	TH 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 REPRESENTATIV	E_OF_THE_NATIONAL
	ORGANIZATION WHO PROVIDES APPROPRIATE COMPENSAT	ION_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 RES	OURCES ARE ALSO
	CONSIDERED. AN EXTERNAL SALARY SURVEY WAS COMPL	ETED_BY_THE_NATIONAL
	ORGANIZATION FOR THE CHAPTER EXECUTIVE AND MANA	GEMENT STAFF IN 2011.
	INLAND_NORTHWEST_CHAPTER -	
	THE_CHAPTER_HAS_A_COMPENSATION_COMMITTEE_WITH_B	OARD_MEMBERS,
	COMMUNITY VOLUNTEERS AND A NATIONAL ORGANIZATIO	N'S STAFF
	MEMBER. THE COMPENSATION COMMITTEE RECOMMENDS G	OALS_AND
	COMPENSATION FOR THE CHAPTER EXECUTIVE DIRECTOR	<b></b>
Pt_VI, Line 19	GOVERNING DOCUMENTS	
	CHAPTERS MAKE THEIR GOVERNING DOCUMENTS, CONFLI	CT OF INTEREST POLICY,

Schedule O (Form 990 o	or 990-EZ) 2011	Page 2
Name of the organization  ALZHEIMER'S DIS	SEASE AND RELATED DISORDERS ASSOCIATION	Employer Identification number 36-3463656
	AND_FINANCIAL_STATEMENTS_AVAILABLE_UPON_REQ	UEST FROM REQUESTORS.
	SOME CHAPTERS WILL POST THE GROUP 990 ON TH	EIR INDIVIDUAL CHAPTER'S
	WEBSITE. THE GROUP 990 IS POSTED TO THE NAT	IONAL ALZHEIMER'S
	ASSOCIATION_WEBSITE_AT_ALZ.ORGCHAPTERS_WI	LL 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)_BEGINN	ING OF YEAR DIFFERS
	FROM THE PREVIOUSLY FILED RETURN. THE OPENI	NG BALANCES REFLECT
	THE CHAPTERS INCLUDED IN THIS YEAR'S TAX RE	TURN.
Pt_XI	LINE 5, OTHER CHANGES IN NET ASSETS REPRESE	NTS
	(\$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.	
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#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

2011

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	Employer identification number
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	36-3463656
Part I Identification of Discenarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)	

(a) Name, address, and EIN of disregarded entity	(b) Primary a	activity   Lega	(c) domicile (state reign country)	(d) Total income	End-d	(e) of-year assets	(f) Direct controlli entity
·							
							:
art II Identification of Related Tax-Exempt Or one or more related tax-exempt organization	ganizations (Complete ons during the tax year	e if the organizat	on answered	'Yes' to Form 9	90, Part IV	, line 34 beca	luse it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (s	ate Exempt	Code   Public ch	(e) arity status	(f) Direct contro	olling Sec 512(b

(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	Sec 512 controlle	g) 2(b)(13) d entity?
(4) M.C. D.COLLOD, D.C. J.C. D.C. D.C. D.C. D.C. D.C. D.C.						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,					01		
_(3)							
(4) See Continuation Sheet for Schedule R, Part II							

# Partill Continuation of Identification of Related Tax-Exempt Organizations

(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	Sec 512 controlle	3) 2(b)(13) d entity?
						Yes	No
COALITION OF NEW YORK STATE ALZHEIMERS CHAPTERS, INC. 13-4076596							
<b></b>							
	PUBLIC POLICY ACTIVITIES	NY	501 (C) 3	11c, III-FI	N/A		X
435 E. HENRIETTA ROAD							
ROCHESTER NY 14620,						1	
						-	
			]				
					00		
						1	
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	<u></u>			<u> </u>			

Page 2 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.) (c) Legal (d) Direct (a) Name, address, and EIN of (e) Predominant (f) Share of total (g) Share of (h) Dispropor-(i) Code V-UBI Percentage Primary activity General or related organization domicile controlling entity income (related, income end-of-year tionate amount in box managing ownership (state or unrelated, excluded assets allocations? 20 of Schedule partner? foreign from tax under K-1 country) sections 512-514) (Form 1065) Yes No Yes No 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.) (b) Primary activity (d) Direct (e)
Type of entity
(C corp, S corp, (a)
Name, address, and EIN of related organization (c) Legal domicile (f) Share of total income (g) Share of end-of-year Percentage (state or foreign controlling entity assets ownership country) or trust)

