ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.

Form 990 for the Year Ended June 30, 2015

Public Disclosure Copy

Form **990**

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For the	e 2014 calen	dar year, or tax y	ear begir	nning Jul	1	, 2014	, and ending	Jun	30		, 2015	
В	Check if	applicable:	C Name of organiza	ation ALZI	HEIMER'S DI	SEASE AND F	RELATED DISC	ORDERS ASSO	CIATION	D Employ	yer ident	ification number	
	Add	ress change	Doing business a	s						36-	3463	656	
	Nan	ne change	Number and stree	et (or P.O. bo	x if mail is not del	ivered to street a	ddress)	Room/su	uite	E Telepho	10.10		
	-	al return	225 N. MIC	HIGAN	AME			17TH	FLOOR	(31	2) 3	35-8700	
		March Carlotte	City or town, state			or foreign postal	code	(1/111	1 DOOK	(31	21 3	33 0700	
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		ended return	CHICAGO				IL	60601-				\$ 77,564,31	TT
	App	lication pending	F Name and addres							a group return			
			RICHARD H. HOVLAND	225 N. I				L 60601-7633	If 'No,'	subordinates attach a list. (included' see instru	? Yes	X No
1	Tax-ex	xempt status	X 501(c)(3)	501(c) () ▼ (ii	nsert no.)	4947(a)(1) or	527		H(c)			
J	Webs	site: ► WW	W.ALZ.ORG							exemption nu			
K	Form o	of organization:	X Corporation	Trust	Association	Other >	L.	Year of formation	n:	M s	State of le	egal domicile: II	
Pa	art I	Summar											
1.00			e the organization	n's missior	n or most sign	nificant activi	ties: то) ELIMIN	IATE A	LZHEIM	ER'S	DISEASE	
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Ver			x ► if the or				ns or dispose	d of more th	an 25% o	f its net as	sets		
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∘ઇ			ependent voting r								4		494
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Ξ			of volunteers (est								6	3	0,499
Act	7a T	otal unrelated	d business revenu	ue from Pa	ırt VIII, colum	n (C), line 12	2				7a		0.
			business taxable								7b		0.
										rior Year		Current Y	ear
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g.	bТ	otal fundraisir	ng expenses (Par	t IX, colun	nn (D), line 2	5) ►	9,44	4,999.					
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Assets or Balances	20 T	otal assets (P	Part X, line 16)							, 588, 7		74,853	
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+ =										100 A 100 A 100 A 100 A 100 A		9,132	
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Pa	rt II 🚆	Signature	Block										
Unde	r penalties	of perjury, I decla	are that I have examine r (other than officer) is t	d this return, i	including accomp	anying schedule	s and statements,	and to the best	of my knowle	edge and beli	ef, it is tru	ue, correct, and	
Jomp	iele. Decia	ration of preparer	(other trial officer) is t	Jaseu on an ir	normation of write	in preparer has a	my knowledge.				1 1		
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Sig	n	Signature	e of officer	7710					Date	е	' '		
Hei			Kichardt	t. How	land, (00							
		Type or p	orint name and title.		,								
		Print/Type pre	eparer's name		Preparer's signa	ature	-	Date		Check	if F	PTIN	
Pai	٨	BRIDGE	ET T ROCHE		K	- +T	Jehr	2/1/1	6	self-employed	<u>.</u>	P0066683	7
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-50	Ciny	rim s address	1/1 N C	LAKK S	or, SUITI	E 200 CH	ILCAGO, .	IL 60601				-856-0200	
										Phone no.	217-		T
мау	the IRS	discuss this	return with the pr	eparer sho	own above? (see instructi	ONS)					X Yes	No

