

**ALZHEIMER'S DISEASE AND RELATED  
DISORDERS ASSOCIATION, INC.**

Form 990 for the  
Year Ended June 30, 2014

Public Disclosure Copy

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning Jul 1, 2013, and ending Jun 30, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION</u>		<b>D</b> Employer identification number <u>36-3463656</u>
	Doing Business As		<b>E</b> Telephone number <u>(312) 335-8700</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>225 N. MICHIGAN AVE.</u> <u>17TH FLOOR</u>		
	City or town, state or province, country, and ZIP or foreign postal code <u>CHICAGO IL 60601-7633</u>		<b>G</b> Gross receipts \$ <u>75,032,572.</u>
<b>F</b> Name and address of principal officer: <u>RICHARD H. HOVLAND 225 N. MICHIGAN AVE. CHICAGO IL 60601-7633</u>			<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? If 'No,' attach a list. (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(c)</b> Group exemption number <u>9334</u>
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3)	501(c) ( ) (insert no.)	4947(a)(1) or 527
<b>J</b> Website: ▶ <u>WWW.ALZ.ORG</u>			<b>L</b> Year of formation: <b>M</b> State of legal domicile:
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association <input type="checkbox"/> Other ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH.</u>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 539
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 538
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b> 886
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 29,627
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 930.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 62,262,835. <b>Current Year</b> 58,750,875.
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,249,662. 3,538,008.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,209,223. 2,189,267.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,267. 96,055.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,749,987. 64,574,205.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,583,396. 954,881.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	43,917,374. 38,720,013.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,496,948.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,234,223. 21,967,815.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	69,734,993. 61,642,709.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,985,006. 2,931,496.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 68,945,368. <b>End of Year</b> 73,263,798.
	<b>21</b> Total liabilities (Part X, line 26)	8,795,873. 10,112,674.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	60,149,495. 63,151,124.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <u>R.H. Hovland</u>	Date <u>1/22/15</u>
	<b>RICHARD H. HOVLAND</b> Type or print name and title.	<b>COO/CFO</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRIDGET ROCHE</b>	Preparer's signature <u>Bridget Roche</u>	Date <u>1/22/2015</u>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00666837</b>
	Firm's name ▶ <b>GRANT THORNTON LLP</b>	Firm's EIN ▶ <b>36-6055558</b>			
	Firm's address ▶ <b>175 W. JACKSON BLVD. STE. 2000 CHICAGO, IL 60604</b>	Phone no. <b>(312) 856-0200</b>			

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

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

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  . . . . .
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).  
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only  . . . . .  
*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **RICHARD HOVLAND, COO/CFO** . . . . .
- Telephone No. ▶ **312-335-5771** Fax No. ▶ **866-699-1246**
- If the organization does not have an office or place of business in the United States, check this box  . . . . .
  - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **9334** . . . . . If this is for the whole group, check this box  . . . . . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 17**, 20 **15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20 \_\_\_\_ or  
▶  tax year beginning **JULY 1**, 20 **13**, and ending **JUNE 30**, 20 **14**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

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

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Alzheimer's Association  
 Year Ended June 30, 2014  
 EIN #36-3463656  
 GEN #9334

Attachment

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

ST	EIN	CHP #	NAME	ADDRESS	CITY	ZIP
CA	94-2897949	20	Northern California and Nevada	2290 North 1st Street, Suite 101	San Jose	95131
CO	84-0908354	24	Colorado	455 Sherman Street, Suite 500	Denver	80203
CT	42-1540769	28	Connecticut	2075 Silas Deane Highway, Suite 100	Rocky Hill	06067
FL	59-2008883	33	Southeast Florida	3333 Forest Hill Blvd.	West Palm Beach	33406
FL	36-3487166	37	Central and North Florida	378 Center Pointe Circle, Suite 1280	Altamonte Springs	32701
HI	99-0212360	53	Aloha	1050 Ala Moana Blvd., Suite 2610	Honolulu	96814
IL	37-1224417	58	Central Illinois	606 West Glen Avenue	Peoria	61614
IN	35-1747836	67	Greater Indiana	50 East 91st Street, Suite 100	Indianapolis	46240
KS	20-5107941	75	Central and Western Kansas	1820 East Douglas Avenue	Wichita	67214
ME	01-0428502	82	Maine	383 U.S. Route 1, Suite 2C	Scarborough	04074
MI	38-2378032	90	Greater Michigan	25200 Telegraph Road, Suite 100	Southfield	48033
KS	48-0934474	100	Heart of America	3846 West 75th Street	Prairie Village	66208
NY	14-1695487	118	Hudson Valley/Rockland/Westchester, NY	2 Jefferson Plaza, Suite 103	Poughkeepsie	12601
NY	16-1159941	123	Rochester	435 East Henrietta Road	Rochester	14620
NY	16-1181599	128	Western New York	2805 Wehrle Drive, Suite 6	Williamsville	14221
OH	34-1454446	135	Greater East Ohio Area	70 West Streetsboro Street, Suite 201	Hudson	44236
OH	34-1311175	139	Cleveland Area	23215 Commerce Park Drive, Suite 300	Beachwood	44122
OH	31-0996236	140	Central Ohio	1379 Dublin Road	Columbus	43215
OH	31-1031867	143	Miami Valley	31 West Whipp Road	Dayton	45459
OH	34-1423768	144	Northwest Ohio	2500 North Reynolds Road	Toledo	43615
OK	73-1183372	147	Oklahoma	2448 East 81st Street, Suite 3000	Tulsa	74137
PA	23-2280056	156	Delaware Valley	399 Market Street, Suite 102	Philadelphia	19106
SC	57-0792592	161	South Carolina	4124 Clemson Blvd., Suite L	Anderson	29621
TX	75-2041194	172	Greater Dallas	4144 North Central Expressway, Suite 750	Dallas	75204
VA	54-1309570	181	Central and Western Virginia	The Jordan Building, 1160 Pepsi Place, Suite 306	Charlottesville	22901
VA	54-1204329	182	Southeastern Virginia	6350 Center Drive, Suite 102	Norfolk	23502
VA	52-1196162	184	National Capital Area	3701 Pender Drive, Suite 400	Fairfax	22030
VA	54-1263555	185	Greater Richmond	4600 Cox Road, Suite 130	Glen Allen	23060
WV	36-3487172	191	West Virginia	1601 Second Avenue	Charleston	25387
WI	39-1350965	195	Southeastern Wisconsin	620 South 76th Street, Suite 160	Milwaukee	53214
MS	64-0786327	205	Mississippi	198 Charmant Drive, Suite 4	Ridgeland	39157
TN	62-1860364	208	Mid South	4825 Trousdale Drive, Suite 220	Nashville	37220

32

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

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

4 a (Code: ) (Expenses \$ 10,249,372. including grants of \$ 6,780. ) (Revenue \$ 210,417. )

PUBLIC AWARENESS -- SEE SCHEDULE O

4 b (Code: ) (Expenses \$ 9,553,374. including grants of \$ 0. ) (Revenue \$ 99,725. )

INFORMATION AND REFERRAL -- SEE SCHEDULE O

4 c (Code: ) (Expenses \$ 8,684,083. including grants of \$ 17,000. ) (Revenue \$ 2,016,597. )

CONSUMER EDUCATION (WORKSHOPS/CONFERENCES/SEMINARS) -- SEE SCHEDULE O

4 d Other program services. (Describe in Schedule O.)

(Expenses \$ 18,812,299. including grants of \$ 931,101. ) (Revenue \$ 1,388,900. )

4 e Total program service expenses 47,299,128.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II . . . . .</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III . . . . .</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J . . . . .</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a . . . . .</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II . . . . .</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III . . . . .</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I . . . . .</i>	X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II . . . . .</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I . . . . .</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI . . . . .</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for Form 1096, Form W-2G, Form W-3, and various tax compliance questions.



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

Check if Schedule O contains a response or note to any line in this Part VI.

**Section A. Governing Body and Management**

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 a	539		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
1 b	538		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Did the organization have members or stockholders? . . . . .		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . . .	X	

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

	Yes	No
10 a		X
b		
10 b		
11 a		X
b		
12 a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16 a		X
b		
16 b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► EACH CHAPTER FILES IN THEIR RESPECTIVE STATES
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► RICHARD H. HOVLAND, COO/CFO 225 N. MICHIGAN AVE FL.17 CHICAGO IL 60601-7633 (312) 335-5771

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)GEOFF HEREDIA BOARD PRESIDENT	.80	X		X				0	0	0
(2)LUCI ROMOLI BOARD VICE PRESIDENT	.80	X		X				0	0	0
(3)HOWARD KIRSCH BOARD VICE PRESIDENT	.80	X		X				0	0	0
(4)MATHEW RHODES BOARD TREASURER	.80	X		X				0	0	0
(5)FRANCIE NEUFIELD BOARD SECRETARY	.80	X		X				0	0	0
(6)PAT BALDRIDGE BOARD DIRECTOR	.80	X						0	0	0
(7)KERRY DE BENEDETTI BOARD DIRECTOR	.80	X						0	0	0
(8)ROBB FANNO BOARD DIRECTOR	.80	X						0	0	0
(9)MICHAEL GALLAGHER BOARD DIRECTOR	.80	X						0	0	0
(10)CHUCK HAAS BOARD DIRECTOR	.80	X						0	0	0
(11)GEOFFREY KERCHNER BOARD DIRECTOR	.80	X						0	0	0
(12)JOAN KEZIC BOARD DIRECTOR	.80	X						0	0	0
(13)MICHAEL KIRKLAND BOARD DIRECTOR	.80	X						0	0	0
(14)RENU MAHALE BOARD DIRECTOR	.80	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) DENISE PRINGLE BOARD DIRECTOR	.80	X					0	0	0	
( 16) PETER REED BOARD DIRECTOR	.80	X					0	0	0	
( 17) KAREN STEVENSON BOARD DIRECTOR	.80	X					0	0	0	
( 18) JEFFREY TENG BOARD DIRECTOR	.80	X					0	0	0	
( 19) ALEX TSAO BOARD DIRECTOR	.80	X					0	0	0	
( 20) LESLIE WALKER BOARD DIRECTOR	.80	X					0	0	0	
( 21) SARAH LORANCE BOARD CHAIR	6.00	X		X			0	0	0	
( 22) TOM HURLEY BOARD VICE CHAIR	6.00	X		X			0	0	0	
( 23) PHILLIP HEATH BOARD SECRETARY	6.00	X		X			0	0	0	
( 24) DANIEL THOMAS BOARD TREASURER	6.00	X		X			0	0	0	
( 25) DONALD BECHTER, CFA BOARD MEMBER	2.00	X					0	0	0	
<b>1b Sub-total</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							5,270,275.	0	516,651.	
<b>d Total (add lines 1b and 1c)</b>							5,270,275.	0	516,651.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TALMADGE POWELL CREATIVE 211 W. 11TH STREET TULSA, OK 74119	EVENT DESIGN/PLANNING	174,090

**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 **1**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) CHRISTOPHER BINKLEY BOARD MEMBER	2.00	X					0	0	0	
( 27) FRANCIS BROWN, ESQ BOARD MEMBER	2.00	X					0	0	0	
( 28) ADAM DUERR, ESQ BOARD MEMBER	4.00	X					0	0	0	
( 29) PERRY HERMANN BOARD MEMBER	1.00	X					0	0	0	
( 30) J. J. JORDAN BOARD MEMBER	6.00	X					0	0	0	
( 31) CARI NICHOLAS MACKAY BOARD MEMBER	2.00	X					0	0	0	
( 32) VENETIA MARSHALL BOARD MEMBER	2.00	X					0	0	0	
( 33) JAMISON MILLER BOARD MEMBER	2.00	X					0	0	0	
( 34) DONALD OBERNDORF BOARD MEMBER	2.00	X					0	0	0	
( 35) THOMAS O'DONNELL BOARD MEMBER	2.00	X					0	0	0	
( 36) SIDNEY OKES, JR BOARD MEMBER	6.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) LINDA KATZ PEOTTER BOARD MEMBER	2.00	X					0	0	0	
( 38) GREG PFAHL, CPA BOARD MEMBER	2.00	X					0	0	0	
( 39) BERNARD POSKUS, ESQ BOARD MEMBER	3.00	X					0	0	0	
( 40) KARLA RIKANSRUD BOARD MEMBER	1.00	X					0	0	0	
( 41) KRISTY TOCHIHARA, CRPC BOARD MEMBER	1.00	X					0	0	0	
( 42) HARRY WHITE, MD BOARD MEMBER	1.00	X					0	0	0	
( 43) MARISSA CREAN BOARD CHAIR	2.00	X		X			0	0	0	
( 44) WILLIAM KOWALEWSKI BOARD VICE CHAIR	1.50	X		X			0	0	0	
( 45) AL GATI BOARD TREASURER	2.00	X		X			0	0	0	
( 46) MOLLY REES GAVIN BOARD SECRETARY	1.50	X		X			0	0	0	
( 47) PATRICIA GIBBS BOARD DIRECTOR	.80	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) BETTY BRENNAN BOARD DIRECTOR	.80	X					0	0	0	
( 49) JANE BROWN BOARD DIRECTOR	.80	X					0	0	0	
( 50) KATHY BUTLER BOARD DIRECTOR	.80	X					0	0	0	
( 51) BETTY DOMER BOARD DIRECTOR	.80	X					0	0	0	
( 52) RICHARD FISHER BOARD DIRECTOR	.80	X					0	0	0	
( 53) JULIETTA GUARINO BOARD DIRECTOR	.80	X					0	0	0	
( 54) LYNN HAGERBRANT BOARD DIRECTOR	.80	X					0	0	0	
( 55) MIKE MARINACCIO BOARD DIRECTOR	.80	X					0	0	0	
( 56) ERIC RENNIE BOARD DIRECTOR	.80	X					0	0	0	
( 57) MARIO SINICARIELLO BOARD DIRECTOR	.80	X					0	0	0	
( 58) GREGORY SMITH BOARD DIRECTOR	.80	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) DANIEL WOLLMAN BOARD DIRECTOR	.80	X					0	0	0	
( 60) ENRIQUE PINEIRO BOARD CHAIR	4.00	X		X			0	0	0	
( 61) ELLIOTT STARMAN BOARD VICE CHAIR	2.00	X		X			0	0	0	
( 62) MONIKA KRUMBOCK BOARD TREASURER	2.00	X		X			0	0	0	
( 63) JOYCE MCLENDON BOARD DIRECTOR	1.00	X					0	0	0	
( 64) WILLIAM SUSSMAN, ESQ BOARD DIRECTOR	1.00	X					0	0	0	
( 65) JOEL LEVY BOARD DIRECTOR	1.00	X					0	0	0	
( 66) DEBORA THOMPSON BOARD DIRECTOR	1.00	X					0	0	0	
( 67) MARK TODD BOARD DIRECTOR	1.00	X					0	0	0	
( 68) SAMUEL FERRERI BOARD DIRECTOR	1.00	X					0	0	0	
( 69) ELAYNE FORGIE BOARD MEMBER-ADVISORY	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 70) PHILLIP MROZINSKI BOARD MEMBER-ADVISORY	1.00	X					0	0	0	
( 71) CARL SADOWSKY BOARD MEMBER-ADVISORY	1.00	X					0	0	0	
( 72) JOSEPH KARP BOARD MEMBER-ADVISORY	1.00	X					0	0	0	
( 73) KENT JUSTICE BOARD CHAIR	2.00	X		X			0	0	0	
( 74) CARLOS G. HERNANDEZ BOARD TREASURER	1.00	X		X			0	0	0	
( 75) PAMELA S. GHEZZI BOARD VICE CHAIR/SECRETARY	1.00	X		X			0	0	0	
( 76) JAMIE GLAVICH BOARD MEMBER	1.00	X					0	0	0	
( 77) RANDY C. BRYAN BOARD MEMBER	1.00	X					0	0	0	
( 78) KENYATTA RIVERS BOARD MEMBER	1.00	X					0	0	0	
( 79) ROBERT MORGAN BOARD MEMBER	1.00	X					0	0	0	
( 80) STUART GAINES BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 17