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Schedule <b>R</b> (Form 990) 2011	Schedule F		BAA TEEA5003 05/24/11
			(6)
			(5)
			(4)
			(3)
			(2)
:			(1)
(d) Method of determining amount involved	(c) Amount involved Meth	(b) Transaction type (a-r)	(a) Name of other organization
	transaction thresholds.	overed relationships and tran	2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover
11			r Other transfer of cash or property from related organization(s)
1 q			q Other transfer of cash or property to related organization(s)
1 p			p Reimbursement paid by related organization(s) for expenses
10			o Reimbursement paid to related organization(s) for expenses
11 n			
3			m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
=			Performance of services or membership or fundraising solicitations by related organization(s)
1 -			k Parformance of services or membership or fundraising solicitations for related organization(s)
1;			l Lease of facilities, equipment, or other assets to related organization(s)
1 h			
19			g Purchase of assets from related organization(s)
11			f Sale of assets to related organization(s)
0			e Loans of roan guarantees by related organization(s)
1 d			
10			
1 b			<b>b</b> Gift, grant, or capital contribution to related organization(s)
1 a			a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
200000		isted in Parts II-IV?	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			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

### 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)	Are all	e) partners tion (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tion alloca	n) opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j Gene mana parti	) ral or aging ner?	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No		Yes	No	
<u>(1)</u>		1											
								;					
<u>(2)</u>													
									}				
<u>_(3)</u>													
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_(4)													
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(8)									-				<u> </u>
787													
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Schedule R (Form 990) 2011 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	36-3463656	Page 5
Part VII Supplemental Information		
Complete this part to provide additional information for responses to questions (see instructions).	on Schedule R	
	<del>-</del>	
		<del>-</del>
**		
·		
	<u> </u>	
<del></del>		<b></b>

## **List of Affiliates Included in Return**

2011

Name ALZHEIMER'S DISEASE AND RELAT	ED DISORDERS ASSOCIATION	Employer Identification No. 36-3463656			
Group Exemption Number (GEN)					
(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 940	43			
COLORADO	455 SHERMAN STREET, SUITE 500 DENVER CO 80203-35				
Foreign City/Country if applicable					
CONNECTICUT	2075 SILAS DEANE HIGHWAY, SUITE 1 ROCKY HILL CT 060	Art and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco			
Foreign City/Country if applicable	NOCKT HIBE CI OOO				
SOUTHEAST FLORIDA	3333 FOREST HILL BLVD.	59-2008883			
	WEST PALM BEACH FL 334	06			
Foreign City/Country if applicable See List of Affliliates Included in Return					
	I				

teew3101.SCR 01/24/12

Foreign City/Country if applicable . . .

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

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. OUR VISION IS A WORLD WITHOUT ALZHEIMER'S DISEASE.

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

WE ARE THE LARGEST NONPROFIT FUNDER OF ALZHEIMER'S DISEASE RESEARCH.

SINCE AWARDING OUR FIRST GRANTS IN 1982, THE ASSOCIATION HAS COMMITTED

OVER \$279 MILLION TO MORE THAN 1,900 BEST-OF-FIELD GRANT PROPOSALS. AS A

LEADER IN THE FIELD, WE FOSTER A NETWORK FOR THE SCIENTIFIC COMMUNITY BY

HOSTING AN INTERNATIONAL CONFERENCE FOCUSING ON RESEARCH.

IN ADDITION, WE ADVOCATE FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. WE SPEAK UP TO HELP ENCOURAGE CONGRESS TO TAKE ACTION IN THE FIGHT AGAINST THIS DISEASE.