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 81) SALLIE DREYER ----- BOARD MEMBER	1.00	X					0	0	0	
( 82) TONY PESARE ----- BOARD MEMBER	1.00	X					0	0	0	
( 83) BRANDY GREGG ----- BOARD MEMBER	1.00	X					0	0	0	
( 84) ADAM RUTSTEIN ----- BOARD MEMBER	1.00	X					0	0	0	
( 85) TRICIA MEDEIROS ----- BOARD CHAIR	1.00	X		X			0	0	0	
( 86) WENDY TAKESHITA WONG ----- BOARD VICE CHAIR	1.00	X		X			0	0	0	
( 87) MICHAEL F.K. BUCK ----- BOARD TREASURER	1.00	X		X			0	0	0	
( 88) SUZIE NEUFELDT ----- BOARD SECRETARY	1.00	X		X			0	0	0	
( 89) CRAIG K. NAKAMOTO ----- BOARD DIRECTOR	1.00	X					0	0	0	
( 90) ADELE RUGG ----- BOARD DIRECTOR	1.00	X					0	0	0	
( 91) CHAD YOUNG ----- BOARD DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 92) SUSAN DAWSON-TIBBITS BOARD PRESIDENT	.50	X		X				0	0	0
( 93) DOUGLAS ALLEN BOARD VICE PRESIDENT	.50	X		X				0	0	0
( 94) KIM SANDERS BOARD SECRETARY	.50	X		X				0	0	0
( 95) ERIK PETTIT BOARD TREASURER	.50	X		X				0	0	0
( 96) JEFFREY BACH BOARD MEMBER	.50	X						0	0	0
( 97) JILIA BIERNOT BOARD MEMBER	.50	X						0	0	0
( 98) THOMAS CALDERA, JR BOARD MEMBER	.50	X						0	0	0
( 99) KATHY CHAMBERLAIN BOARD MEMBER	.50	X						0	0	0
(100) AMANDA CICCARELLI BOARD MEMBER	.50	X						0	0	0
(101) KEN-ICHIRO FUKUCHI, MD BOARD MEMBER	.50	X						0	0	0
(102) BRUCE GRUBER BOARD MEMBER	.50	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) JEFFREY JOHNSON BOARD MEMBER	.50	X					0	0	0	
(104) MAY MEISTER BOARD MEMBER	.50	X					0	0	0	
(105) WILLIAM PHILLIPS, IV BOARD MEMBER	.50	X					0	0	0	
(106) MONICA RATCLIFF BOARD MEMBER	.50	X					0	0	0	
(107) THERESA TAYLOR BOARD MEMBER	.50	X					0	0	0	
(108) TERESA TUCKER BOARD MEMBER	.50	X					0	0	0	
(109) LAURA ZEEDYK BOARD MEMBER	.50	X					0	0	0	
(110) PHILIP NICELY BOARD PRESIDENT	6.00	X		X			0	0	0	
(111) CAROLYN CUNNINGHAM BOARD PAST PRESIDENT	5.00	X		X			0	0	0	
(112) MARIELLEN KATZMAN BOARD SECRETARY	6.00	X		X			0	0	0	
(113) MAUREEN BECHER-SAGE BOARD TREASURER	6.00	X		X			0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) DANIEL REXROTH BOARD MISSION & OUTREACH CHAIR	4.30	X					0	0	0	
(115) ARTHUR WACHHOLZ BOARD RESOURCE MGT CHAIR	4.30	X					0	0	0	
(116) MICHAEL BARTH BOARD MEMBER	4.30	X					0	0	0	
(117) JIM BOYERS BOARD MEMBER	4.30	X					0	0	0	
(118) NED BROADWATER BOARD MEMBER	4.30	X					0	0	0	
(119) TOM CYRUS BOARD MEMBER	4.30	X					0	0	0	
(120) SHERRI DAVIES BOARD MEMBER	4.30	X					0	0	0	
(121) ERIC EASTER BOARD MEMBER	4.30	X					0	0	0	
(122) ANITA GALLIARD BOARD MEMBER	4.30	X					0	0	0	
(123) BRIAN HEALEY BOARD MEMBER	4.30	X					0	0	0	
(124) RICHARD MOHS BOARD MEMBER	4.30	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) GREGORY MURRAY BOARD MEMBER	4.30	X					0	0	0	
(126) MICHAEL RUSSELL BOARD MEMBER	4.30	X					0	0	0	
(127) ANDREA SMILEY BOARD MEMBER	4.30	X					0	0	0	
(128) JIM STONE BOARD MEMBER	4.30	X					0	0	0	
(129) JEFF EDWARDS BOARD MEMBER	4.30	X					0	0	0	
(130) DEBBI ELMORE BOARD CHAIR	.30	X		X			0	0	0	
(131) FRED HERMES BOARD VICE CHAIR	.30	X		X			0	0	0	
(132) MARY CORRIGAN BOARD SECRETARY	.30	X		X			0	0	0	
(133) LARRY REGIER BOARD TREASURER	.30	X		X			0	0	0	
(134) SUZANNE MEEKER BOARD OFFICER	.30	X					0	0	0	
(135) DOUG STARK BOARD OFFICER	.30	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) DAVID HAASE BOARD OFFICER	.30	X						0	0	0
(137) RICHARD ZABEL BOARD OFFICER	.30	X						0	0	0
(138) STEPHEN BENSON BOARD OFFICER	.30	X						0	0	0
(139) DEEANNE FAHNESTOCK BOARD OFFICER	.30	X						0	0	0
(140) CELIA KOUDELE BOARD OFFICER	.30	X						0	0	0
(141) JEFF EMERSON BOARD OFFICER	.30	X						0	0	0
(142) CHELSEA POWELL BOARD OFFICER	.30	X						0	0	0
(143) FELICIA GARANT BOARD PRESIDENT	1.00	X		X				0	0	0
(144) WILLIAM JENKS BOARD VICE PRESIDENT	1.00	X		X				0	0	0
(145) MARLENE COSTA BOARD TREASURER	1.00	X		X				0	0	0
(146) ROBERT O'KEEFE BOARD SECRETARY	1.00	X		X				0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) DR. RONALD BAILYN BOARD DIRECTOR	1.00	X					0	0	0	
(148) CYNTHIA CAVE BOARD DIRECTOR	1.00	X					0	0	0	
(149) ELISABETH PAINE BOARD DIRECTOR	1.00	X					0	0	0	
(150) MICHELLE SANTIAGO BOARD DIRECTOR	1.00	X					0	0	0	
(151) PETER VIOLETTE BOARD DIRECTOR	1.00	X					0	0	0	
(152) MARILYN PAGE BOARD DIRECTOR	1.00	X					0	0	0	
(153) ROGER BUSHNELL BOARD CHAIR	2.00	X		X			0	0	0	
(154) GLORIA HICKS-LONG BOARD VICE CHAIR	2.00	X		X			0	0	0	
(155) WAYNE WILSON BOARD VICE CHAIR	2.00	X		X			0	0	0	
(156) JERRY BRADFORD BOARD TREASURER	2.00	X		X			0	0	0	
(157) KATHY BOLES BOARD SECRETARY	2.00	X		X			0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) SCOTT DOYLE BOARD AUDIT CHAIR	2.00	X		X				0	0	0
(159) DON ROSENBERG BOARD MEMBER	.50	X						0	0	0
(160) MARLANA GEHA BOARD MEMBER	.50	X						0	0	0
(161) HELEN KAHN BOARD MEMBER	.50	X						0	0	0
(162) SANDRA PLUMER-DICKENS BOARD MEMBER	.50	X						0	0	0
(163) RICHARD ASTREIN BOARD MEMBER	.50	X						0	0	0
(164) AMYRE MAKUPSON BOARD MEMBER	.50	X						0	0	0
(165) TINA ABBATE MARZOLF BOARD MEMBER	.50	X						0	0	0
(166) ROSALIE ROSEN BOARD MEMBER	.50	X						0	0	0
(167) THOMAS ANDERSON BOARD MEMBER	.50	X						0	0	0
(168) MARLENE BORMAN BOARD MEMBER	.50	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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



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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169)	JULIE NELSON-KLEIN BOARD MEMBER	.50	X						0	0	
(170)	ROSEANN COMSTOCK BOARD MEMBER	.50	X						0	0	
(171)	BARBARA RODEN BOARD MEMBER	.50	X						0	0	
(172)	AMY DE NISE BOARD MEMBER	.50	X						0	0	
(173)	RHONNA SHATZ BOARD MEMBER	.50	X						0	0	
(174)	AMY FRENZEL BOARD MEMBER	.50	X						0	0	
(175)	ANN HEATH TEMPLETON BOARD MEMBER	.50	X						0	0	
(176)	SHELDON TOLL BOARD MEMBER	.50	X						0	0	
(177)	JUANITA HERNANDEZ BOARD MEMBER	.50	X						0	0	
(178)	MARY WILSON BOARD MEMBER	.50	X						0	0	
(179)	RUSSELL KNOPP BOARD MEMBER	.50	X						0	0	
<b>1b Sub-total</b> . . . . .											
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .											
<b>d Total (add lines 1b and 1c)</b> . . . . .											

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) NORMAN YATOOMA ----- BOARD MEMBER	.50	X					0	0	0	
(181) JOHN MACINNES ----- BOARD MEMBER	.50	X					0	0	0	
(182) LORI KUHN ----- BOARD MEMBER	.50	X					0	0	0	
(183) JERROLD MINKIN ----- BOARD MEMBER	.50	X					0	0	0	
(184) CHRIS JONES ----- BOARD PRESIDENT	1.50	X		X			0	0	0	
(185) JOSEPH P. PLATT ----- BOARD TREASURER	1.00	X		X			0	0	0	
(186) DEBBIE BIEHL ----- BOARD SECRETARY	1.50	X		X			0	0	0	
(187) DAVID MARKS ----- BOARD PAST PRESIDENT	1.50	X		X			0	0	0	
(188) CATHY TIVOL MASLAN ----- BOARD MEMBER	1.00	X					0	0	0	
(189) JOHN AISENBREY ----- BOARD MEMBER	1.00	X					0	0	0	
(190) BENJAMIN BILLER ----- BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) JANE DICKINSON KRESS BOARD MEMBER	1.00	X					0	0	0	
(192) MIKE LEVITAN BOARD MEMBER	1.00	X					0	0	0	
(193) DAVID SCHLEE BOARD MEMBER	1.00	X					0	0	0	
(194) ROB SWEATT BOARD MEMBER	1.00	X					0	0	0	
(195) SUZANNE WILLIAMS BOARD MEMBER	1.00	X					0	0	0	
(196) WILLIAM M. CAHN BOARD CHAIR	4.00	X		X			0	0	0	
(197) NEIL KLAR BOARD VICE CHAIR	4.00	X		X			0	0	0	
(198) KAREN GAINS BOARD VICE CHAIR 2ND	4.00	X		X			0	0	0	
(199) FRANCES PANTALEO BOARD SECRETARY	4.00	X		X			0	0	0	
(200) RICHARD MCGUINNESS BOARD TREASURER	4.00	X		X			0	0	0	
(201) DIANE APARISIO BOARD MEMBER	4.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) KAREN BURNS BOARD MEMBER	4.00	X					0	0	0	
(203) ALAN DILLON BOARD MEMBER	4.00	X					0	0	0	
(204) LAWRENCE FORCE BOARD MEMBER	4.00	X					0	0	0	
(205) DOZENE GUISHARD BOARD MEMBER	4.00	X					0	0	0	
(206) LORI HOFFMAN BOARD MEMBER	4.00	X					0	0	0	
(207) JOANN KRONER BOARD MEMBER	4.00	X					0	0	0	
(208) BARRY MEISELMAN BOARD MEMBER	4.00	X					0	0	0	
(209) CAROL MONTELEONI BOARD MEMBER	4.00	X					0	0	0	
(210) NANCY J. O'CONNOR BOARD MEMBER	4.00	X					0	0	0	
(211) RON STANTON BOARD MEMBER	4.00	X					0	0	0	
(212) DANIEL KATZ BOARD CHAIR	1.00	X		X			0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) VICTORIA HINES BOARD IMMEDIATE PAST CHAIR	1.00	X		X			0	0	0	
(214) MOLLIE RICHARDS BOARD VICE CHAIR	1.00	X		X			0	0	0	
(215) RANDALL TERHO BOARD TREASURER	1.00	X		X			0	0	0	
(216) CHARLES RUNYON BOARD PAST TREASURER	1.00	X		X			0	0	0	
(217) BRIAN HEPPARD, MD BOARD SECRETARY	1.00	X		X			0	0	0	
(218) MARCUS BURRELL, MD BOARD DIRECTOR	1.00	X					0	0	0	
(219) TODD BUTLER BOARD DIRECTOR	1.00	X					0	0	0	
(220) MARY DAIN BOARD DIRECTOR	1.00	X					0	0	0	
(221) BRENDAN DONNELLY BOARD DIRECTOR	1.00	X					0	0	0	
(222) TARA GERMANO BOARD DIRECTOR	1.00	X					0	0	0	
(223) DAVID GILL, MD BOARD DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) CARY GREENBERG BOARD DIRECTOR	1.00	X					0	0	0	
(225) KATHY GRIMES BOARD DIRECTOR	1.00	X					0	0	0	
(226) SUSAN HALPERN BOARD DIRECTOR	1.00	X					0	0	0	
(227) NORMA HOLLAND BOARD DIRECTOR	1.00	X					0	0	0	
(228) RAYMOND JACOBI, CPA BOARD DIRECTOR	1.00	X					0	0	0	
(229) SHEILA KONAR BOARD DIRECTOR	1.00	X					0	0	0	
(230) G. RUSSELL WEST BOARD DIRECTOR	1.00	X					0	0	0	
(231) LOIS WILLIAMS-NORMAN BOARD DIRECTOR	1.00	X					0	0	0	
(232) MILES ZATKOWSKY, ESQ BOARD DIRECTOR	1.00	X					0	0	0	
(233) LISA BOYLE BOARD DIRECTOR	1.00	X					0	0	0	
(234) WILLIAM RYAN BOARD DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) ERIC G. WIEDEMANN, PSYD BOARD PRESIDENT	1.00	X		X			0	0	0	
(236) RICHARD GEHRING, LCSW BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
(237) MICHELLE RAINKA, PHARM D BOARD SECRETARY	1.00	X		X			0	0	0	
(238) KYLE J. ROOKEY, CPA BOARD TREASURER	1.00	X		X			0	0	0	
(239) ESTELLE BRICKNER, MSW BOARD DIRECTOR	1.00	X					0	0	0	
(240) HORACIO A. CAPOTE, MD BOARD DIRECTOR	1.00	X					0	0	0	
(241) KRISTEN A. CRANDALL, LPN BOARD DIRECTOR	1.00	X					0	0	0	
(242) CYNTHIA LUDWIG BOARD DIRECTOR	1.00	X					0	0	0	
(243) JUDY HUTSON, MSW BOARD DIRECTOR	1.00	X					0	0	0	
(244) LAURIE MENZIES, ESQ BOARD DIRECTOR	1.00	X					0	0	0	
(245) PAM PERKINS BOARD DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) LINDA L. STEEG, RN, ANP/BC BOARD DIRECTOR	1.00	X					0	0	0	
(247) MARK STEVENS BOARD DIRECTOR	1.00	X					0	0	0	
(248) BARBARA S. TSCHAMLER BOARD DIRECTOR	1.00	X					0	0	0	
(249) DAVID ZAPFEL, MPA BOARD DIRECTOR	1.00	X					0	0	0	
(250) SHERYL SCHECHTER BOARD DIRECTOR	1.00	X					0	0	0	
(251) SUSAN STIEGER BOARD PRESIDENT	.50	X		X			0	0	0	
(252) ELIZABETH KOZENKO BOARD VICE PRESIDENT	.50	X		X			0	0	0	
(253) DEBORA GUILLERMO BOARD TREASURER	.50	X		X			0	0	0	
(254) JENNIFER LILE BOARD SECRETARY	.50	X		X			0	0	0	
(255) CYNTHIA CHRISTIAN BOARD TRUSTEE	.50	X					0	0	0	
(256) DE. DEANNA FRYE BOARD TRUSTEE	.50	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) MICHELLE HENRY BOARD TRUSTEE	.50	X					0	0	0	
(258) LAURA GRONOWSKI BOARD TRUSTEE	.50	X					0	0	0	
(259) CARLA SPEARS BOARD TRUSTEE	.50	X					0	0	0	
(260) JOAN URONIS BOARD TRUSTEE	.50	X					0	0	0	
(261) DR. DAN VANDUSSEN BOARD TRUSTEE	.50	X					0	0	0	
(262) STEVEN G. OSGOOD BOARD CHAIR	.50	X		X			0	0	0	
(263) LEWIS M. BAUM BOARD TREASURER	.50	X		X			0	0	0	
(264) MARSHA K. SPITZ BOARD SECRETARY	.50	X		X			0	0	0	
(265) COLLETTE APPOLITO BOARD DIRECTOR	.50	X					0	0	0	
(266) ROBERT L. BAZZARELLI BOARD DIRECTOR	.50	X					0	0	0	
(267) ANTONY BONAVIDA BOARD DIRECTOR	.50	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) CHRISTINE F. BRANCHE BOARD DIRECTOR	.50	X					0	0	0	
(269) PABLO A. CASTRO, III BOARD DIRECTOR	.50	X					0	0	0	
(270) BONNIE N. DICK BOARD DIRECTOR	.50	X					0	0	0	
(271) ROBERT A. DURHAM BOARD DIRECTOR	.50	X					0	0	0	
(272) KEITH A. FEICKS BOARD DIRECTOR	.50	X					0	0	0	
(273) JOHN E. FOWLER BOARD DIRECTOR	.50	X					0	0	0	
(274) RUSSELL GRINDON BOARD DIRECTOR	.50	X					0	0	0	
(275) BETSY JOHNSON BOARD DIRECTOR	.50	X					0	0	0	
(276) BRUCE T. LAMB BOARD DIRECTOR	.50	X					0	0	0	
(277) JAMES E. LARUE BOARD DIRECTOR	.50	X					0	0	0	
(278) BONNIE H. MARCUS BOARD DIRECTOR	.50	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) DAVID MORL BOARD DIRECTOR	.50	X					0	0	0	
(280) DANIELLE M. MORRIS BOARD DIRECTOR	.50	X					0	0	0	
(281) JIM NASH BOARD DIRECTOR	.50	X					0	0	0	
(282) PATRICK G. PAOLETTA BOARD DIRECTOR	.50	X					0	0	0	
(283) KIM M. PESSES BOARD DIRECTOR	.50	X					0	0	0	
(284) ESTHER POTASH BOARD DIRECTOR	.50	X					0	0	0	
(285) BRIAN J. RICHARDSON BOARD DIRECTOR	.50	X					0	0	0	
(286) GAIL L. SANDS BOARD DIRECTOR	.50	X					0	0	0	
(287) MARY ANN H. SHAMIS BOARD DIRECTOR	.50	X					0	0	0	
(288) RONALD C. STANSBURY BOARD DIRECTOR	.50	X					0	0	0	
(289) JILL WHELAN BOARD DIRECTOR	.50	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) ROBERT WHITE BOARD DIRECTOR	.50	X					0	0	0	
(291) JOHN PETRO BOARD PRESIDENT	1.00	X		X			0	0	0	
(292) PATRICK KELLY BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
(293) JIM KEIM BOARD TREASURER	1.00	X		X			0	0	0	
(294) JEANNY SIMAITIS BOARD SECRETARY	1.00	X		X			0	0	0	
(295) JOHN BURKHART BOARD MEMBER	1.00	X					0	0	0	
(296) PETER BURY BOARD MEMBER	1.00	X					0	0	0	
(297) SCOTT CLAUNCH BOARD MEMBER	1.00	X					0	0	0	
(298) CAROL DRESKA BOARD MEMBER	1.00	X					0	0	0	
(299) GLORIA GROAT BOARD MEMBER	1.00	X					0	0	0	
(300) JOANIE JOHNSON BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) CHRIS JOOS BOARD MEMBER	1.00	X					0	0	0	
(302) PAM LIEBERT BOARD MEMBER	1.00	X					0	0	0	
(303) JEFFREY MILKS BOARD MEMBER	1.00	X					0	0	0	
(304) SUE RENINGER BOARD MEMBER	1.00	X					0	0	0	
(305) CHARLIES SMITH BOARD MEMBER	1.00	X					0	0	0	
(306) CHUCK WHITE BOARD MEMBER	1.00	X					0	0	0	
(307) JOHN WISEMAN BOARD MEMBER	1.00	X					0	0	0	
(308) MIKE ZIEG BOARD MEMBER	1.00	X					0	0	0	
(309) JIM FLYNN BOARD MEMBER	1.00	X					0	0	0	
(310) GREG COMFORT BOARD MEMBER	1.00	X					0	0	0	
(311) DAVID DUDON BOARD PRESIDENT	4.00	X		X			0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) JOEL SIEFERT BOARD TREASURER/VP, FINANCE	2.00	X		X				0	0	0
(313) MIKE EMOFF BOARD SECRETARY	2.00	X		X				0	0	0
(314) VICKIE CARRAHER BOARD VP, PUBLIC POLICY	2.00	X						0	0	0
(315) JOE STEWART BOARD VP, CHAPTER PROGRAMS	2.00	X						0	0	0
(316) MARK LEVY BOARD VP, DEVELOPMENT	2.00	X						0	0	0
(317) JUDY WYATT BOARD MEMBER	2.00	X						0	0	0
(318) WARD ALLEN BOARD MEMBER	1.00	X						0	0	0
(319) LARRY LAWHORNE BOARD MEMBER	2.00	X						0	0	0
(320) LINDA SMITH BOARD MEMBER	3.00	X						0	0	0
(321) DENNIS STAUFFER BOARD MEMBER	2.00	X						0	0	0
(322) JULIA WALLACE BOARD MEMBER	2.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) CHERYL WHEELER BOARD MEMBER	3.00	X						0	0	0
(324) GALE DOXSIE BOARD PRESIDENT	2.00	X		X				0	0	0
(325) WILLIAM MESSER, JR, PHD BOARD VP, PUBLIC REL & DEV	1.00	X		X				0	0	0
(326) DAVID DIMMER BOARD VP, EDUCATION & SERVICES	1.00	X		X				0	0	0
(327) DAVE KOENIG BOARD TREASURER	2.00	X		X				0	0	0
(328) WILLIAM H. CONLISK BOARD SECRETARY	1.00	X		X				0	0	0
(329) RICHARD BAKER BOARD MEMBER	.50	X						0	0	0
(330) FARLEY K. BANKS BOARD MEMBER	.50	X						0	0	0
(331) ALEX CATCHINGS BOARD MEMBER	.50	X						0	0	0
(332) ERIC GOLUS BOARD MEMBER	.50	X						0	0	0
(333) RICHARD KENNY BOARD MEMBER	.50	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) BARBARA KOPP MILLER, PHD BOARD MEMBER	.50	X					0	0	0	
(335) MATT LANGHAM BOARD MEMBER	.50	X					0	0	0	
(336) MICHAEL MALONE BOARD MEMBER	.50	X					0	0	0	
(337) REV. TIMOTHY M. STORMS BOARD MEMBER	.50	X					0	0	0	
(338) DIANE WINGER BOARD MEMBER	.50	X					0	0	0	
(339) EMILY YARK BOARD MEMBER	.50	X					0	0	0	
(340) JEFF COPE BOARD CHAIR	5.00	X		X			0	0	0	
(341) DAVID MURLETTE BOARD VICE CHAIR	4.00	X		X			0	0	0	
(342) JIM HOLMAN BOARD TREASURER	4.00	X		X			0	0	0	
(343) GREG SHAW BOARD SECRETARY	4.00	X		X			0	0	0	
(344) GALE BOLLINGER BOARD DIRECTOR	3.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(345) JUSTIN BROWN BOARD DIRECTOR	3.00	X						0	0	0
(346) DENNIS CAMERON BOARD DIRECTOR	3.00	X						0	0	0
(347) ALICE DAHLGREN BOARD DIRECTOR	3.00	X						0	0	0
(348) SUSAN DORNBLASER BOARD DIRECTOR	3.00	X						0	0	0
(349) TICK HADRACE BOARD DIRECTOR	3.00	X						0	0	0
(350) CHARLIE HARDING BOARD DIRECTOR	3.00	X						0	0	0
(351) DAVID HUDIBURG BOARD DIRECTOR	3.00	X						0	0	0
(352) LETITIA JACKSON BOARD DIRECTOR	3.00	X						0	0	0
(353) CHRISTIAN LEIKAM BOARD DIRECTOR	3.00	X						0	0	0
(354) DR. WILLIAM ORR BOARD DIRECTOR	3.00	X						0	0	0
(355) ERIN PETERS BOARD DIRECTOR	3.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(356) DR. CALIN PRODAN BOARD DIRECTOR	3.00	X					0	0	0	
(357) JOE RAY BOARD DIRECTOR	3.00	X					0	0	0	
(358) DR. CHANDINI SHARMA BOARD DIRECTOR	3.00	X					0	0	0	
(359) JULIE SLOAN BOARD DIRECTOR	3.00	X					0	0	0	
(360) J. ROY SMITH BOARD DIRECTOR	3.00	X					0	0	0	
(361) LEE SWARTHOUT BOARD DIRECTOR	3.00	X					0	0	0	
(362) SUSAN WALKER BOARD DIRECTOR	3.00	X					0	0	0	
(363) JIM WEBB BOARD DIRECTOR	3.00	X					0	0	0	
(364) PAUL WILLIAMS BOARD DIRECTOR	3.00	X					0	0	0	
(365) MATT WILSON BOARD DIRECTOR	3.00	X					0	0	0	
(366) GREG TIGANI BOARD CHAIR	1.00	X		X			0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(367) ANDREW HUNT BOARD VICE CHAIR	1.00	X		X			0	0	0	
(368) CHRIS GRUBER BOARD VICE CHAIR	1.00	X		X			0	0	0	
(369) DOUG CHAET BOARD SECRETARY	1.00	X		X			0	0	0	
(370) CHAD DEHART BOARD TREASURER	1.00	X		X			0	0	0	
(371) CHRISTOPHER BIEBERBACH BOARD MEMBER	1.00	X					0	0	0	
(372) ADEAN BRIDGES BOARD MEMBER	1.00	X					0	0	0	
(373) GEORGE CHAMBERLAIN BOARD MEMBER	1.00	X					0	0	0	
(374) ROBERT CONOVER BOARD MEMBER	1.00	X					0	0	0	
(375) CYNTHIA EISEN BOARD MEMBER	1.00	X					0	0	0	
(376) STEVE FELDMAN BOARD MEMBER	1.00	X					0	0	0	
(377) ANDREA CLEARKIN BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(378) KAREN GURSKI BOARD MEMBER	1.00	X					0	0	0	
(379) GEORGE HAGER BOARD MEMBER	1.00	X					0	0	0	
(380) DEB HAUGH BOARD MEMBER	1.00	X					0	0	0	
(381) ILENE WARNER-MARONE BOARD MEMBER	1.00	X					0	0	0	
(382) GORDON WASE BOARD MEMBER	1.00	X					0	0	0	
(383) CAROL LIPPA BOARD MEMBER	1.00	X					0	0	0	
(384) ROBERT MARINO BOARD MEMBER	1.00	X					0	0	0	
(385) PATRICK MCKOY BOARD MEMBER	1.00	X					0	0	0	
(386) VAL NUNNENKAMP BOARD MEMBER	1.00	X					0	0	0	
(387) MICHAEL RUSSOMANO BOARD MEMBER	1.00	X					0	0	0	
(388) THOMAS SIBSON BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(389) MICHAEL WALKER BOARD MEMBER	1.00	X					0	0	0	
(390) BEN MUSTIAN BOARD CHAIR	8.00	X		X			0	0	0	
(391) CHARLIE WILLIAMS BOARD VICE CHAIR	6.00	X		X			0	0	0	
(392) TOM KIRBY BOARD TREASURER	5.00	X		X			0	0	0	
(393) DEB LEWIS BOARD SECRETARY	4.00	X		X			0	0	0	
(394) CHARLES BROWN BOARD MEMBER	3.00	X					0	0	0	
(395) GERALD HUSKAMP BOARD MEMBER	3.00	X					0	0	0	
(396) AMANDA LONG BOARD MEMBER	2.00	X					0	0	0	
(397) ANNE MANGUM BOARD MEMBER	3.00	X					0	0	0	
(398) VAN MATTHEWS BOARD MEMBER	4.00	X					0	0	0	
(399) WALTON MCLEOD BOARD MEMBER	2.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(400) JACOBO MINTZER BOARD MEMBER	3.00	X					0	0	0	
(401) JOHN ABSHER BOARD MEMBER	1.00	X					0	0	0	
(402) PAUL OKEN BOARD MEMBER	2.00	X					0	0	0	
(403) FORD PEARSE BOARD MEMBER	3.00	X					0	0	0	
(404) LUCIEN RICHARDSON BOARD MEMBER	4.00	X					0	0	0	
(405) ELLEN STEINBERG BOARD MEMBER	2.00	X					0	0	0	
(406) GAIL STOKES BOARD MEMBER	4.00	X					0	0	0	
(407) JOHN BELISSARY BOARD MEMBER	3.00	X					0	0	0	
(408) SETH ZAMEK BOARD MEMBER	6.00	X					0	0	0	
(409) DAVID DEALEY BOARD CHAIR-INTERIM	2.00	X		X			0	0	0	
(410) DIANA KERWIN, MD BOARD CHAIR ELECT	2.00	X		X			0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(411) ROBERT TOBEY BOARD VICE CHAIR	2.00	X		X				0	0	0
(412) ROSLYN THIBODEAUX GOODALL BOARD SECRETARY	2.00	X		X				0	0	0
(413) NELDA STRONG BOARD MEMBER	1.00	X						0	0	0
(414) ANNE STARK BOARD MEMBER	1.00	X						0	0	0
(415) STEPHEN WOODFIN BOARD MEMBER	1.00	X						0	0	0
(416) KATHY CLEMENTS BOARD MEMBER	1.00	X						0	0	0
(417) TARA ARANCIBIA BOARD MEMBER	1.00	X						0	0	0
(418) ROBERT KIDDER BOARD MEMBER	1.00	X						0	0	0
(419) MARY QUICENO, MD BOARD MEMBER	1.00	X						0	0	0
(420) MATT JOHNSON BOARD CHAIR (JUL13-MAR14)	2.00	X		X				0	0	0
(421) GAIL PLUMMER BOARD VICE CHAIR (JUL13-MAR14)	2.00	X		X				0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(422) STACEY JONES ANGEL BOARD TREASURER (JUL13-MAR14)	2.00	X		X				0	0	0
(423) BETTY NEUMAN BOARD SECRETARY (JUL13-MAR14)	2.00	X		X				0	0	0
(424) JEFF OWENS BOARD MEMBER (JUL13-MAR14)	1.00	X						0	0	0
(425) DIANA ADLETA BOARD MEMBER (JUL13-MAR14)	1.00	X						0	0	0
(426) REBECCA CONRAD BOARD MEMBER (JUL13-MAR14)	1.00	X						0	0	0
(427) JUDY JARMON DIAMOND BOARD MEMBER (JUL13-MAR14)	1.00	X						0	0	0
(428) JAY FINEGOLD BOARD MEMBER (JUL13-MAR14)	1.00	X						0	0	0
(429) STEVE FOLSOM BOARD MEMBER (JUL13-MAR14)	1.00	X						0	0	0
(430) KAY HAMMOND BOARD MEMBER (JUL13-MAR14)	1.00	X						0	0	0
(431) BARBARA SYPULT BOARD MEMBER (JUL13-MAR14)	1.00	X						0	0	0
(432) DEDE WILLIS BOARD MEMBER (JUL13-MAR14)	1.00	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(433) CASSIE ROOP CROSBY BOARD MEMBER (JUL13-MAR14)	1.00	X					0	0	0	
(434) BOB THOMPSON BOARD MEMBER (JUL13-MAR14)	1.00	X					0	0	0	
(435) JACK BROYLES BOARD MEMBER (JUL13-MAR14)	1.00	X					0	0	0	
(436) CAROL A. MANNING, PHD BOARD CHAIR	1.00	X		X			0	0	0	
(437) ROGER BOLES BOARD VICE CHAIR	1.00	X		X			0	0	0	
(438) BRIAN B. PHELPS BOARD TREASURER	1.00	X		X			0	0	0	
(439) MONIQUE M. SHOLES, MA, LHNA BOARD SECRETARY	1.00	X		X			0	0	0	
(440) E. RAY DINSTEL BOARD DIRECTOR	1.00	X					0	0	0	
(441) VINCENT CIBBARELLI, PHD BOARD DIRECTOR	1.00	X					0	0	0	
(442) BARRY N. MOORE, PHD BOARD DIRECTOR	1.00	X					0	0	0	
(443) MARGIE SHAVER BOARD DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(444) JEFFERY D. ULMER, CPA BOARD DIRECTOR	1.00	X					0	0	0	
(445) DAVID R. STEPHENS BOARD CHAIR	6.00	X		X			0	0	0	
(446) MARION E. BACKUS BOARD VICE CHAIR	8.00	X		X			0	0	0	
(447) GLENN A. JENNER BOARD TREASURER	2.00	X		X			0	0	0	
(448) SHANNON KANE BOARD SECRETARY	1.00	X		X			0	0	0	
(449) JOHN H. KELLAM BOARD SECRETARY (JUL-DEC13)	2.00	X		X			0	0	0	
(450) JAMIE ALBANO BOARD DIRECTOR	1.00	X					0	0	0	
(451) SCOTT N. ALPERIN BOARD DIRECTOR	1.00	X					0	0	0	
(452) HUGH D. COHEN BOARD DIRECTOR (JUL13-APR14)	1.00	X					0	0	0	
(453) LISA DECOSTE BOARD DIRECTOR	2.00	X					0	0	0	
(454) LINDA DYER BOARD DIRECTOR	2.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(455) KIMBERLEY GREEN BOARD DIRECTOR	1.00	X					0	0	0	
(456) LEE JAMERSON BOARD DIRECTOR	2.00	X					0	0	0	
(457) KATRINA PARKER BOARD DIRECTOR	2.00	X					0	0	0	
(458) HEATHER PASKO BOARD DIRECTOR	1.00	X					0	0	0	
(459) KELLEY PEARSON BOARD DIRECTOR	1.00	X					0	0	0	
(460) BETTY JO ROBERTS BOARD DIRECTOR	2.00	X					0	0	0	
(461) JORDAN SMYTH, JR BOARD CHAIR	2.00	X		X			0	0	0	
(462) ERIC STEINMILLER BOARD VICE CHAIR	2.00	X		X			0	0	0	
(463) JODI LYONS BOARD SECRETARY	2.00	X		X			0	0	0	
(464) JULIE PANGELINAN BOARD FINANCE CHAIR	2.00	X					0	0	0	
(465) MICHAEL L. HERRINTON BOARD AUDIT CHAIR	2.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(466) DR. JAMES BICKSEL BOARD DIRECTOR	2.00	X					0	0	0	
(467) MARK BIERBOWER BOARD DIRECTOR	2.00	X					0	0	0	
(468) TOM WIITHMAN BOARD DIRECTOR	2.00	X					0	0	0	
(469) TIMOTHY F. BELANGER BOARD DIRECTOR	2.00	X					0	0	0	
(470) ANNE P. CONSTANT, EDD BOARD DIRECTOR	2.00	X					0	0	0	
(471) VENESSA H. FORSYTHE BOARD DIRECTOR	2.00	X					0	0	0	
(472) GREG WHITE BOARD DIRECTOR	2.00	X					0	0	0	
(473) PETER ABRAHAMS BOARD DIRECTOR	2.00	X					0	0	0	
(474) ALEX BOURELLY BOARD DIRECTOR	2.00	X					0	0	0	
(475) LAINIE BUXTON MULLER BOARD DIRECTOR	2.00	X					0	0	0	
(476) HARRY J. KLAFF BOARD DIRECTOR	2.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(477) BRAD ROSE BOARD DIRECTOR	2.00	X						0	0	0
(478) MARILYN TUCKER BOARD DIRECTOR	2.00	X						0	0	0
(479) JANE OTTENBERG BOARD DIRECTOR	2.00	X						0	0	0
(480) SUSAN KELLER PASCOCELLO BOARD DIRECTOR	2.00	X						0	0	0
(481) MARIE KOLENDO BOARD PRESIDENT	3.00	X		X				0	0	0
(482) ANDREA YORK BOARD VICE PRESIDENT	2.00	X		X				0	0	0
(483) EUGENE W JOHNSON BOARD TREASURER	2.00	X		X				0	0	0
(484) BRENDA MITCHELL BOARD SECRETARY	1.00	X		X				0	0	0
(485) HATTIE BARLEY BOARD MEMBER	1.00	X						0	0	0
(486) DIANA BRIGHT BOARD MEMBER	1.00	X						0	0	0
(487) NORA CROUCH BOARD MEMBER	1.00	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(488) PHOBE HALL BOARD MEMBER	1.00	X					0	0	0	
(489) MATT HARPER BOARD MEMBER	1.00	X					0	0	0	
(490) ARLENE HAYES BOARD MEMBER	1.00	X					0	0	0	
(491) STEVEN ZABEL BOARD MEMBER	2.00	X					0	0	0	
(492) FRANK MCCARTHY BOARD MEMBER	1.00	X					0	0	0	
(493) JUDITH OBRIEN BOARD MEMBER	1.00	X					0	0	0	
(494) MYRA SMITH BOARD MEMBER	1.00	X					0	0	0	
(495) CHRISTY WALSH-SMITH BOARD MEMBER	1.00	X					0	0	0	
(496) TERESA MILLER BOARD PRESIDENT	2.00	X		X			0	0	0	
(497) WALLACE SUTTLE BOARD 1ST VICE PRESIDENT	1.00	X		X			0	0	0	
(498) LAURA BOONE BOARD 2ND VICE PRESIDENT	1.00	X		X			0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(499) DAVID HIGGINS BOARD SECRETARY	1.00	X		X				0	0	0
(500) BARRY DOBSON BOARD TREASURER	1.00	X		X				0	0	0
(501) EDWARD MARTIN BOARD ASSEMBLY DELEGATE	.50	X						0	0	0
(502) CHAD BROADWATER BOARD DIRECTOR	.50	X						0	0	0
(503) DEBORAH CURRY BOARD DIRECTOR	.50	X						0	0	0
(504) MARK DAVIS BOARD DIRECTOR	.50	X						0	0	0
(505) NANCY DODSON BOARD DIRECTOR	.50	X						0	0	0
(506) SONIA GIBSON BOARD DIRECTOR	.50	X						0	0	0
(507) ROBERTA GREEN BOARD DIRECTOR	.50	X						0	0	0
(508) ANGELA VANCE BOARD DIRECTOR	.50	X						0	0	0
(509) SANDRA VANIN BOARD DIRECTOR	.50	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(510) JERRY WALKER ----- BOARD DIRECTOR	.50	X						0	0	0
(511) RANDALL WRIGHT ----- BOARD DIRECTOR	.50	X						0	0	0
(512) ANNETTE ZAVAREEI ----- BOARD DIRECTOR	.50	X						0	0	0
(513) ELLEN DIZARD ----- BOARD PRESIDENT	1.00	X		X				0	0	0
(514) MARK STENZEL ----- BOARD VICE PRESIDENT	1.00	X		X				0	0	0
(515) SUE COLEGROVE ----- BOARD SECRETARY	1.00	X		X				0	0	0
(516) DAVID B. SCHULZ ----- BOARD TREASURER	1.00	X		X				0	0	0
(517) RICHARD LONDON, MD ----- BOARD DIRECTOR	1.00	X						0	0	0
(518) MARIA MONREAL-CAMERON ----- BOARD DIRECTOR	1.00	X						0	0	0
(519) KATHY PERTL ----- BOARD DIRECTOR	1.00	X						0	0	0
(520) BRIAN HENNING ----- BOARD DIRECTOR	1.00	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(521) AL CASTRO BOARD DIRECTOR	1.00	X					0	0	0	
(522) LYN GEBOY BOARD DIRECTOR	1.00	X					0	0	0	
(523) DALE MUEHL, CPA BOARD DIRECTOR	1.00	X					0	0	0	
(524) TOM BAYLARIAN BOARD DIRECTOR	1.00	X					0	0	0	
(525) BRUCE LINDL BOARD DIRECTOR	1.00	X					0	0	0	
(526) PEARLEAN CANNON BOARD DIRECTOR	1.00	X					0	0	0	
(527) BETH MEYER-ARNOLD BOARD DIRECTOR	1.00	X					0	0	0	
(528) JIM DAVIS BOARD DIRECTOR	1.00	X					0	0	0	
(529) PHILLIP E. HICKMAN BOARD DIRECTOR	1.00	X					0	0	0	
(530) JOHN KUROWSKI BOARD DIRECTOR	1.00	X					0	0	0	
(531) KIM WENGLER BOARD DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(532) ALLYSON OLIVIER BOARD DIRECTOR	1.00	X					0	0	0	
(533) MARSHALL BELAGA BOARD PRESIDENT	2.00	X		X			0	0	0	
(534) CELIA MANLEY BOARD VICE PRESIDENT	2.00	X		X			0	0	0	
(535) SUSAN GRAVES BOARD TREASURER	2.00	X		X			0	0	0	
(536) PAMALA WILSON BOARD SECRETARY	2.00	X		X			0	0	0	
(537) JANICE KNIGHT BOARD ASSISTANT SECRETARY	1.00	X		X			0	0	0	
(538) JANET BUTTS BOARD DIRECTOR	2.00	X					0	0	0	
(539) NIKKI BEVON BOARD DIRECTOR	2.00	X					0	0	0	
(540) CYNTHIA LUTHER BOARD DIRECTOR	2.00	X					0	0	0	
(541) GAIL HARGROVE MARSHALL BROWN BOARD DIRECTOR	2.00	X					0	0	0	
(542) WILLIAM MEEKS BOARD DIRECTOR	2.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(543) MELANIE FORTENBERRY BOARD DIRECTOR	2.00	X					0	0	0	
(544) CLAYTON BULLOCK BOARD DIRECTOR	2.00	X					0	0	0	
(545) BRUCE DUNCAN BOARD CHAIR	1.00	X		X			0	0	0	
(546) SHAUN STAUFFER BOARD VICE CHAIR	1.00	X		X			0	0	0	
(547) GEORGE JENSEN BOARD TREASURER	1.00	X		X			0	0	0	
(548) ALAN JOHNSTON BOARD SECRETARY	1.00	X		X			0	0	0	
(549) CONNIE LATTA BOARD MEMBER	1.00	X					0	0	0	
(550) ROBERT HENDRICK BOARD MEMBER	1.00	X					0	0	0	
(551) PATRICIA OLENICK BOARD MEMBER	1.00	X					0	0	0	
(552) MARK MCCARTER BOARD MEMBER	1.00	X					0	0	0	
(553) FAYE WEAVER BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(554) SHERRI JONES BOARD MEMBER	1.00	X					0	0	0	
(555) JONATHON HAWKINS BOARD MEMBER	1.00	X					0	0	0	
(556) LAURA HALL BOARD MEMBER-HONORARY	1.00	X					0	0	0	
(557) MIKE BRENT BOARD MEMBER-EMERITUS	1.00	X					0	0	0	
(558) WILLIAM FISHER CEO	40.00			X			201,510.	0	30,102.	
(559) BRUCE LYAU FINANCE DIRECTOR (JUL-OCT13)	40.00			X			72,913.	0	35,534.	
(560) JAN WILLIAMS FINANCE DIRECTOR (NOV13-JUN14)	40.00			X			13,405.	0	1,166.	
(561) LINDA MITCHELL PRESIDENT & CEO	50.00			X			136,822.	0	7,069.	
(562) KEITH SWANSON VP, FINANCE	40.00			X			103,177.	0	13,185.	
(563) ELEONORA TORNATORE-MIKESH EXECUTIVE DIRECTOR	45.00			X			140,000.	0	7,210.	
(564) JAMES VUMBACO CFO	45.00			X			88,956.	0	15,752.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(565) GRACE GRANT-BROWN COO	40.00			X			97,480.	0	6,759.	
(566) ELLEN BROWN CEO (JUL-OCT13)	40.00			X			76,057.	0	8,521.	
(567) G. KENT BARNHEISER CEO-INTERIM (NOV-DEC13)	40.00			X			52,500.	0	0	
(568) CAROL ANN MAY CEO (FEB-JUN14)	40.00			X			0	0	0	
(569) KATHRYN E. REDINGTON CEO	40.00			X			93,844.	0	5,677.	
(570) JESSICA B. FEAZELL DIRECTOR OF FINANCE & OPER	40.00			X			56,792.	0	5,677.	
(571) CHRISTINE PAYNE EXECUTIVE DIRECTOR & CEO	40.00			X			71,271.	0	6,366.	
(572) NIKKI VULGARIS-RODRIGUEZ EXECUTIVE DIRECTOR	40.00			X			79,676.	0	1,873.	
(573) HEATHER HERSHBERGER EXECUTIVE DIRECTOR	40.00			X			152,771.	0	24,957.	
(574) WANDA LEW FINANCE & OPERATIONS DIRECTOR	40.00			X			109,446.	0	3,598.	
(575) MARSHA HILLS EXECUTIVE DIRECTOR	40.00			X			64,185.	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(576) DYANA SCHAEFER FINANCE DIRECTOR	40.00			X			41,285.	0	0	
(577) LAURIE TRENHOLM EXECUTIVE DIRECTOR	40.00			X			93,732.	0	6,811.	
(578) JENNIFER LEPARD EXECUTIVE DIRECTOR	40.00			X			78,508.	0	219.	
(579) DENISE VOYTAL FINANCE DIRECTOR (JUL13-JAN14)	40.00			X			51,108.	0	2,926.	
(580) DEBRA R. BROOK EXECUTIVE DIRECTOR	50.00			X			110,000.	0	6,442.	
(581) JANET HORN OPERATIONS & FINANCE DIRECTOR	50.00			X			63,565.	0	6,442.	
(582) ELAINE SPROAT PRESIDENT & CEO	35.00			X			95,666.	0	7,365.	
(583) JENNIFER SCHEUERMANN VP, FINANCE & OPERATIONS	35.00			X			68,157.	0	6,654.	
(584) DAVID MIDLAND PRESIDENT & CEO (JUL13-FEB14)	40.00			X			111,372.	0	10,461.	
(585) TERESA GALBIER PRESIDENT & CEO (MAY-JUN14)	40.00			X			0	0	0	
(586) HANNELORE STEVENS CONTROLLER	34.00			X			55,127.	0	7,817.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(587) LEILANI J. PELLEITER, MB EXECUTIVE DIRECTOR	40.00			X			74,489.	0	5,785.	
(588) COLLEEN M. WENZEL FINANCE DIRECTOR	40.00			X			49,143.	0	5,785.	
(589) PAMELA SCHUELLERMAN EXECUTIVE DIRECTOR	40.00			X			95,947.	0	6,461.	
(590) JOAN SILLASEN FINANCE DIRECTOR	40.00			X			56,213.	0	8,180.	
(591) NANCY B. UDELSON PRESIDENT & CEO	40.00			X			96,979.	0	16,387.	
(592) CHRIS M. CHELINE VP, FINANCE & HUMAN RESOURCES	40.00			X			36,567.	0	6,184.	
(593) KENNETH STRONG, JR EXECUTIVE DIRECTOR	40.00			X			97,848.	0	7,170.	
(594) NANETTE MANN ARRIAGA FINANCE DIRECTOR	40.00			X			69,595.	0	4,018.	
(595) ERIC VANVLYMEN EXECUTIVE DIRECTOR	37.50			X			78,833.	0	5,830.	
(596) JUDITH FOWLER FINANCE DIRECTOR	37.50			X			73,232.	0	8,530.	
(597) SALLI BOLLIN EXECUTIVE DIRECTOR	40.00			X			78,264.	0	19,220.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(598) MARK FRIED PRESIDENT & CEO	45.00			X			101,167.	0	7,320.	
(599) KATE SCRUGGS DIRECTOR OF FINANCE	45.00			X			43,092.	0	5,953.	
(600) WENDY L. CAMPBELL PRESIDENT & CEO	37.50			X			137,700.	0	13,221.	
(601) REGINA BRADSON VP, FINANCE & OPERATIONS	37.50			X			77,245.	0	6,634.	
(602) CYNTHIA ALEWINE PRESIDENT & CEO	50.00			X			99,560.	0	8,819.	
(603) ELIZABETH HOUGHTON VP, DEVELOPMENT	50.00			X			60,696.	0	1,821.	
(604) JOHN S. WILEY VP, PROGRAMS	50.00			X			55,188.	0	1,656.	
(605) BECKY PRINCE PRESIDENT & CEO	50.00			X			133,460.	0	11,953.	
(606) STEVE KROLL DIRECTOR OF FINANCE	50.00			X			67,806.	0	11,422.	
(607) SUSAN B. FRIEDMAN PRESIDENT & CEO	40.00			X			83,705.	0	5,059.	
(608) GINO V. COLOMBARA PRESIDENT & CEO	40.00			X			69,246.	0	8,976.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(609) PATRICIA F. LACEY COO	40.00			X			51,873.	0	7,674.	
(610) SUSAN KUDLA FINN PRESIDENT & CEO	40.00			X			189,611.	0	20,719.	
(611) BEN KORDESTANI CFO & COO	40.00			X			132,287.	0	17,418.	
(612) SHARON PETERSON CEO	40.00			X			92,873.	0	2,442.	
(613) KEVIN NORTHROP DIRECTOR OF FINANCE	40.00			X			71,547.	0	2,091.	
(614) LAUREL KIRKSEY EXECUTIVE DIRECTOR	40.00			X			52,207.	0	0	
(615) THOMAS HLAVACEK EXECUTIVE DIRECTOR	40.00			X			105,792.	0	17,228.	
(616) CHRISTINA PACKARD DIRECTOR OF FINANCE & HR	40.00			X			66,073.	0	11,646.	
(617) MARY (PATTY) DUNN EXECUTIVE DIRECTOR	40.00			X			56,078.	0	6,180.	
(618) JIM WARD PRESIDENT & CEO	37.50			X			110,000.	0	0	
(619) ROBYN MOORE CHIEF DEVELOPMENT OFFICER	40.00					X	106,162.	0	12,752.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(620) CANDICE RETTIE VP, PROGRAMS & SERVICES	40.00					X		120,472.	0	13,534.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 17