EDUCATION ABOUT ALZHEIMER'S DISEASE AND AWARENESS OF THE ASSOCIATION ARE
KEY TO ACCELERATING PROGRESS. WE STRIVE TO MAKE MORE PEOPLE AWARE OF THE
SERVICES AVAILABLE FOR THOSE FACING THIS DISEASE AND THE BENEFITS OF
EARLY DETECTION. MILLIONS OF AMERICANS HAVE SIGNED UP AS ALZHEIMER'S
ASSOCIATION "CHAMPIONS" TO EDUCATE, ADVOCATE, DONATE, AND PARTICIPATE TO
MOVE THIS CAUSE FORWARD.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code:	Description:	OTHER	PROGRAM	SERVICES	 SEE	SCHEDULE	0
Expenses	27,621,620.						
Grants Of	1,967,071.						
Revenue.	1,853,654.						
		93				11.00	

Schedule G (Form 990 or 990EZ), Part IV Supplemental Information Part III, Line 9 (continued)

Enter the state(s) in which the organization operates gaming activities:

Wisconsin Virginia

### 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
<u>-</u> _	AND RELATED DISORDERS, INNOVATION, IMPACT ON OUR UNDERSTANDING OF OR
	ABILITY TO TREAT ALZHEIMERS DISEASE AND, SCIENTIFIC RIGOR. THE APPLICANTS SUBMIT TH
	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
<u></u>	
	PROJECT? PROVIDE CURRICULUM VITAE, INCLUDING A LIST OF ANY PUBLICATIONS.
	COLODADO CHADED
	COLORADO CHAPTER -
	GRANTS ARE AWARDED TO CAREGIVERS OF PERSONS WITH THE DISEASE FOR RESPITE
<del> </del>	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 PROGESS OF THE RENOVATION. THE RENOVATION IS COMPLETE AND
	THE GRAND OPENING IS BEING SCHEDULED.
	THE GRAND OFENING IS BEING SCHEDULED.
	CENTRAL AND NORTH FLORIDA CHAPTER -
<u> </u>	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 IIIE 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.

Continued

	90) - Part IV - Supplemental Information (continued)  90) - Part IV - Supplemental Information (Continuation Sheet)
t I Line 2	HEART OF AMERICA - CHAPTER
	PAYMENT IS BASED ON THE REIMBURSEMENT MODEL. THE GRANTEE PRESENTS PAID
	RECEIPTS FOR SERVICES (RESPITE SERVICES, PURCHASES OF INCONTINENCE PRODUCTS
	AND MEDICINES TO TREAT DISEASE).
	MID-MISSOURI CHAPTER -
	RESPITE 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 RESPITE 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 RESPITE SERVICE AND 2) VERIFICATION
	OF PAYMENT TO A CAREGIVER.
	MIDLANDS CHAPTER -
	THE RECIPIENT SUBMITS A DOCTOR'S NOTICE, COMPLETES AN APPLICATION FOR RESPIT
	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 RESPITE 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.
· · · · · · · · · · · · · · · · · · ·	

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.
	TROBUGE BOOKHAMITOR TO BOTTONI INDIN REGORDSI.
	MIAMI VALLEY CHAPTER -
	THE ALZHEIMER'S ASSOCIATION WAS HEAVILY INVOLVED WITH THIS PROJECT - THE
	MEMORY RESOURCE CENTER. WE PHYSICALLY MONITORED THE PROGRESS OF THE
	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).
<u> </u>	NORTHWEST OHIO CHAPTER -
	THE CHAPTER OFFERS REIMBURSEMENT IN THE FORM OF RESPITE FINANCIAL
	ASSISTANCE TO INDIVIDUALS THROUGHOUT THE CHAPTER'S 24-COUNTY AREA. AN
<u> </u>	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.

•	90) - Part IV - Supplemental Information (continued) 990) - Part IV - Supplemental Information (Continuation Sheet)	Contin
chedule i (Form s		
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	ANT
	VENDORS (RESPITE FACILITIES) ARE REQUIRED TO SUBMIT STANDARDIZED RESPIT	
	REPORTS FOR PAYMENT. THE REPORT HAS PARTICIPANT AND REIMBURSMENT 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 DA	ΔΥ
	CARE CENTER UPON RECEIPT OF AN INVOICE. CAREGIVERS SUBMIT AN APPLICATION	
<del>.</del>	INCLUDING A PHYSICIAN'S STATEMENT CONFIRMING THE PATIENT HAS SOME FORM (	
	DEMENTIA. THROUGH HOME VISITS THE CONSULTANT CONFIRMS THE APPLICANTS	OL.
	STATUS AS THE PRIMARY CAREGIVER. THE APPLICATION IS REVIEWED BY PROGRAM	
<del></del>	STAFF FOR APPROVAL. RECIPIENTS ARE REQUIRED TO USE RESPITE PROVIDERS LICENSED BY THE STATE.	