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns . . . . .	1 a 1,695,569.						
	b Membership dues . . . . .	1 b						
	c Fundraising events . . . . .	1 c 5,413,931.						
	d Related organizations . . . . .	1 d						
	e Government grants (contributions) . . . . .	1 e 5,138,055.						
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1 f 46,503,320.						
	g Noncash contributions included in lines 1a-1f: \$ 304,760.							
	<b>h Total.</b> Add lines 1a-1f . . . . .						58,750,875.	
PROGRAM SERVICE REVENUE	2 a CONSUMER EDUCATION	Business Code 624100	2,016,597.	2,016,597.	0.	0.		
	b RESPITE PROGRAMS	624100	642,183.	642,183.	0.	0.		
	c PUBLIC AWARENESS	624100	210,417.	210,417.	0.	0.		
	d EARLY STAGE PROGRAMMING	624100	101,405.	101,405.	0.	0.		
	e INFORMATION/REFERRAL	624100	97,810.	97,810.	0.	0.		
	f All other program service revenue . . . . .		469,596.	469,596.	0.	0.		
	<b>g Total.</b> Add lines 2a-2f . . . . .		3,538,008.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) . . . . .		988,144.	0.	0.	988,144.		
	4 Income from investment of tax-exempt bond proceeds . . . . .							
	5 Royalties . . . . .		27,710.	0.	0.	27,710.		
	6 a Gross rents . . . . .	(i) Real						
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss) . . . . .						
	d Net rental income or (loss) . . . . .							
	7 a Gross amount from sales of assets other than inventory . . . . .	(i) Securities	9,721,190.					
		(ii) Other	163,580.					
		b Less: cost or other basis and sales expenses . . . . .	8,646,978.					36,669.
		c Gain or (loss) . . . . .	1,074,212.					126,911.
	d Net gain or (loss) . . . . .		1,201,123.	0.	0.	1,201,123.		
	8 a Gross income from fundraising events (not including . . \$ 5,413,931. of contributions reported on line 1c). See Part IV, line 18. . . . .	a	1,008,964.					
		b Less: direct expenses . . . . .	b					1,693,335.
c Net income or (loss) from fundraising events . . . . .			-684,371.					0.
9 a Gross income from gaming activities. See Part IV, line 19. . . . .	a	179,959.						
	b Less: direct expenses . . . . .	b					55,552.	
	c Net income or (loss) from gaming activities . . . . .						124,407.	0.
10 a Gross sales of inventory, less returns and allowances . . . . .	a	60,919.						
	b Less: cost of goods sold . . . . .	b					25,833.	
	c Net income or (loss) from sales of inventory . . . . .						35,086.	13,785.
Miscellaneous Revenue		Business Code						
11 a LITIGATION SETTLEMENT-RENT	900099	259,567.	0.	0.	259,567.			
b AFFILIATE REVENUE	900099	219,626.	163,846.	0.	55,780.			
c ADVERTISING	900099	930.	0.	930.	0.			
d All other revenue . . . . .		113,100.	0.	0.	113,100.			
e Total. Add lines 11a-11d . . . . .		593,223.						
<b>12 Total revenue.</b> See instructions . . . . .		64,574,205.	3,715,639.	930.	2,106,761.			

**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).

Check if Schedule O contains a response or note to any line in this Part IX . . . . .

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	75,582.	75,582.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	879,299.	879,299.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members. . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	6,133,490.	4,332,988.	1,053,769.	746,733.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). . . . .	14,815.	14,815.	0.	0.
7 Other salaries and wages. . . . .	26,379,393.	21,221,146.	1,468,393.	3,689,854.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . .	548,721.	427,053.	34,368.	87,300.
9 Other employee benefits . . . . .	3,117,469.	2,499,967.	198,082.	419,420.
10 Payroll taxes . . . . .	2,526,125.	2,014,426.	174,094.	337,605.
11 Fees for services (non-employees):				
a Management . . . . .	319,210.	212,905.	20,073.	86,232.
b Legal . . . . .	225,481.	130,080.	73,927.	21,474.
c Accounting . . . . .	749,765.	339,440.	345,158.	65,167.
d Lobbying . . . . .	106,052.	103,080.	1,230.	1,742.
e Professional fundraising services. See Part IV, line 17 . . . . .				
f Investment management fees . . . . .	163,725.	80,722.	72,528.	10,475.
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,953,317.	1,457,937.	165,074.	330,306.
12 Advertising and promotion . . . . .	2,081,890.	1,577,509.	20,645.	483,736.
13 Office expenses . . . . .	4,815,504.	3,413,756.	449,209.	952,539.
14 Information technology . . . . .	756,253.	540,234.	88,639.	127,380.
15 Royalties . . . . .				
16 Occupancy . . . . .	4,353,823.	3,521,424.	289,593.	542,806.
17 Travel . . . . .	1,720,461.	1,254,150.	148,379.	317,932.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	3,178,336.	2,098,116.	75,106.	1,005,114.
20 Interest . . . . .	4,677.	915.	3,577.	185.
21 Payments to affiliates . . . . .	135,108.	135,108.	0.	0.
22 Depreciation, depletion, and amortization . . . . .	538,717.	409,654.	72,573.	56,490.
23 Insurance . . . . .	301,773.	216,179.	46,028.	39,566.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
a <u>PLEDGE WRITE-OFF</u> . . . . .	108,192.	70,350.	11,535.	26,307.
b <u>PROGRAM EXPENSES</u> . . . . .	84,055.	84,055.	0.	0.
c . . . . .				
d . . . . .				
e All other expenses . . . . .	371,476.	188,238.	34,653.	148,585.
25 Total functional expenses. Add lines 1 through 24e. . . . .	61,642,709.	47,299,128.	4,846,633.	9,496,948.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . .	158,869.	121,027.	11,535.	26,307.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X  X

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing . . . . .	12,424,122.	1	12,489,902.
	2	Savings and temporary cash investments . . . . .	7,005,584.	2	7,569,780.
	3	Pledges and grants receivable, net . . . . .	4,321,505.	3	4,772,061.
	4	Accounts receivable, net . . . . .	7,286,638.	4	6,374,437.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .	26,288.	8	49,199.
	9	Prepaid expenses and deferred charges . . . . .	863,406.	9	884,524.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 7,279,052.		
	10b	Less: accumulated depreciation . . . . .	10b 4,398,091.		
	11	Investments — publicly traded securities . . . . .	27,872,129.	11	33,787,576.
	12	Investments — other securities. See Part IV, line 11 . . . . .		12	
	13	Investments — program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets. See Part IV, line 11 . . . . .	6,261,878.	15	4,455,358.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	68,945,368.	16	73,263,798.	
LIABILITIES	17	Accounts payable and accrued expenses . . . . .	8,048,059.	17	9,118,503.
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .	395,273.	19	516,513.
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	25,000.	24	25,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	327,541.	25	452,658.
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	8,795,873.	26	10,112,674.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets . . . . .	42,694,413.	27	46,637,122.
	28	Temporarily restricted net assets . . . . .	12,606,148.	28	13,277,439.
	29	Permanently restricted net assets . . . . .	4,848,934.	29	3,236,563.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances.</b> . . . . .	60,149,495.	33	63,151,124.	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	68,945,368.	34	73,263,798.	

BAA

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.  X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,574,205.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,642,709.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,931,496.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,149,495.
5	Net unrealized gains (losses) on investments	5	2,993,789.
6	Donated services and use of facilities	6	500.
7	Investment expenses	7	-27,437.
8	Prior period adjustments	8	-19,493.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,877,226.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	63,151,124.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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

BAA

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .	73,509,025.	69,489,983.	65,382,775.	62,154,643.	58,750,875.	329,287,301.
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 <b>Total.</b> Add lines 1 through 3 . . . . .	73,509,025.	69,489,983.	65,382,775.	62,154,643.	58,750,875.	329,287,301.
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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						329,287,301.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .	73,509,025.	69,489,983.	65,382,775.	62,154,643.	58,750,875.	329,287,301.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,276,921.	1,003,401.	995,233.	978,969.	1,015,854.	5,270,378.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .			0.	2,074.	0.	2,074.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	4,634,803.	1,979,019.	1,551,939.	1,142,038.	1,657,927.	10,965,726.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						345,525,479.
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	16,432,422.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	95.30 %
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	95.83 %
16a <b>33-1/3% support test – 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
16b <b>33-1/3% support test – 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17b <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support. (Add lns 9, 10c, 11 and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests — 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33-1/3% support tests — 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** 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 -----

2013 TOTAL OTHER INCOME \$1,657,927 INCLUDES: -----

INCOME FROM FUNDRAISING AND GAMING EVENTS \$1,188,923 -----

GROSS SALES OF INVENTORY \$40,557 -----

MISCELLANEOUS REVENUE \$428,447 -----

2012 TOTAL OTHER INCOME \$1,142,038 INCLUDES: -----

INCOME FROM FUNDRAISING AND GAMING EVENTS \$997,347 -----

GROSS SALES OF INVENTORY \$11,548 -----

MISCELLANEOUS REVENUE \$133,143 -----

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

INCOME FROM FUNDRAISING AND GAMING EVENTS \$1,394,141 -----

GROSS SALES OF INVENTORY \$2,656 -----

MISCELLANEOUS REVENUE \$155,142 -----

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

INCOME FROM FUNDRAISING AND GAMING EVENTS \$1,865,794 -----

REIMBURSEMENTS \$17,555 -----

REFUNDS \$11,505 -----

MISCELLANEOUS REVENUE \$84,165 -----

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

INCOME FROM FUNDRAISING AND GAMING EVENTS \$4,434,793 -----

GROSS SALES OF INVENTORY \$110,261 -----

MISCELLANEOUS REVENUE \$89,749 -----

Schedule of Contributors

2013

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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
1	----- ----- -----	\$ ----- 67,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 56,929.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 45,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION</b>	Employer identification number <b>36-3463656</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 76,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 206,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 21,183.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ ----- 6,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ ----- 6,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION</b>	Employer identification number 36-3463656
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ ----- 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ ----- 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ ----- 68,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ ----- 55,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ ----- 56,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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
19	----- ----- -----	\$ 44,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 56,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 50,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 109,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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
25	----- ----- -----	\$ 137,107.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ 43,654.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ 187,186.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ 28,938.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ 46,756.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ 38,084.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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
31	----- ----- -----	\$ ----- 39,694.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ ----- 321,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ ----- 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ ----- 51,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ ----- 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ ----- 203,238.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION</b>	Employer identification number 36-3463656
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ 34,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	----- ----- -----	\$ 23,318.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	----- ----- -----	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	----- ----- -----	\$ 293,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	----- ----- -----	\$ 165,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION</b>	Employer identification number 36-3463656
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ ----- 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ ----- 124,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	----- ----- -----	\$ ----- 65,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	----- ----- -----	\$ ----- 71,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	----- ----- -----	\$ ----- 97,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	----- ----- -----	\$ ----- 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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
49		\$ 45,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 124,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 220,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 102,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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
55	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	----- ----- -----	\$ ----- 17,834.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	----- ----- -----	\$ ----- 64,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	----- ----- -----	\$ ----- 50,220.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	----- ----- -----	\$ ----- 29,365.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
60	----- ----- -----	\$ ----- 134,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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
61	----- ----- -----	\$ ----- 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	----- ----- -----	\$ ----- 115,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	----- ----- -----	\$ ----- 178,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	----- ----- -----	\$ ----- 6,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	----- ----- -----	\$ ----- 18,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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	----- ----- -----	\$ ----- 33,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	----- ----- -----	\$ ----- 26,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	----- ----- -----	\$ ----- 98,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	----- ----- -----	\$ ----- 84,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	----- ----- -----	\$ ----- 66,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	----- ----- -----	\$ ----- 230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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
73	----- ----- -----	\$ ----- 96,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	----- ----- -----	\$ ----- 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	----- ----- -----	\$ ----- 107,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	----- ----- -----	\$ ----- 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	----- ----- -----	\$ ----- 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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
79		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 58,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 59,431.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 53,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 22,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 508,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 362,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 206,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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	----- ----- -----	\$ ----- 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	----- ----- -----	\$ ----- 5,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	----- ----- -----	\$ ----- 96,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	----- ----- -----	\$ ----- 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION</b>	Employer identification number 36-3463656
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	----- ----- -----	\$ ----- 23,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	----- ----- -----	\$ ----- 580,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	----- ----- -----	\$ ----- 25,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	----- ----- -----	\$ ----- 75,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	----- ----- -----	\$ ----- 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	----- ----- -----	\$ ----- 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 36-3463656
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	----- ----- -----	\$ ----- 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	----- ----- -----	\$ ----- 50,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	----- ----- -----	\$ ----- 111,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	----- ----- -----	\$ ----- 25,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	----- ----- -----	\$ ----- 101,639.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	----- ----- -----	\$ ----- 63,362.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	<b>Employer identification number</b> 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
109		\$ 51,801.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 42,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION</b>	Employer identification number 36-3463656
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ ----- 32,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION</b>	Employer identification number 36-3463656
---	--

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
59	AUTOMOBILE - 2014 TOYOTA CAMRY XLE ----- ----- -----	\$ ----- 29,365.	05/15/2014
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----



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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.  
▶ **See separate instructions.** ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

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

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

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

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

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

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

Name of organization <b>ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION</b>	Employer identification number <b>36-3463656</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
b Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
c Total lobbying expenditures (add lines 1a and 1b) . . . . .														
d Other exempt purpose expenditures . . . . .														
e Total exempt purpose expenditures (add lines 1c and 1d). . . . .														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns. . . . .														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
h Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
i Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount. . . . .					
b Lobbying ceiling amount (150% of line 2a, column (e)) . . . . .					
c Total lobbying expenditures . . . . .					
d Grassroots nontaxable amount. . . . .					
e Grassroots ceiling amount (150% of line 2d, column (e)) . . . . .					
f Grassroots lobbying expenditures . . . . .					

BAA

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

	(a)		(b)
	Yes	No	Amount
<i>For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		62,568.
e Publications, or published or broadcast statements?	X		1,268.
f Grants to other organizations for lobbying purposes?	X		6,316.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		351,489.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		102,774.
i Other activities?	X		29,539.
j Total. Add lines 1c through 1i.			553,954.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Pt II-B Line 1 LOBBYING ACTIVITIES:

-----

MOST OF THE CHAPTER NETWORK'S LOBBYING IS THROUGH STAFF AND

VOLUNTEERS. ADDITIONALLY THE ASSOCIATION HAS TRAINING TO

DEVELOP AND ORGANIZE CHAPTER BASED GRASSROOTS ACTIVITIES.

-----

**Part IV** Supplemental Information (continued)

AS ALZHEIMER'S DISEASE AND RELATED DEMENTIAS, HEREAFTER  
 REFERRED TO AS ALZHEIMER'S DISEASE, THREATEN TO BANKRUPT  
 FAMILIES, BUSINESSES AND THE 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 HIGH QUALITY HEALTHCARE AND LONG-TERM  
 SERVICES AND SUPPORT FOR PEOPLE WITH ALZHEIMER'S AND  
 THEIR FAMILIES. THIS INCLUDES ADVOCACY FOR BETTER CARE  
 FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S.  
 ADVOCACY ACTIVITIES ALSO INCLUDE COLLABORATING WITH  
 OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE  
 AWARENESS OF KEY ISSUES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No.

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table with 2 columns: Held at the End of the Tax Year. Rows include: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy... Yes/No. 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes/No. 9 In Part XIII, describe how the organization reports conservation easements...

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 XIII, 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: (i) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 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: a Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	7,737,997.	6,917,890.	6,782,768.	5,992,392.	3,672,192.
b Contributions	1,095,286.	661,423.	652,144.	309,660.	2,436,703.
c Net investment earnings, gains, and losses	1,008,972.	574,411.	138,431.	809,688.	229,750.
d Grants or scholarships	623.	589.	0.	554.	0.
e Other expenditures for facilities and programs	259,245.	368,792.	625,675.	313,753.	339,563.
f Administrative expenses	50,026.	46,346.	29,778.	14,665.	6,690.
g End of year balance	9,532,361.	7,737,997.	6,917,890.	6,782,768.	5,992,392.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | X   |    |
| (ii) related organizations  |     | X  |
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	6,000.	38,501.		44,501.
b Buildings		1,284,192.	166,728.	1,117,464.
c Leasehold improvements		1,216,920.	650,886.	566,034.
d Equipment		4,063,753.	3,095,034.	968,719.
e Other		669,686.	485,443.	184,243.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  2,880,961.

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST/SPLIT INTEREST AGREEMENTS	3,971,241.
(2) LITIGATION SETTLEMENT RECEIVABLE	290,000.
(3) CASH SURRENDER VALUE OF LIFE INSURANCE POLICY	162,900.
(4) GIFT ANNUITIES	31,217.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) . . . . . ▶	4,455,358.

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	321,739.
(3) DEFERRED COMPENSATION	56,089.
(4) CAPITAL LEASE	44,051.
(5) GIFT ANNUITIES	30,779.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	452,658.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII . . . . .



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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

Pt V Line 4 PT V ENDOWMENT FUNDS  
 THE DATA ENTERED IN COLUMNS (B) PRIOR YEAR, (C) TWO YEARS BACK, (D) THREE YEARS BACK AND (E) FOUR YEARS BACK DIFFER FROM THE PREVIOUSLY FILED TAX RETURN. THE SCHEDULE REFLECTS PRIOR YEAR(S) ACTIVITY FOR THE CHAPTERS INCLUDED IN THIS YEAR'S TAX RETURN.

14 CHAPTERS IN THE GROUP TAX RETURN HAVE ENDOWMENTS. BELOW IS THE BREAKOUT BY PERCENTAGE OF THE TYPES OF ENDOWMENTS AND THE

BAA

Part XIII Supplemental Information (continued)

INTENDED USE OF THE ENDOWMENT FUNDS FOR EACH OF THE 14 CHAPTERS:

NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER -

100% PERMANENT ENDOWMENT

ENDOWMENT FUNDS ARE USED TO FUND RESPITE SERVICES AND PROGRAM

SERVICES IN MARIN AND MONTEREY COUNTY.

SOUTHEAST FLORIDA CHAPTER -

100% PERMANENT ENDOWMENT

ENDOWMENT FUNDS ARE USED TO FUND PROGRAMS, SERVICES, AND

OPERATIONS.

CENTRAL AND NORTH FLORIDA CHAPTER -

100% PERMANENT ENDOWMENT

THE INCOME FROM THIS PERMANENT ENDOWMENT IS USED TO FUND

OPERATIONS.

ALOHA CHAPTER -

7% BOARD DESIGNATED OR QUASI-ENDOWMENT

93% PERMANENT ENDOWMENT

THE FERN HAYES ENDOWMENT (\$100,000) SUPPORTS THE PURCHASE OF BOOKS ON

ALZHEIMER'S DISEASE FOR LIBRARIES ON THE ISLAND OF KAUAI. THE QUASI-

ENDOWMENT (\$7,608) IS SPECIFICALLY FOR THE USE OF BOOKS, NEWSLETTERS,

AND OUTREACH.

ROCHESTER CHAPTER -

48% BOARD DESIGNATED OR QUASI-ENDOWMENT

28% PERMANENT ENDOWMENT

**Part XIII** Supplemental Information (continued)

## 24% TEMPORARILY RESTRICTED ENDOWMENT

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

## WESTERN NEW YORK CHAPTER -

## 100% PERMANENT ENDOWMENT

THE ENDOWMENT WILL BE HELD AS A PERMANENT ENDOWMENT FOR THE FORSEEABLE FUTURE. EARNINGS ON THE ENDOWMENT MOVE DIRECTLY INTO REVENUE FOR IMMEDIATE USE. THE CHAPTER DOES NOT ADJUST THE ORIGINAL ENDOWMENT. EARNINGS ARE CO-MINGLED IN INVESTMENTS. THE AUDITORS DO NOT REQUIRE SEGREGATION.

## CLEVELAND AREA CHAPTER -

## 87% BOARD DESIGNATED OR QUASI-ENDOWMENT

## 13% TEMPORARILY RESTRICTED ENDOWMENT

THE CHAPTER KEEPS ONE YEAR'S EXPENSES AS AN OPERATING RESERVE IN A QUASI-ENDOWMENT FUND. EXCESS RESERVES WILL BE UTILIZED FOR UPCOMING STRATEGIC PRIORITIES. \$1,000 OF THESE FUNDS ARE PERMANENTLY RESTRICTED.

## CENTRAL OHIO CHAPTER -

## 100% PERMANENT ENDOWMENT

THE ASSOCIATION IS THE BENEFICIARY OF FUNDS HELD IN TRUST BY THE COLUMBUS FOUNDATION, WHICH ARE NOT UNDER THE CONTROL OF THE ASSOCIATION TRUSTEES. THERE WILL BE NO RESTRICTIONS WHEN THE FUND IS RELEASED TO THE ASSOCIATION. THE FUND WILL BE USED FOR

**Part XIII** Supplemental Information (continued)

OPERATING COSTS FOR PROGRAMS AND SERVICES.

MIAMI VALLEY CHAPTER -

42% BOARD DESIGNATED OR QUASI-ENDOWMENT

58% PERMANENT ENDOWMENT

THE ENDOWMENT USE IS UNRESTRICTED AND UNSPECIFIED AT THIS TIME.

OKLAHOMA CHAPTER -

100% PERMANENT ENDOWMENT

THE PERMANENT ENDOWMENT INCOME IS USED TO FUND PROGRAMS,  
SERVICES AND OPERATIONS.

DELAWARE VALLEY CHAPTER -

100% TEMPORARILY RESTRICTED ENDOWMENT

THE ENDOWMENT INCOME SUPPORTS GENERAL OPERATIONS AND ADVOCACY EFFORTS.

SOUTH CAROLINA CHAPTER -

100% BOARD DESIGNATED OR QUASI-ENDOWMENT

THE ENDOWMENT FUNDS ARE UNRESTRICTED, THUS THE PAYOUTS  
FROM THE ENDOWMENTS ARE USED FOR OPERATING FUNDS.

GREATER DALLAS CHAPTER -

100% PERMANENT ENDOWMENT

THE ENDOWMENT FUND IS USED TO RECOGNIZE AND SUPPORT PROFESSIONAL  
EDUCATION AND/OR COLLEGE STUDENTS COMMITTED TO PROFESSIONAL  
RESEARCH, TREATMENT, AND/OR CARE OF THOSE SUFFERING FROM  
ALZHEIMER'S DISEASE OR RELATED DEMENTIAS AND THEIR FAMILIES.

**Part XIII** Supplemental Information (continued)

SOUTHEASTERN WISCONSIN CHAPTER -

100% BOARD DESIGNATED OR QUASI-ENDOWMENT

THE BOARD DESIGNATED ENDOWMENT FUND WAS ESTABLISHED BY THE BOARD OF DIRECTORS TO HELP PROVIDE FOR THE LONG-TERM FINANCIAL STABILITY OF THE CHAPTER IN FULFILLING ITS OVERALL MISSION. THE ENDOWMENT FUND CREATES A MECHANISM FOR THE CHAPTER TO SET ASIDE A PORTION OF UNRESTRICTED, LARGER BEQUESTS, OR OTHER EXCESS SUPPORT TO INVEST IN LONGER-TERM INVESTMENTS TO ACHIEVE HIGHER RATES OF RETURN. THE EARNINGS FROM THE FUND'S INVESTMENTS, AT THE DISCRETION OF THE FINANCE COMMITTEE, ARE USED TO HELP FUND CURRENT PROGRAMS AND EXPENSES OR RETAINED WITHIN THE ENDOWMENT FUND.

Pt X Line 2 FIN 48 FOOTNOTE

IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48 ("FIN 48") (NOW REFERRED TO AS ASC740-10-25-6, "ASC 740"), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109", WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH THE BROADER CONCEPTS PREVIOUSLY OUTLINED IN ASC 740. THE CHAPTERS ADOPTED THIS NEW GUIDANCE AS OF JULY 1, 2009. THIS GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNIZED AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS

**Part XIII** Supplemental Information (continued)

MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY THE TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE POSITION MAY BE CHALLENGED. THE CHAPTERS ARE EXEMPT FROM INCOME TAX UNDER INTERNAL CONTROL CODE ("IRC") SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE TAX RETURN YEARS ENDING 2010, 2011, 2012 AND 2013 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE ADOPTION OF THIS GUIDANCE DID NOT HAVE ANY IMPACT ON THE CHAPTERS' FINANCIAL STATEMENTS. THE CHAPTERS RECEIVE INDIVIDUAL AUDITS AND 23 CHAPTERS INCLUDED A FOOTNOTE THAT ADDRESSES THE LIABILITY FOR UNCERTAIN TAX POSITIONS.







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

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA (S) (event type)	AUCTION (S) (event type)	24 (total number)	(add column (a) through column (c))	
1	Gross receipts . . . . .	4,253,556.	678,915.	1,490,424.	6,422,895.	
2	Less: Charitable contributions . . . . .	3,723,970.	547,479.	1,142,482.	5,413,931.	
3	Gross income (line 1 minus line 2). . . . .	529,586.	131,436.	347,942.	1,008,964.	
DIRECT EXPENSES	4	Cash prizes . . . . .	1,100.	0.	2,100.	3,200.
	5	Noncash prizes . . . . .	0.	0.	4,291.	4,291.
	6	Rent/facility costs . . . . .	261,952.	24,003.	45,449.	331,404.
	7	Food and beverages . . . . .	384,049.	92,478.	194,131.	670,658.
	8	Entertainment . . . . .	48,895.	6,059.	600.	55,554.
	9	Other direct expenses. . . . .	393,789.	75,314.	159,125.	628,228.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,693,335.
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-684,371.	