EXECUTIVE DIRECTOR.

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

### 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	36-3487166
	ALTAMONTE SPRINGS FL 32701	Moreover and
Foreign City/Country if applicable		
ALOHA	1050 ALA MOANA BLVD., SUITE 2610	99-0212360
	HONOLULU HI 96814-4906	
Foreign City/Country if applicable		
CENTRAL ILLINOIS	606 W. GLEN AVENUE	37-1224417
	PEORIA IL 61614	
Foreign City/Country if applicable		
GREATER ILLINOIS	8430 WEST BRYN MAWR, SUITE 800	36-3102348
	CHICAGO IL 60631	Contract of the
Foreign City/Country if applicable		A STATE OF THE
GREATER INDIANA	50 EAST 91ST STREET, SUITE 100	35-1747836
	INDIANAPOLIS IN 46240	Bresto Pallonaline
Foreign City/Country if applicable		
EAST CENTRAL IOWA	317 SEVENTH AVENUE, SE, SUITE 402	42-1333384
and photographic income of the resulting	CEDAR RAPIDS IA 52401	
Foreign City/Country if applicable		
CENTRAL AND WESTERN KANSAS	347 SOUTH LAURA	20-5107941
	WITCHITA KS 67211	
Foreign City/Country if applicable	10 0721	
GREATER KENTUCKY AND SOUTHERN INDIANA	KADEN TOWER 6100 DUTCHMANS LANE, SUITE 401	36-4497854
	LOUISVILLE KY 40205	30 4497034
Foreign City/Country if applicable	2001041202	
MAINE	383 U.S. ROUTE 1, SUITE 2C	01-0428502
	SCARBOROUGH ME 04074	01 0420302
Foreign City/Country if applicable	SCANDONOOGII IIE 04074	
HEART OF AMERICA	3846 WEST 75TH STREET	48-0934474
ILANI OF AMERICA	PRAIRIE VILLAGE KS 66208	46-0934474
Foreign City/Country if applicable	FRAIRIE VIEDAGE RS 00208	
MID MISSOURI	2400 BLUFF CREEK DRIVE	12_12/1706
TID MISSORI		43-1344786
oreign City/Country if applicable	COLUMBIA MO 65201	
	1630 W PIPINDAIP	43_1405351
SOUTHWEST MISSOURI	1630 W. ELFINDALE	43-1485251
Foreign City/Country if applicable	SPRINGFIELD MO 65807	
	1500 COURT TORN CHORDS CUITES CO.	40 0031000
GREAT PLAINS	1500 SOUTH 70TH STREET, SUITE 201	48-0931989
Foreign City/Country if applicable	LINCOLN NE 68506	
Foreign City/Country if applicable	1041 COURT ASNE CEREBRA COLUMN COL	47 0640400
4IDLANDS	1941 SOUTH 42ND STREET, SUITE 205	47-0648438
Foreign City/Country if annihing the	<u>OMAHA</u> <u>NE</u> 68105	
Foreign City/Country if applicable	441 MDOW MEDICAL CONTROL	
CENTRAL NEW YORK	441 WEST KIRKPATRICK STREET	36-3487171
	SYRACUSE NY 13204	
oreign City/Country if applicable		HO TO BE SHOW
IUDSON VALLEY/ROCKLAND/WESTCHESTER, NY	2 JEFFERSON PLAZA, SUITE 103	14-1695487
	POUGHKEEPSIE NY 12601-4027	
Foreign City/Country if applicable		
ROCHESTER	435 EAST HENRIETTA ROAD	16-1159941
	ROCHESTER NY 14620	