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
1	Gross revenue . . . . .			179,959.	179,959.
DIRECT EXPENSES	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .		54,500.	54,500.
	4	Rent/facility costs . . . . .			
	5	Other direct expenses. . . . .		1,052.	1,052.
	6	Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	X Yes _____ % No _____ %
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				55,552.
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				124,407.

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

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

b If 'No,' explain: CLEVELAND AREA CHAPTER - OHIO DOES NOT REQUIRE THAT 501(C)(3) ORGANIZATIONS BE LICENSED TO HOLD A RAFFLE.

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

b If 'Yes,' explain: \_\_\_\_\_

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

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ SEE PART IV SUPPLEMENTARY SCHEDULE

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ SEE PART IV SUPPLEMENTARY SCHEDULE

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer  Employee  Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 6,451.

**Part IV Supplemental Information.** 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 provide any additional information (see instructions).

PART III, LINE 6 VOLUNTEER LABOR

CLEVELAND AREA - .1% VOLUNTEER
SOUTHEASTERN VIRGINIA - 100% VOLUNTEER
NATIONAL CAPITAL AREA - 0% VOLUNTEER
SOUTHEASTERN WISCONSIN - 80% VOLUNTEER

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 ASSOCIATION, THEREFORE, DOES NOT CONSIDER ITS DONORS MEMBERS. THEREFORE, THE ORGANIZATION HAS CHECKED BOX 11 IN PART III OF SCHEDULE G, "YES".

**SCHEDULE I**  
(Form 990)

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

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

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service  
Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number  
36-3463656

OMB No. 1545-0047  
**2013**  
Open to Public Inspection

**Part I** General Information on Grants and Assistance

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SENIOR SOURCE 3910 HARRY HINES BLVD. DALLAS TX 75219	75-1085555	501 (C) 3	7,709.				RESPIRE
(2) COUNTRY PLACE VILLAGE 2103 CHANDLER ST. KILGORE TX 75662	76-0640021		6,570.				RESPIRE
(3) EMERITUS AT HENDERSON 1000 RICHARDSON DR. HENDERSON TX 75654	73-1630580		5,750.				RESPIRE
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RESPITE - VARIOUS	1,866	721,127.			
2 SAFE RETURN PROGRAM	461	126,118.			
3 CONFERENCE/STUDIES/SUPPLIES	24	32,054.			
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2 THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS FOR 24 CHAPTERS:

NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER -  
 DETAILED REVENUE AND EXPENSE SPREADSHEETS WERE MAINTAINED FOR EACH GRANT.  
 EXPENSES WERE MONITORED AND APPROVED BY APPROPRIATE PROGRAM PERSONNEL.  
 EXPENDITURES WERE RECOGNIZED FOLLOWING COST PRINCIPLES CONTAINED IN OMB  
 CIRCULAR A-122.

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

**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.  
 ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II 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 and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	WILLIAM FISHER CEO	(i) 201,010. (ii) 0. (iii) 0.	(i) 500. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 17,912. (ii) 0. (iii) 0.	(i) 12,190. (ii) 0. (iii) 0.	(i) 231,612. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
2	HEATHER HERSHBERGER EXECUTIVE DIRECTOR	(i) 125,163. (ii) 0. (iii) 0.	(i) 27,608. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 4,667. (ii) 0. (iii) 0.	(i) 20,290. (ii) 0. (iii) 0.	(i) 177,728. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
3	WENDY L. CAMPBELL PRESIDENT & CEO	(i) 137,700. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 4,010. (ii) 0. (iii) 0.	(i) 9,211. (ii) 0. (iii) 0.	(i) 150,921. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
4	SUSAN KUDLA FINN PRESIDENT & CEO	(i) 181,134. (ii) 0. (iii) 0.	(i) 8,477. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 11,468. (ii) 0. (iii) 0.	(i) 9,251. (ii) 0. (iii) 0.	(i) 210,330. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
5		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
6		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
7		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
8		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
9		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
10		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
11		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
12		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
13		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
14		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
15		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
16		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

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

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

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

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



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RALPH RICHARDS	SPOUSE OF BOARD CHAIR	14,815.	CONTRACT EDUCATOR		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Pt IV, Line 1 BUSINESS TRANSACTIONS - INTERESTED PERSONS

RALPH RICHARDS IS THE SPOUSE OF THE BOARD VICE CHAIR OF THE  
 ROCHESTER CHAPTER, AS WELL AS A CONTRACTOR WHO PROVIDES  
 EDUCATIONAL PROGRAMS ON BEHALF OF AN AGENCY. DURING THE FISCAL  
 YEAR RALPH RICHARDS PROVIDED EDUCATIONAL PROGRAMS TO THE  
 ROCHESTER CHAPTER. THIS TRANSACTION IS REPORTED ON SCHEDULE L.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art . . . . .				
2 Art – Historical treasures . . . . .				
3 Art – Fractional interests . . . . .				
4 Books and publications . . . . .	X		25,000.	REPLACEMENT COST
5 Clothing and household goods . . . . .	X		100.	SELLING PRICE
6 Cars and other vehicles . . . . .	X	51	60,701.	SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities – Publicly traded . . . . .	X	8	60,542.	MARKET VALUE
10 Securities – Closely held stock . . . . .				
11 Securities – Partnership, LLC, or trust interests . . . . .				
12 Securities – Miscellaneous . . . . .				
13 Qualified conservation contribution – Historic structures . . . . .				
14 Qualified conservation contribution – Other . . . . .				
15 Real estate – Residential . . . . .				
16 Real estate – Commercial . . . . .				
17 Real estate – Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	10,123	70,874.	COST
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (EVENT SUPPLIES) . . . . .	X	398	83,039.	COST OR MARKET VALUE
26 Other ▶ (EQUIPMENT/SOFTWARE) . . . . .	X	3	4,504.	COST
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . 29 0.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If 'Yes,' describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2013

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Pt I col (b) THE NUMBER OF CONTRIBUTIONS REPORTED IS A COMBINATION OF THE  
NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED.

Pt I Line 32b NONCASH CONTRIBUTIONS - THIRD PARTIES

NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER -  
THE ASSOCIATION USES A THIRD PARTY TO PROCESS THE DONATION  
OF AUTOMOBILES. AUTOMOTIVE RECOVERY SERVICES SELLS THE VEHICLE  
AND SENDS THE PROCEEDS TO THE ASSOCIATION.

COLORADO CHAPTER -  
CAR DONATIONS ARE PICKED UP AND AUCTIONED BY A NUMBER OF THIRD  
PARTY PROCESSORS.

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

Department of the Treasury  
Internal Revenue Service

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

- ▶ 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.
- ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2013**

Open to Public Inspection

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

**Part I** Liquidation, Termination, or Dissolution. Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or transaction expenses	(d) Method of determining FMV for asset(s) distributed or	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	06/30/14	300,964.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL.17 CHICAGO IL 60601	501(C)3
	ACCOUNTS RECEIVABLE	06/30/14	34,478.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL.17 CHICAGO IL 60601	501(C)3
	PREPAID ASSETS	06/30/14	6,909.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL.17 CHICAGO IL 60601	501(C)3
	INVESTMENTS-TRUSTS	06/30/14	2,468,007.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL.17 CHICAGO IL 60601	501(C)3
	FIXED ASSETS	06/30/14	89,473.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL.17 CHICAGO IL 60601	501(C)3
	LIABILITIES	06/30/14	-22,605.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL.17 CHICAGO IL 60601	501(C)3

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?  Yes  No
- b Become an employee of, or independent contractor for, a successor or transferee organization?  Yes  No
- c Become a direct or indirect owner of a successor or transferee organization?  Yes  No
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?  Yes  No
- e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III.  Yes  No

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. TEEA4701 08/23/13 Schedule N (Form 990 or 990-EZ) 2013

SEE PART III SUPPLEMENTAL

**Part I Liquidation, Termination, or Dissolution (continued)**

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

3	Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III . . . . .	Yes	No
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? . . . . .	X	
4b	If 'Yes,' did the organization provide such notice? . . . . .	X	
5	Did the organization discharge or pay all liabilities in accordance with state laws? . . . . .	X	
6a	Did the organization have any tax-exempt bonds outstanding during the year? . . . . .		X
6b	Did the organization discharge or release all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? . . . . .		

c If 'Yes,' to line 6b, describe in Part III how the organization defensed or otherwise settled these liabilities. If 'No,' explain in Part III.

**Part II Sale, Exchange, Disposition, or Other Transfer of More than 25% of the Organization's Assets.** Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

- 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? . . . . . **2a**
  - b Become an employee of, or independent contractor for, a successor or transferee organization? . . . . . **2b**
  - c Become a direct or indirect owner of a successor or transferee organization? . . . . . **2c**
  - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? . . . . . **2d**
  - 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. ▶

**Part III** Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART I - LIQUIDATION, TERMINATION, OR DISSOLUTION

THE ALOHA CHAPTER DISSOLVED ON JUNE 30, 2014. ALL ASSETS AND LIABILITIES OF THE ALOHA CHAPTER WERE TRANSFERRED TO THE NATIONAL ALZHEIMER'S ASSOCIATION.

Part I, Line 2e EMPLOYEE OF TRANSFEREE ORGANIZATION

THE OFFICER OF THE ALOHA CHAPTER, CHRISTINE PAYNE, BECAME AN EMPLOYEE OF THE NATIONAL ASSOCIATION AS OF JULY 1, 2014.

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

Pt III, Line 4

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICES - CHAPTERS PARTICIPATE IN THE ALZHEIMER'S  
ASSOCIATION\* PORTFOLIO OF COMMON PROGRAMS AND SERVICES.

PUBLIC AWARENESS - ALZHEIMER'S IS A PROGRESSIVE,  
DEGENERATIVE AND ULTIMATELY FATAL DISEASE. TOO FEW AMERICANS  
UNDERSTAND THE CURRENT AND FUTURE ECONOMIC IMPACT OF ALZHEIMER'S.  
ALREADY MORE THAN 5 MILLION AMERICANS ARE LIVING WITH ALZHEIMER'S  
AND MORE THAN 15 MILLION PEOPLE ARE PROVIDING UNPAID CARE AND  
SUPPORT. THIS MASSIVE GROUP IS IN NEED OF INFORMATION AND  
RESOURCES.

THE ALZHEIMER'S ASSOCIATION HAS INVESTED IN EDUCATION CAMPAIGNS  
AND INITIATIVES TO INCREASE KNOWLEDGE ABOUT ALZHEIMER'S DISEASE  
AND AWARENESS OF THE ALZHEIMER'S ASSOCIATION AS THE CENTER OF HELP  
AND HOPE. KEY MESSAGES INCLUDE THE IMPORTANCE OF EARLY DETECTION,  
RESOURCES FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND THE  
SOCIETAL IMPACT OF THE DISEASE. MILLIONS OF CONSTITUENTS ARE  
ENGAGED TO EDUCATE THEIR COMMUNITIES AND WORKPLACES.

INFORMATION AND REFERRAL - PROVIDES SUPPORT AND INFORMATION  
ABOUT ALZHEIMER'S DISEASE AND RELATED DEMENTIAS, PROGRAMS AND  
SERVICES PROVIDED BY THE ASSOCIATION, AND COMMUNITY RESOURCES  
AS THEY RELATE TO ALZHEIMER'S DISEASE AND RELATED DISORDERS

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

THROUGH A 24/7 TOLL-FREE HELPLINE AND FACE TO FACE MEETINGS.

IN FY2014, THE ALZHEIMER'S ASSOCIATION CONDUCTED 354,714

INFORMATION AND REFERRAL SESSIONS AND RECEIVED 292,081 CALLS

TO THE HELPLINE. THE ASSOCIATION'S WEBSITE (ALZ.ORG) RECEIVES

APPROXIMATELY 1.8 MILLION VISITS EACH MONTH. ONLINE PROGRAMS

INCLUDE: SELF-SERVICE EDUCATION PROGRAMS, ALZ CONNECTED\*, A

SOCIAL NETWORKING SUPPORT TOOL, ALZHEIMER'S NAVIGATOR\*, AN ACTION

PLANNING TOOL, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN 14

LANGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFORMATION,

PORTALS IN SPANISH, CHINESE, VIETNAMESE, JAPANESE, AND KOREAN,

A VIRTUAL LIBRARY, AND A SAFETY CENTER.

CONSUMER EDUCATION - CHAPTERS PROVIDE A VARIETY OF EDUCATIONAL

SEMINARS OFFERED IN COMMUNITIES NATIONWIDE. 406,094 EDUCATIONAL

SERVICE CONTACTS WERE PROVIDED IN FY2014.

CARE CONSULTATION - IMPROVES THE AFFECTED INDIVIDUALS AND THEIR

CAREGIVERS' QUALITY OF LIFE AND DECREASES THE STRESSFUL IMPACT OF

ALZHEIMER'S AND DEMENTIA. CARE CONSULTANTS IDENTIFY AREAS OF NEED AND

PROVIDE ASSISTANCE AND PSYCHOSOCIAL SUPPORT. THEY PROVIDE EDUCATION

ABOUT THE DISEASE AND SYMPTOM MANAGEMENT; PROBLEM SOLVING;

PLANNING FOR FUTURE NEEDS; AND LINKAGES WITH RESOURCES,

PARTICULARLY DURING TRANSITIONAL OR CRISIS SITUATIONS.

101,995 CARE CONSULTATIONS WERE DELIVERED IN FY2014.

SUPPORT GROUPS - CHAPTERS PROVIDE SUPPORT GROUPS FOR

CAREGIVERS AND PERSONS WITH THE DISEASE, AND ARE OFFERED IN A VARIETY



Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

OF LOCATIONS TO MEET THE NEEDS OF DIVERSE COMMUNITIES. 394,417

SUPPORT GROUP SERVICE CONTACTS WERE PROVIDED IN FY2014.

SAFETY SERVICES - CHAPTERS PROVIDE NATIONWIDE PROGRAMS, SUCH

AS MEDICALERT + ALZHEIMER'S ASSOCIATION SAFE RETURN\* AND

ALZHEIMER'S ASSOCIATION COMFORT ZONE\*, WHICH ADDRESS THE

SAFETY NEEDS OF PERSONS WITH THE DISEASE AND THEIR CAREGIVERS.

EARLY STAGE PROGRAMMING - ADDRESSES THE UNIQUE NEEDS OF

INDIVIDUALS IN THE EARLY STAGES OF ALZHEIMER'S OR A RELATED

DEMENTIA. CHAPTERS ADDRESS EARLY STAGE NEEDS THROUGH EDUCATION

PROGRAMS, SUPPORT GROUPS AND ENGAGEMENT OPPORTUNITIES.

THESE OPPORTUNITIES ARE DESIGNED TO HELP INDIVIDUALS AND

FAMILIES COPE WITH THE DIAGNOSIS, EMPOWER THEM TO

MAKE DECISIONS REGARDING THEIR FUTURE, AND MAKE THE

MOST OF LIFE FOLLOWING THEIR DIAGNOSIS. IN FY2014,

THE ASSOCIATION DELIVERED 29,649 SERVICE CONTACTS THROUGH EARLY

STAGE PROGRAMS.

PUBLIC POLICY - THE ALZHEIMER'S ASSOCIATION CHAPTER NETWORK

ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING RESEARCH TOWARD

BETTER THERAPIES, DETECTION, METHODS OF PREVENTION AND ULTIMATELY

A CURE. IT STRIVES FOR BETTER CARE AND RESOURCES, AS WELL AS HEALTH

AND LONG-TERM COVERAGE TO ENSURE HIGH-QUALITY, COST EFFECTIVE CARE

FOR PEOPLE WITH ALZHEIMER'S DISEASE AND THEIR FAMILIES. POLICY

ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO

IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

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

\* THESE ARE NAMES THAT ARE TRADEMARKS OF THE ALZHEIMER'S ASSOCIATION

PT IV, LINE 12A

INDEPENDENT AUDITED FINANCIAL STATEMENTS

ALL CHAPTERS INCLUDED IN THE GROUP RETURN OBTAINED SEPARATE

INDEPENDENT AUDITS. AN AUDIT IS NOT PERFORMED FOR THE GROUP.

Pt VI, Line 1a GOVERNING BODY

THE CHAPTERS HAVE INDIVIDUAL GOVERNING BODIES AND BY-LAWS. THE

CHAPTER BY-LAWS DESCRIBE THE PROCESS BY WHICH COMMITTEES OF THE

BOARD OF DIRECTORS ARE CREATED AND MEMBERS ARE APPOINTED. THE BY-LAWS

MAY HAVE PROVISIONS FOR AN EXECUTIVE COMMITTEE WHICH AUTHORIZE THE

EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD IN MANAGEMENT

OF THE BUSINESS AND IN THE AFFAIRS OF THE CORPORATION, AS NEEDED.

THESE AUTHORIZATIONS ARE SUBJECT TO LIMITATIONS CONTAINED

WITHIN THE BY-LAWS AND STATE CORPORATE LAW.

THE CHAPTERS MAY HAVE OTHER COMMITTEES AS REQUIRED BY

THE ALZHEIMER'S ASSOCIATION POLICIES AND PROCEDURES OR ARE

OTHERWISE FORMED TO CARRY OUT THE PURPOSES OF THE CHAPTER.

COMMITTEES DO NOT HAVE NOR EXERCISE THE AUTHORITY OF THE BOARD

OF DIRECTORS. THESE COMMITTEES ARE ESTABLISHED BY RESOLUTION

OF THE BOARD.

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

Pt VI, Line 3 DELEGATION OF CONTROL OVER MANAGEMENT DUTIES

BACK OFFICE ACCOUNTING (BOA) IS A FEE-FOR-SERVICE PROVIDED BY THE NATIONAL ALZHEIMER'S ASSOCIATION. THE TYPES OF SERVICES PROVIDED VARIES BY CHAPTER, BUT MAY INCLUDE BEING RESPONSIBLE FOR THE INTEGRITY OF THE FINANCIAL REPORTING; DEVELOPING ACCOUNTING POLICY AND CONTROL PROCEDURES; ISSUING FINANCIAL STATEMENTS; PRESENTING FINANCIAL INFORMATION TO CHAPTER EXECUTIVE DIRECTORS AND BOARDS; ASSISTING CHAPTER EXECUTIVE DIRECTORS IN PREPARING ANNUAL FINANCIAL BUDGETS; AND/OR PREPARING THE ANNUAL FINANCIAL STATEMENTS AND DISCLOSURE NOTES THAT ARE EXAMINED BY EXTERNAL AUDITORS.

BOA SERVICES ARE PROVIDED TO THE FOLLOWING 9 CHAPTERS:

ALOHA CHAPTER

CENTRAL ILLINOIS CHAPTER

MAINE CHAPTER

GREATER MICHIGAN CHAPTER

SOUTH CAROLINA CHAPTER

GREATER DALLAS CHAPTER

CENTRAL AND WESTERN VIRGINIA CHAPTER

SOUTHEASTERN VIRGINIA CHAPTER

MID SOUTH CHAPTER

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

Pt VI, Line 11b FORM 990 REVIEW PROCESS

THE CHAPTER DATA FOR THE 990 TAX RETURN WAS COMPILED FROM THE

CHAPTERS' FINANCIAL STATEMENTS AND ACCOMPANYING DOCUMENTATION.

THIS WAS REVIEWED AND COMPILED BY THE NATIONAL ORGANIZATION STAFF.

THE RETURN WAS FURTHER REVIEWED BY GRANT THORNTON LLP. THE GROUP 990

TAX RETURN WAS NOT REVIEWED BY INDIVIDUAL CHAPTER BOARDS.

Pt VI, Line 12c CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

THE CHAPTERS' CONFLICT OF INTEREST POLICY FOLLOWS THESE

GUIDELINES: THE RESPONSIBILITY FOR DISCLOSING ANY KNOWN OR

REASONABLY FORESEEN ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL

BE UPON THE INTERESTED PARTY WHOSE INTERESTS ARE OR MAY APPEAR TO

BE IN CONFLICT WITH THE ASSOCIATION. ALL INTERESTED PARTIES ARE

REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR

TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE ASSOCIATION.

THEREAFTER, THE INDIVIDUAL SHALL FILE WITH THE ASSOCIATION AN

UPDATED DISCLOSURE STATEMENT AS MAY BE REQUIRED BY THE

INDIVIDUAL CHAPTER'S BOARD OF DIRECTORS OR COMMITTEE DESIGNEE AT

LEAST ANNUALLY. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT

TO THE MATTER REQUIRING ACTION BY A BOARD OF DIRECTORS OR A

COMMITTEE OF THE BOARD, THE INTERESTED PERSONS SHALL DISCLOSE SUCH

CONFLICT AND SHALL NOT VOTE ON THE MATTER. WHEN THERE IS DOUBT

AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE

RESOLVED BY A VOTE OF THE INDIVIDUAL CHAPTER'S BOARD OF DIRECTORS

OR THE DESIGNATED COMMITTEE AS THE CASE MAY BE.

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

Pt VI, Line 15a COMPENSATION REVIEW & APPROVAL PROCESS-EXECUTIVE OFFICER

COMPENSATION IS ESTABLISHED FOR THE EXECUTIVE OFFICERS BY THE  
 COMPENSATION COMMITTEES AND THE BOARD OF DIRECTORS AFTER A  
 THOROUGH SALARY/MARKET REVIEW OF REGIONAL AND INDUSTRY STATISTICS.  
 THE COMPENSATION REVIEW FOR THE EXECUTIVE OFFICERS WAS LAST DONE  
 IN 2014. THE COMPENSATION COMMITTEES EVALUATE THE EXECUTIVE  
 OFFICERS' PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS  
 COMPARING RESULTS TO GOALS. THE COMMITTEES AND BOARDS USE  
 THIS DATA TO DETERMINE COMPENSATION LEVELS AND ELIGIBILITY FOR  
 INCENTIVE COMPENSATION, IF AVAILABLE.

Pt VI, Line 15b COMPENSATION REVIEW & APPROVAL PROCESS-OTHER OFFICERS

THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND  
 COMPENSATION REVIEW BY THE EXECUTIVE OFFICERS. THE EVALUATION AND  
 COMPENSATION REVIEW FOR THE SENIOR STAFF WAS LAST COMPLETED IN 2014.

Pt VI, Line 19 GOVERNING DOCUMENTS

CHAPTERS MAKE THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
 POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. SOME  
 CHAPTERS WILL POST THE GROUP FORM 990 ON THEIR INDIVIDUAL CHAPTER'S  
 WEBSITE. THE GROUP FORM 990 IS POSTED TO THE NATIONAL ALZHEIMER'S  
 ASSOCIATION WEBSITE AT ALZ.ORG. CHAPTERS WILL ALSO MAKE THE  
 FORM 990 AVAILABLE UPON REQUEST IF IT IS NOT POSTED ON THEIR WEBSITE.

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

Pt X BALANCE SHEET

THE BALANCES REFLECTED IN COLUMN (A) BEGINNING OF YEAR DIFFER FROM THE PREVIOUSLY FILED RETURN. THE OPENING BALANCES REFLECT THE CHAPTERS INCLUDED IN THIS YEAR'S TAX RETURN.

Pt XI "OTHER CHANGES IN NET ASSETS" REPRESENTS (\$2,877,226) IN TRANSFER OF NET ASSETS DUE TO THE DISSOLUTION OF THE ALOHA CHAPTER.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2013**  
Open to Public Inspection

Name of the organization: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number: 36-3463656

**Part I Identification of Disregarded Entities** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) COALITION OF NEW YORK STATE ALZHEIMER'S CHAPTERS, INC 435 E. HENRIETTA ROAD ROCHESTER, NY 14620 13-4076596	PUBLIC POLICY ACTIVITIES NY	NY	501 (C) 3	11C, III-FI	N/A		X
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

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

TEEA5001 06/26/13

Schedule R (Form 990) 2013

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									



**Part V Transactions With Related Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	1c	
<b>d</b> Loans or loan guarantees to or for related organization(s)	1d	
<b>e</b> Loans or loan guarantees by related organization(s)	1e	
<b>f</b> Dividends from related organization(s)	1f	
<b>g</b> Sale of assets to related organization(s)	1g	
<b>h</b> Purchase of assets from related organization(s)	1h	
<b>i</b> Exchange of assets with related organization(s)	1i	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	1j	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	1k	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	1l	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	1m	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
<b>o</b> Sharing of paid employees with related organization(s)	1o	
<b>p</b> Reimbursement paid to related organization(s) for expenses	1p	
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q	
<b>r</b> Other transfer of cash or property to related organization(s)	1r	
<b>s</b> Other transfer of cash or property from related organization(s)	1s	

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													

BAA

TEEA5004 06/27/13

Schedule R (Form 990) 2013



**Form 990**  
**Question H**

**List of Affiliates Included in Return**

**2013**

Name ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	Employer Identification No. 36-3463656
---	---

Group Exemption Number (GEN) . . . . . ▶ 9334

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
NORTHERN CALIFORNIA AND NORTHERN NEVADA Foreign City/Country if applicable . . .	2290 NORTH FIRST STREET, SUITE 101 SAN JOSE CA 95131	94-2897949
COLORADO Foreign City/Country if applicable . . .	455 SHERMAN STREET, SUITE 500 DENVER CO 80203-3532	84-0908354
CONNECTICUT Foreign City/Country if applicable . . .	2075 SILAS DEANE HIGHWAY, SUITE 100 ROCKY HILL CT 06067	42-1540769
SOUTHEAST FLORIDA Foreign City/Country if applicable . . . See List of Affiliates Included in Return Foreign City/Country if applicable . . .	3333 FOREST HILL BLVD. WEST PALM BEACH FL 33406	59-2008883

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

Briefly describe the organization's mission:

THE ALZHEIMER'S ASSOCIATION IS TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH. THE VISION: A WORLD WITHOUT ALZHEIMER'S.

THE ALZHEIMER'S ASSOCIATION IS A VALUED RESOURCE FOR CAREGIVERS AND THOSE LIVING WITH THE DISEASE, OFFERING INFORMATION, EDUCATION AND SUPPORT. THE ALZHEIMER'S ASSOCIATION HAS 80 CHAPTERS WORKING TOGETHER TO ACCOMPLISH THE MISSION. THE NATIONAL ORGANIZATION IS HEADQUARTERED IN CHICAGO, AND HAS A PUBLIC POLICY OFFICE IN WASHINGTON, D.C. THE ALZHEIMER'S ASSOCIATION PROVIDES 24/7 CONSTITUENT SUPPORT THROUGH A HELPLINE 365 DAYS A YEAR (1.800.272.3900) AND AN AWARD-WINNING WEB SITE, ALZ.ORG.

THE ALZHEIMER'S ASSOCIATION IS THE WORLD'S LEADING VOLUNTARY HEALTH ORGANIZATION IN CARE, SUPPORT AND RESEARCH. SINCE AWARDING THE FIRST GRANTS IN 1982, THE ASSOCIATION HAS COMMITTED MORE THAN \$335 MILLION TO APPROXIMATELY 2,200 BEST-OF-FIELD GRANTS. AS A LEADER IN THE FIELD, THE ALZHEIMER'S ASSOCIATION FOSTERS A NETWORK FOR THE SCIENTIFIC COMMUNITY BY HOSTING THE LARGEST INTERNATIONAL CONFERENCE FOCUSING ON ALZHEIMER'S RESEARCH IN THE WORLD.

IN ADDITION, THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, SPEAKS UP TO HELP ENCOURAGE CONGRESS TO TAKE ACTION IN THE FIGHT AGAINST THIS DISEASE, AND HOSTS AN ANNUAL ADVOCACY FORUM IN WASHINGTON, D.C. CONCERN ABOUT ALZHEIMER'S DISEASE AND AWARENESS ABOUT THE ASSOCIATION ARE CRITICAL TO ACCELERATING PROGRESS. THE ALZHEIMER'S ASSOCIATION STRIVES TO MAKE MORE PEOPLE AWARE OF THE SERVICES AVAILABLE FOR THOSE FACING THIS DISEASE AND THE BENEFITS OF EARLY DETECTION. MORE THAN 5 MILLION ALZHEIMER'S ASSOCIATION CONSTITUENTS HAVE SIGNED UP TO EDUCATE, ADVOCATE, DONATE, AND PARTICIPATE TO MOVE THIS CAUSE FORWARD.

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.

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 O  
 Expenses 18,812,299. \_\_\_\_\_  
 Grants Of 931,101. \_\_\_\_\_  
 Revenue. 1,388,900. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Schedule O (Form 990) Supplemental Information to Form 990  
**Form 990, Page 6, Line 9 (continued)**

Name	Address	City	St	ZIP
MR. MATT JOHNSON	5 CREEKWOOD CIRCLE	RICHARDSON	TX	75080
MRS. GAIL PLUMMER	7500 DALLAS PKWY., STE. 300	PLANO	TX	75024
MRS. STACEY JONES ANGEL	8080 N. CENTRAL EXP., STE. 1420	DALLAS	TX	75206
MRS. BETTY NEUMAN	7604 GLENSHANNON CIRCLE	DALLAS	TX	75225
MR. JEFF OWENS	8025 LITTLEMILL	THE TRIBUTE	TX	75056
MS. KATHY CLEMENTS	400 SOUTH RECORD STREET	DALLAS	TX	75202
MRS. DIANNE ADLETA	3521 GREENBRIER DRIVE	DALLAS	TX	75225
MS. REBECCA S. CONRAD	4314 MEYERWOOD LANE	DALLAS	TX	75244
MRS. CASSIE ROOP CROSBY	5823 CLUB OAKS DRIVE	DALLAS	TX	75248
MRS. JUDY JARMON DIAMOND	211 BELLA RIVA	AUSTIN	TX	78734
MR. A. JAY FINEGOLD	3736 PURDUE	DALLAS	TX	75225
MR. STEVE FOLSOM	16475 DALLAS PKWY., STE. 800	ADDISON	TX	75001
MRS. KAY HAMMOND	6806 MEADOW ROAD	DALLAS	TX	75230
MRS. NELDA STRONG	29 PALISADES BLVD.	LONGVIEW	TX	75605
MRS. BARBARA C. SYPULT	3549 SOUTHWESTERN BLVD.	DALLAS	TX	75225
MRS. DEDE WILLIS	4710 IRVIN SIMMONS DRIVE	DALLAS	TX	75229
MR. STEPHEN WOODFIN	1012 HOUSTON STREET	KILGORE	TX	75662
MR. JACK BROYLES	25 HIGHLAND PARK VILLAGE, STE. 100-132	DALLAS	TX	75205
MR. BOB THOMPSON	5820 W. NORTHWEST HWY., STE. 200	DALLAS	TX	75225

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:

Ohio  
Virginia  
District of Columbia  
Wisconsin

Schedule G (Form 990 or 990EZ), Part IV Supplemental Information  
**Part III, Line 17a (continued)**

State Name	Amount
<u>Virginia</u>	<u>6,451.</u>

Schedule G (Form 990 or 990-EZ)

**Part IV Supplemental Information (Continued)**

Line Number	Explanation
PART III, LINE 13	GAMING ACTIVITY OPERATING IN CHAPTER'S/OUTSIDE FACILITY
	CLEVELAND AREA CHAPTER - 10% CHAPTER'S FACILITY, 90% OUTSIDE FACILITY
	SOUTHEASTERN VIRGINIA CHAPTER - 100% OUTSIDE FACILITY
	NATIONAL CAPITAL AREA CHAPTER - 100% OUTSIDE FACILITY
	SOUTHEASTERN WISCONSIN CHAPTER - 100% OUTSIDE FACILITY
PART III, LINE 14	PERSONS PREPARING GAMING/SPECIAL EVENT BOOKS AND RECORDS
	CLEVELAND AREA CHAPTER -
	MELISSA ZAPANTA SHELTON
	23215 COMMERCE PARK DRIVE, BEACHWOOD, OH 44122
	SOUTHEASTERN VIRGINIA CHAPTER -
	PATRICIA WOODIS
	6350 CENTER DRIVE, SUITE 102, NORFOLK, VA 23502-4107
	NATIONAL CAPITAL AREA CHAPTER -
	NUVIA ZELAYA
	3701 PENDER DRIVE, SUITE 400, FAIRFAX, VA 22030
	SOUTHEASTERN WISCONSIN CHAPTER -
	CHRISTINA PACKARD
	620 S. 76TH STREET, SUITE 160, MILWAUKEE, WI 53214
PART III, LINE 16	GAMING MANAGER(S)
	CLEVELAND AREA CHAPTER - EMPLOYEE
	MELISSA ZAPANTA SHELTON, \$120.00 COMPENSATION, COORDINATED SALES & REPORTING
	SOUTHEASTERN VIRGINIA CHAPTER - INDEPENDENT CONTRACTOR
	MARY ANN MOREAU, \$0.00 COMPENSATION, MANAGED RAFFLE TICKET INVENTORY
	NATIONAL CAPITAL AREA CHAPTER - INDEPENDENT CONTRACTOR
	MARIANA NORK, \$0.00 COMPENSATION, MANAGED OPERATIONS
	SOUTHEASTERN WISCONSIN CHAPTER - EMPLOYEE
	MARYANN VANCE, \$300.00 COMPENSATION, COLLECTED & ORGANIZED RAFFLE ITEMS, MANAGED TICKET SALES, AND DISTRIBUTED PRIZES
PART III, LINE 17B	SOUTHEASTERN VIRGINIA CHAPTER -
	VIRGINIA'S STATUTE REQUIRES A MINIMUM OF TEN PERCENT OF THE PROCEEDS TO BE EXPENSED IN THE OPERATION OF THE ORGANIZATION.

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

Pt I Line 2

CONNECTICUT CHAPTER -  
THE CHAPTER'S REGIONAL PROGRAM MANAGER TOOK IN APPLICATIONS FOR RESPITE CARE, REVIEWED THEM FOR ACCURACY AND COMPLIANCE, AND APPROVED THEM FOR PAYMENT. THE FINANCE DEPARTMENT REVIEWED EACH REQUEST AND MADE THE PAYMENTS.

CENTRAL AND NORTH FLORIDA CHAPTER -

RESPIRE GRANTS HAVE A MAXIMUM OF \$1,500 PER PERSON FOR REIMBURSEMENT OF RESPITE CARE EXPENSES. THE RECIPIENTS WERE REIMBURSED FOR ACTUAL OUT-OF-POCKET EXPENSES FOR RESPITE CARE. RECIPIENTS HAD TO MEET GRANT CRITERIA GUIDELINES, WHICH INCLUDED BUT WAS NOT LIMITED TO: A DOCTOR'S CONFIRMATION; PROOF OF RESIDENCY; SUBMISSION OF COPIES OF INVOICES; AND PROOF OF PAYMENT TO THE DIRECTOR OF PROGRAMS AND EDUCATION. THE DIRECTOR OF PROGRAMS AND EDUCATION SUBMITTED PAYMENT REQUESTS TO THE FINANCE DIRECTOR. THE FINANCE DIRECTOR AND CEO HAD FINAL APPROVAL. RECONCILIATIONS WERE MAINTAINED FOR EACH INDIVIDUAL TO MONITOR PAYMENTS MADE AND TO NOT EXCEED A MAXIMUM OF \$1,500. THIS GRANT WAS BARRKED FOR VOLUISIA COUNTY RESIDENTS. WORK PAPERS WERE PART OF THE ANNUAL AUDIT. SAFE RETURN SCHOLARSHIPS WERE RECEIVED AS RESTRICTED GRANTS TO PROVIDE SAFE RETURN. PROGRAM STAFF PROVIDED "VOUCHERS" TO CAREGIVERS ALLOWING A SCHOLARSHIP FOR THE IDENTIFICATION PROGRAM TOGETHER WITH THE SAFE RETURN APPLICATION. THEY WERE PROVIDED TO RECIPIENTS THROUGH OUR HELPLINE CONTACTS AND/OR AT PROGRAM PRESENTATIONS. THE CAREGIVER SUBMITTED A COMPLETED SAFE RETURN APPLICATION TOGETHER WITH THE "VOUCHER" RECEIVED FROM THE CHAPTER. THE CHAPTER PROGRAM STAFF THEN SUBMITTED A CHECK REQUEST TOGETHER WITH THE APPLICATION TO THE DIRECTOR OF PROGRAMS AND EDUCATION FOR APPROVAL. THE CEO APPROVED, AND THE FINANCE DIRECTOR ISSUED A CHECK PAYABLE TO MEDICALERT + SAFE RETURN SIGNED BY THE CEO. THE PAYMENT WAS THEN FORWARDED TO MEDICALERT + SAFE RETURN WITH THE ORIGINAL APPLICATION. COPIES WERE KEPT ON FILE AND RECONCILIATIONS WERE PROVIDED FOR THE ANNUAL AUDIT.