Form 990, Question H
List of Affiliates Included in Return

Continued

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
WESTERN NEW YORK	2805 WEHRLE DRIVE, SUITE 6	16-1181599
	WILLIAMSVILLE NY 14221	
Foreign City/Country if applicable		
GREATER EAST OHIO	70 W. STREETSBORO STREET, SUITE 201	34-1454446
	HUDSON OH 44236	THE PERSON NAMED IN
Foreign City/Country if applicable		
CLEVELAND AREA	23215 COMMERCE PARK DRIVE, SUITE 300	34-1311175
	BEACHWOOD OH 44122	
Foreign City/Country if applicable		
CENTRAL OHIO	1379 DUBLIN ROAD	31-0996236
	COLUMBUS OH 43215	
Foreign City/Country if applicable		
MIAMI VALLEY	3797 SUMMIT GLEN DRIVE, SUITE G100	31-1031867
	DAYTON OH 45449	
Foreign City/Country if applicable		
NORTHWEST OHIO	2500 NORTH REYNOLDS ROAD	34-1423768
	TOLEDO OH 43615-2820	
Foreign City/Country if applicable		No. of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of
OKLAHOMA/ARKANSAS	2448 E. 81ST STREET, SUITE 3000	73-1183372
	TULSA OK 74137	<b>第二人</b> 公从 [1]
Foreign City/Country if applicable		Lagran and the
OREGON	1650 NORTHWEST NAITO PARKWAY, SUITE 190	93-0813252
	PORTLAND OR 97209	THE CONTRACTOR OF THE PARTY.
Foreign City/Country if applicable		
DELAWARE VALLEY	399 MARKET STREET, SUITE 102	23-2280056
	PHILADELPHIA PA 19106	THE PARTY OF
Foreign City/Country if applicable		
SOUTH CAROLINA	4124 CLEMSON BLVD., SUITE L	57-0792592
	ANDERSON SC 29621	
Foreign City/Country if applicable		
SOUTH DAKOTA	1000 NORTH WEST AVENUE, #250	32-0151779
	SIOUX FALLS SD 57104	HERE LOST QUED, IN
Foreign City/Country if applicable		
GREATER DALLAS	4144 NORTH CENTRAL EXPRESSWAY, SUITE 750	75-2041194
	DALLAS TX 75204	
Foreign City/Country if applicable		
/ERMONT	300 CORNERSTONE DRIVE, SUITE 128	03-0286299
	WILLISTON VT 05495	hard Pastonia
Foreign City/Country if applicable		
CENTRAL AND WESTERN VIRGINIA	THE JORDAN BUILDING, 1160 PEPSI PLACE, SUITE 306	54-1309570
K. William Palvasar salam bara	CHARLOTTESVILLE VA 22901	MUSES CONTRACTOR
oreign City/Country if applicable		
OUTHEASTERN VIRGINIA	6350 CENTER DRIVE, SUITE 102	54-1204329
	NORFOLK VA 23502	
Foreign City/Country if applicable		
VATIONAL CAPITAL AREA	3701 PENDER DRIVE, SUITE 400	52-1196162
TOTAL CHITTE AREA	FAIRFAX VA 22030	32 1130102
Foreign City/Country if applicable	VA 22030	
GREATER RICHMOND	4600 COV DOND SUITE 120	51-126255
WENTER KICHMOND	4600 COX ROAD, SUITE 130	54-1263555
DATES OF THE BANKS OF THE BUILDING STREET	GLEN ALLEN VA 23060	

Form 990, Question H List of Affliliates Included in Return Continued

(A)	(B)	(C)
Affiliate Name	Affiliate Address	Affiliate EIN
WEST VIRGINIA	1601 SECOND AVENUE	36-3487172
Same is the second of the second	CHARLESTON WV 25387	
Foreign City/Country if applicable	.	
GREATER WISCONSIN	2900 CURRY LANE, SUITE A	39-1493227
	GREEN BAY WI 54311	
Foreign City/Country if applicable		
SOUTHEASTERN WISCONSIN	620 SOUTH 76TH STREET, SUITE 160	39-1350965
	MILWAUKEE WI 53214	
Foreign City/Country if applicable	.	
MISSISSIPPI	196 CHARMANT DRIVE, SUITE 4	64-0786327
	RIDGELAND MS 39157	
Foreign City/Country if applicable		La constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la con
MID SOUTH	4825 TROUSDALE DRIVE, SUITE 220	62-1860364
	NASHVILLE TN 37220	
Foreign City/Country if applicable		
GREATER IOWA	1730 28TH STREET	42-1520582
	WEST DES MOINES IA 50266	
Foreign City/Country if applicable	.	
INLAND NORTHWEST	910 WEST 5TH AVENUE, SUITE 256	91-1409620
	SPOKANE WA 99204	
Foreign City/Country if applicable		