ALOHA CHAPTER -

THE GRANTS WERE FOR MEMBERSHIPS FOR THE MEDICALERT + SAFE RETURN PROGRAM. THE CHAPTER WORKED IN REGISTERING INDIVIDUALS, WHO APPLIED DIRECTLY TO THE CHAPTER, FOR THIS PROGRAM AND PAID FOR THEIR MEMBERSHIP FEE. THE CHAPTER KEPT A LOG OF ALL OF THE INDIVIDUALS THEY SUPPLIED WITH MEMBERSHIPS.

GREATER INDIANA CHAPTER -

FUNDS WERE PROVIDED TO PERSONS WITH ALZHEIMER'S DISEASE AND A FAMILY CAREGIVER TO ENROLL IN THE MEDICALERT + SAFE RETURN PROGRAM. THESE PERSONS WERE DETERMINED TO BE IN NEED OF ASSISTANCE DURING A PERSONAL CONFERENCE WITH THE CHAPTER'S CARE CONSULTANT. THE CHAPTER TRACKED THE NUMBER OF INDIVIDUALS OFFERED ASSISTANCE AS THE PAYMENTS FOR THE SERVICE WAS PAID.



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

Continued

Pt I Line 2

CENTRAL AND WESTERN KANSAS CHAPTER -  
THE GRANTS AWARDED WERE RESPITE GRANTS. THROUGH THE IIIE GRANT, THE CHAPTER AWARDED SO MANY DAYS OF DAYCARE OR HOURS OF IN-HOME RESPITE. THE REQUIREMENTS WERE 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) GRANT, EACH PERSON WAS AWARDED A REIMBURSEMENT FOR RESPITE CARE UP TO \$500 FOR THE YEAR. THE REQUIREMENTS WERE 1) THE PERSON MUST LIVE IN ONE OF THE 68 COUNTIES THAT THE CHAPTER SERVES, 2) THE PATIENT IS IN NEED OF THE SERVICE THEY ARE APPLYING FOR, AND 3) THE CAREGIVER IS IN NEED OF A SERVICE THAT IS DIRECTLY RELATED TO THE CARE OF THE PATIENT.

MAINE CHAPTER -  
THE ADVOCACY FORUM AMBASSADOR SCHOLARSHIPS ARE ANNUAL GRANTS TO PAY FOR A DELEGATE'S EXPENSES TO THE DELEGATE ASSEMBLY. THE DELEGATE FILED OUT A NON-EMPLOYEE EXPENSE REPORT WHICH WAS SIGNED BY THE EXECUTIVE DIRECTOR AND SUBSEQUENTLY PAID. FOR THE SAFE RETURN SCHOLARSHIPS, INDIVIDUALS WERE REQUIRED TO SUBMIT STANDARDIZED REPORTS FOR PAYMENT. THE REPORT HAD PARTICIPANT AND REIMBURSEMENT DATA.

GREATER MICHIGAN CHAPTER -  
ORGANIZATIONS AND INDIVIDUALS WERE REQUIRED TO SUBMIT RESPITE REPORTS FOR PAYMENT. THE REPORT HAD PARTICIPANT AND REIMBURSEMENT DATA. REPORTS WERE REVIEWED BY THE PROGRAM SERVICE MANAGER PRIOR TO PROCESSING PAYMENT.

HEART OF AMERICA CHAPTER -  
A REIMBURSEMENT MODEL WAS USED IN MONITORING THE USE OF GRANT FUNDS. THE GRANTEE PRESENTED PAID RECEIPTS FOR SERVICES (RESPITE SERVICES, PURCHASES OF INCONTINENCE PRODUCTS, AND MEDICINES TO TREAT DISEASE). RECORDS WERE KEPT ON A SPREADSHEET.

HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY CHAPTER -  
AN APPLICATION WAS COMPLETED BY THE CAREGIVER IN ORDER TO RECEIVE A TIME AWAY GRANT. THE CARE CONSULTANT WORKED WITH THE FAMILY TO PUT IN PLACE THE APPROPRIATE RESPITE INTERVENTION ONCE THE APPLICATION HAD BEEN APPROVED BY THE DIRECTOR OF PROGRAMS AND SERVICES. THE CARE CONSULTANTS MONITORED THE USE OF THE GRANT IN ORDER TO ENSURE THE FULL AMOUNT WAS USED. AN AGREEMENT WAS ALSO PUT IN PLACE BETWEEN THE ALZHEIMER'S ASSOCIATION AND THE AGENCY THE FAMILY CHOSE SO THAT PROPER BILLING TOOK PLACE.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

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

Pt I Line 2

ROCHESTER CHAPTER -

THE CHAPTER DETERMINED WHO RECEIVED RESPITE AND MEDICALERT + SAFE RETURN ASSISTANCE. THE PAYMENTS WERE MADE DIRECTLY BY THE CHAPTER TO THE THIRD PARTIES TO PROVIDE ASSISTANCE TO INDIVIDUALS. FINANCIAL STATEMENTS WERE REVIEWED MONTHLY AND PARTICIPANT UTILIZATION WAS ADJUSTED AS NECESSARY AFTER THE STATEMENTS WERE REVIEWED.

WESTERN NEW YORK CHAPTER -

GRANTS WERE ADMINISTERED IN ACCORDANCE WITH THE TERMS OF THE NEW YORK STATE GRANT FROM WHICH THE FUNDS RECEIVED (\$2,500) WERE PASSED THROUGH. INDIVIDUALS THAT MET THE ESTABLISHED CRITERIA WERE AWARDED A GRANT, NOT TO EXCEED \$400, FOR EMERGENCY RESPITE. THE CHAPTER ESTIMATED THE NUMBER TO BE LESS THAN TEN RECIPIENTS ANNUALLY BASED ON THE SMALL AMOUNT OF THE TOTAL GRANT.

GREATER EAST OHIO AREA CHAPTER -

THE GRANT FUNDS WERE USED FOR GRANT REQUESTS BY CAREGIVERS BASED ON THE COUNTY OF RESIDENCE AND MEDICAL NEED. THE FUNDS WERE PAID DIRECTLY TO THE CAREGIVER AFTER A CANCELLED CHECK WAS RECEIVED OR DIRECTLY TO THE AGENCY FROM AN APPROVED INVOICE.

MIAMI VALLEY CHAPTER -

FAMILY MEMBERS HAD TO APPLY FOR FUNDS THROUGH THE CHAPTER AND COMPLETE A CARE CONSULTATION. HOME HEALTH AGENCIES, NURSING HOMES, AND ASSISTED LIVING PROVIDERS HAD TO ALL COMPLETE A PROVIDER APPLICATION. FUNDS WERE PAID DIRECTLY TO THE CARE PROVIDER.

MEDICALERT + SAFE RETURN PAYMENTS WERE MADE ON BEHALF OF THE CLIENT AFTER A CARE CONSULTATION. THE GRANT FOR THE STUDY AND DEVELOPMENT ON THERAPIES TO LIVE WITH ALZHEIMER'S WAS A PASS THROUGH PAYMENT FROM THE GREATER DAYTON MENTAL HEALTH FOUNDATION AND PROVIDED FUNDING FOR A PROJECT TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH ALZHEIMER'S WHO ARE LIVING AT HOME. PERIODIC REPORTS ON THE GRANT PROJECT WERE PROVIDED TO THE CHAPTER.

NORTHWEST OHIO CHAPTER -

IN MONITORING THE USE OF GRANTS THE CHAPTER REQUIRED A RECEIPT OF APPROVED GRANT-RELATED EXPENDITURES FROM THE RECIPIENT BEFORE THE CHAPTER DISBURSED CHAPTER FUNDS.

OKLAHOMA CHAPTER -

THE GRANT FUNDS WERE USED FOR MEMBERSHIPS FOR THE MEDICALERT + SAFE RETURN PROGRAM. THE CHAPTER REGISTERED INDIVIDUALS WHO APPLIED DIRECTLY TO THE CHAPTER FOR THE PROGRAM AND PAID FOR THEIR MEMBERSHIP FEE. THE CHAPTER KEPT RECORD OF ALL THE INDIVIDUALS IT SUPPLIED WITH MEMBERSHIPS.

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

Continued

Pt I Line 2

DELAWARE VALLEY CHAPTER -  
THE EXECUTIVE DIRECTORS KEPT DETAILED RECORDS OF THEIR RESPITE PROGRAMS.  
THE COMMUNITY OUTREACH SPECIALIST AND THE GEORGETOWN OFFICE BRANCH  
COORDINATOR KEPT THE RECORDS FOR THE SAFE RETURN SCHOLARSHIPS FOR THEIR  
AREAS.

SOUTH CAROLINA CHAPTER -  
APPLICATIONS RECEIVED FROM FAMILY MEMBERS AND CAREGIVERS OF THOSE  
AFFLICTED WERE EVALUATED TO DETERMINE ELIGIBILITY. ELIGIBLE FAMILIES WERE SENT  
PACKAGES WITH \$500 VOUCHERS AND A LISTING OF PRE-APPROVED THIRD PARTY  
CARE PROVIDERS AND FACILITY CARE PROVIDERS. A SEPARATE DATABASE WAS  
MAINTAINED TO TRACK GRANTEE INFORMATION, ISSUE DATES OF VOUCHERS, THE  
AMOUNT REDEEMED, AND THE AMOUNT OUTSTANDING.

GREATER DALLAS CHAPTER -  
ORGANIZATIONS AND INDIVIDUALS WERE REQUIRED TO SUBMIT RESPITE REPORTS FOR  
PAYMENT. THE REPORT HAD PARTICIPANT AND REIMBURSEMENT DATA. REPORTS WERE  
REVIEWED BY THE PROGRAM SERVICE MANAGER PRIOR TO PROCESSING THE PAYMENT.  
GRANT FUND SPENDING WAS TRACKED IN THE ACCOUNTING SYSTEM BY ASSIGNING A UNIQUE  
PROJECT NUMBER TO EACH GRANT. WHEN FUNDS WERE SPENT THEY WERE CODED WITH THE  
UNIQUE PROJECT NUMBER.

SOUTHEASTERN VIRGINIA CHAPTER -  
ORGANIZATIONS AND INDIVIDUALS WERE REQUIRED TO SUBMIT STANDARDIZED RESPITE  
REPORTS FOR PAYMENT. THE REPORT HAD PARTICIPANT AND REIMBURSEMENT DATA.  
REPORTS WERE REVIEWED AND DATA WAS UPDATED TO THE GRANT WORKBOOK PRIOR TO  
PROCESSING THE PAYMENT.

GREATER RICHMOND CHAPTER -  
FUNDS WERE PAID DIRECTLY TO THE FACILITY, IN-HOME CARE PROVIDER OR ADULT  
DAY CARE UPON RECEIPT OF AN INVOICE. CAREGIVERS SUBMITTED AN APPLICATION  
INCLUDING A PHYSICIAN'S STATEMENT CONFIRMING THE PATIENT HAD SOME FORM OF  
DEMENTIA. THROUGH HOME VISITS THE CONSULTANT CONFIRMED THE APPLICANT'S  
STATUS AS THE PRIMARY CAREGIVER. THE APPLICATION WAS REVIEWED BY PROGRAM  
STAFF FOR APPROVAL. IF APPROVED, RECIPIENTS WERE REQUIRED TO USE RESPITE  
PROVIDERS LICENSED BY THE STATE.

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

Continued

Pt I Line 2

WEST VIRGINIA CHAPTER -  
THE CHAPTER MAINTAINED A RESPITE PROGRAM AND A SAFE RETURN SCHOLARSHIP PROGRAM. CAREGIVERS HAD TO PROVIDE A DOCTOR'S DIAGNOSIS OF THE DISEASE TO BE ELIGIBLE TO PARTICIPATE IN THE PROGRAMS. FINANCIAL ASSISTANCE WAS FOR REIMBURSEMENT OF EXPENSES ONLY. EACH REQUEST FOR REIMBURSEMENT HAD TO BE ACCOMPANIED BY RECEIPTS EVIDENCING EXPENSES INCURRED.

SOUTHEASTERN WISCONSIN CHAPTER -  
THE CHAPTER GAVE GRANTS FOR MEDICAL/ERT SERVICES AND RESPITE CARE. WHEN THE INDIVIDUAL'S NEEDS WERE APPROVED, THE CHAPTER PAID FOR THE SERVICES DIRECTLY TO THE VENDOR. THE NUMBER OF RECIPIENTS THAT RECEIVED GRANTS WAS DETERMINED BY THE AMOUNT OF FUNDING RECEIVED. THE PROGRAMS WERE FUNDED BY PRIVATE AND GOVERNMENT GRANTS.

MID SOUTH CHAPTER -  
ORGANIZATIONS AND INDIVIDUALS WERE REQUIRED TO SUBMIT RESPITE REPORTS FOR PAYMENT. THE REPORT INCLUDED PARTICIPANT AND REIMBURSEMENT DATA. RESPITE REPORTS WERE REVIEWED BY THE PROGRAM SERVICE MANAGER PRIOR TO PROCESSING THE PAYMENT.

Pt III, col (b)

THE NUMBER OF RECIPIENTS LISTED WAS BASED ON THE DATA COLLECTED ON THE CHAPTER RECORDS OF INDIVIDUALS SERVED.

Form 990, Question H

## List of Affiliates Included in Return

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
CENTRAL AND NORTH FLORIDA Foreign City/Country if applicable . . . .	378 CENTER POINTE CIRCLE, SUITE 1280 ALTAMONTE SPRINGS FL 32701	36-3487166
ALOHA Foreign City/Country if applicable . . . .	1050 ALA MOANA BLVD., SUITE 2610 HONOLULU HI 96814-4906	99-0212360
CENTRAL ILLINOIS Foreign City/Country if applicable . . . .	606 WEST GLEN AVENUE PEORIA IL 61614	37-1224417
GREATER INDIANA Foreign City/Country if applicable . . . .	50 EAST 91ST STREET, SUITE 100 INDIANAPOLIS IN 46240	35-1747836
CENTRAL AND WESTERN KANSAS Foreign City/Country if applicable . . . .	1820 EAST DOUGLAS AVENUE WITCHITA KS 67214	20-5107941
MAINE Foreign City/Country if applicable . . . .	383 U.S. ROUTE 1, SUITE 2C SCARBOROUGH ME 04074	01-0428502
GREATER MICHIGAN Foreign City/Country if applicable . . . .	25200 TELEGRAPH ROAD, SUITE 100 SOUTHFIELD MI 48033	38-2378032
HEART OF AMERICA Foreign City/Country if applicable . . . .	3846 WEST 75TH STREET PRAIRIE VILLAGE KS 66208	48-0934474
HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY Foreign City/Country if applicable . . . .	2 JEFFERSON PLAZA, SUITE 103 POUGHKEEPSIE NY 12601-4027	14-1695487
ROCHESTER Foreign City/Country if applicable . . . .	435 EAST HENRIETTA ROAD ROCHESTER NY 14620	16-1159941
WESTERN NEW YORK Foreign City/Country if applicable . . . .	2805 WEHRLE DRIVE, SUITE 6 WILLIAMSVILLE NY 14221	16-1181599
GREATER EAST OHIO AREA Foreign City/Country if applicable . . . .	70 WEST STREETSBORO STREET, SUITE 201 HUDSON OH 44236	34-1454446
CLEVELAND AREA Foreign City/Country if applicable . . . .	23215 COMMERCE PARK DRIVE, SUITE 300 BEACHWOOD OH 44122	34-1311175
CENTRAL OHIO Foreign City/Country if applicable . . . .	1379 DUBLIN ROAD COLUMBUS OH 43215	31-0996236
MIAMI VALLEY Foreign City/Country if applicable . . . .	31 WEST WHIPP ROAD DAYTON OH 45459	31-1031867
NORTHWEST OHIO Foreign City/Country if applicable . . . .	2500 NORTH REYNOLDS ROAD TOLEDO OH 43615-2820	34-1423768
OKLAHOMA Foreign City/Country if applicable . . . .	2448 EAST 81ST STREET, SUITE 3000 TULSA OK 74137	73-1183372

Form 990, Question H

Continued

**List of Affiliates Included in Return**

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
DELAWARE VALLEY	399 MARKET STREET, SUITE 102 PHILADELPHIA PA 19106	23-2280056
Foreign City/Country if applicable . . . .		
SOUTH CAROLINA	4124 CLEMSON BLVD., SUITE L ANDERSON SC 29621	57-0792592
Foreign City/Country if applicable . . . .		
GREATER DALLAS	4144 NORTH CENTRAL EXPRESSWAY, SUITE 750 DALLAS TX 75204	75-2041194
Foreign City/Country if applicable . . . .		
CENTRAL AND WESTERN VIRGINIA	THE JORDAN BUILDING, 1160 PEPSI PLACE, SUITE 306 CHARLOTTESVILLE VA 22901	54-1309570
Foreign City/Country if applicable . . . .		
SOUTHEASTERN VIRGINIA	6350 CENTER DRIVE, SUITE 102 NORFOLK VA 23502	54-1204329
Foreign City/Country if applicable . . . .		
NATIONAL CAPITAL AREA	3701 PENDER DRIVE, SUITE 400 FAIRFAX VA 22030	52-1196162
Foreign City/Country if applicable . . . .		
GREATER RICHMOND	4600 COX ROAD, SUITE 130 GLEN ALLEN VA 23060	54-1263555
Foreign City/Country if applicable . . . .		
WEST VIRGINIA	1601 SECOND AVENUE CHARLESTON WV 25387	36-3487172
Foreign City/Country if applicable . . . .		
SOUTHEASTERN WISCONSIN	620 SOUTH 76TH STREET, SUITE 160 MILWAUKEE WI 53214	39-1350965
Foreign City/Country if applicable . . . .		
MISSISSIPPI	196 CHARMANT DRIVE, SUITE 4 RIDGELAND MS 39157	64-0786327
Foreign City/Country if applicable . . . .		
MID SOUTH	4825 TROUSDALE DRIVE, SUITE 220 NASHVILLE TN 37220	62-1860364
Foreign City/Country if applicable . . . .		