Form **8868**

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service ► File a separate application for each return,
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Internal Revenu	e Service Information	on about Form 8	368 and its	instructions is at www	v.irs.gov/form8868.	
• If you are	filing for an Automatic 3-Mo	nth Extension,	complete	only Part I and ched	ck this box	· · · · , > 🔽
• ir you are	filing for an Additional (Not A	\utomatic) 3-M	onth Exte	nsion, complete on	ly Part II (on page 2 of thi	is form)
Do not con	<i>nplete Part II unless</i> you hav	e aiready been	granted an	automatic 3-month	extension on a previously	/ filed Form 8868.
Electronic	filing (e-file). You can electro	nically file Form	1 8868 if w	ou need a 3-month a	Automatic extension of tim	no to file (Compathe to
2000 10 160	uçsı alı extelision di ilille iti	THE ADV OF THE	tarme lieta	id in Dart I ar Dart II	with the everyther of Fr	0070 1-C- v
	Transfers Associated With (). For more details on the elec					
Part 1	Automatic 3-Month Exte	nsion of Time	Only ou	bmit original / a	and onek offe-me for Cha	armes a Nonproms.
A corporati	on required to file Form 99	0-T and reque	sting an a	utomatic 6 month	opies needed).	
Part I only	•	o i dilo reduc		dotomatic 6-month	extension—check this b	ox and complete
All other col	porations (including 1120-C i	filers), partnersh	ios. REMI	Os and trusts must i	use Form 7004 to reques	t an extension of time
to file incom	e tax returns.	-7, p	.,,	and traded made	aso i bini 7004 to reques	an extension of time
				•	Enter filer's identifying nu	imher see instructions
Type or	Name of exempt organization o	r other filer, see ir	structions.		Employer identification nun	
print	ALZHEIMER'S ASSOCIATION				36-3463	, , ,
File by the	Number, street, and room or su	ite no. If a P.O. bo	x, see instr	uctions.	Social security number (SS	
due date for	225 N. MICHIGAN AVENUE, 17	TH FLOOR			,	•
filing your return. See	City, town or post office, state,	and ZIP code. For	a foreign a	ddress, see instruction	9.	
instructions.	CHICAGO, IL 60601-7633					
Enter the Re	turn code for the return that the	his application is	s for (file a	separate application	for each return)	01
Application		····	Return	Application	-	
ls For			Code	ls For	•	Return Code
Form 990 o	r Form 990-EZ	<u>-</u> -	01	Form 990-T (corpo	ration)	
Form 990-B	L		02	Form 1041-A	ranon	07
Form 4720 (individual)		03	Form 4720 (other th	an individual)	09
Form 990-P	F_		04	Form 5227	tan marviadaly	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
. Th					<u> </u>	
• The books	are in the care of ► RICHARI	D.H. HOVLAND, (COO/CFO			-,
Telephone	No. ► 312-335-5	771	Г.	w Na S	000 000 10	
If the organ	ization doop not belle an effi-			ax No. ►		—
If this is for	a Group Return, enter the org	anization's four	siness in t diait Grou	ne United States, ch In Exemption Numbe	eck this dox	
or the whole	group, check this box	. ▶ □.Jfit	is for part	of the group, check	this hav	If this is
list with the	names and EINs of all memb	ers the extension	n is for.	or the group, check	III3 DOX ,	y and attach
1 I reque	est an automatic 3-month (6 r	nonths for a cor	poration re	equired to file Form 9	390-T) extension of time	
until	FEBRUARY 16 , 20 16 ,	to file the exem	pt organiza	ation return for the o	rganization named above	. The extension is
for the	organization's return for:				J	. The extension is
►□c	alendar year 20 or					
► 171 ±						
	ax year beginning	JULY 1	, 20	14 , and ending	JUNE 30	, 20 15 .
	ax year entered in line 1 is for inge in accounting period	less than 12 m	onths, che	ck reason: Initial	return	
3a If this a	application is for Forms 990-E	I GOO DE COO	T 4700 a	w 6060 amtau H - 1		
nonref	undable credits. See instruction	ons.	-1,4/20, t	or occes, enter the ter	•	
	application is for Forms 99		720 or 60	160 anter any votus	3a	\$
estima	ted tax payments made. Inclu	de any prior ve	ar overnav	ment allowed as a co	171	<u>.</u>
c Baland	e due. Subtract line 3b from	line 3a. Include	vour payn	ent with this form if	required by using	\$
EFIPS	(Electronic Federal Tax Payri	nent System). S	ee instruct	ions.	3c	\$
aution. If you	are going to make an electronic f	unds withdrawai (direct debit) with this Form 8868, s	see Form 8453-EO and Form	8879-FO for payment

Alzheimer's Association Year Ended June 30, 2015 EIN #36-3463656 GEN #9334

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

ST	EIN ,	CHP	# NAME			2 NEW 1079
AND THE	表现的		# NAME	ÄDDRESS	CITY	ZIP
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CA	94-2897949	20	Northern California and Northern Nevada	2290 North 1st Street, Suite 101	San Jose	95131
CO		24	Colorado	455 Sherman Street, Suite 500	Denver	80203
CT	42-1540769	28	Connecticut	200 Executive Blvd., Suite 4B	Southington	06489
FL	59-2008883	33	Southeast Florida	3333 Forest Hill Blvd.	West Palm Beach	33406
FL	36-3487166	37	Central and North Florida	2180 West State Road 434, Suite 1100	Longwood	32779
IL	37-1224417	58	Central Illinois	612 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
KS	48-0934474	100	Heart of America	3846 West 75th Street	Prairie Village	66208
NM	85-0287820	_	New Mexico	9500 Montgomery Blvd. NE, Suite 121	Albuquerque	87111
NY	14-1695487		Hudson Valley/Rockland/Westchester, NY	2 Jefferson Plaza, Suite 103	Poughkeepsie	12601
NY	16-1159941	_	Rochester	435 East Henrietta Road	Rochester	14620
NY	16-1181599	128	Western New York	2805 Wehrle Drive, Suite 6	Williamsville	14221
ОН	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
ОН	31-0996236	140	Central Ohio	1379 Dublin Road	Columbus	43215
ОН	31-1031867	_	Miami Valley	31 West Whipp Road	Dayton	45459
ОН	34-1423768		Northwest Ohio	2500 North Reynolds Road	Toledo	43615
OK	73-1183372		Oklahoma	2448 East 81st Street, Suite 3000	Tulsa	74137
PA	23-2280056		Delaware Valley	399 Market Street, Suite 102	Philadelphia	19106
sc	57-0792592		South Carolina	4124 Clemson Blvd., Suite L	Anderson	29621
TX	75-2041194		Greater Dallas	3001 Knox Street, Suite 200	Daltas	75205
VA	54-1309570		Central and Western Virginia	The Jordan Building, 1160 Pepsi Place, Suite 306	Charlotlesville	22901
_	54-1204329		Southeastern Virginia	6350 Center Drive, Suite 102	Norfolk	23502
VA	52-1196162		National Capital Area	3701 Pender Drive, Suite 400	Fairfax	22030
VA	54-1263555		Greater Richmond	4600 Cox Road, Suite 130	Glen Allen	23060
WV	36-3487172		West Virginia	1601 Second Avenue		25387
WI	39-1350965		Southeastern Wisconsin	620 South 76th Street, Suite 160		53214
$\overline{}$	64-0786327		Mississippi			39157
TN	62-1860364		Mid South	4825 Trousdale Drive, Suite 220		37220
		31			1400114111G	UIZZU

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		Carrier Control	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b 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	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		Х
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	15		Х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	Х	
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
Ł	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 h		

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Form 990 (2014) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Χ Χ 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I........ 25a Χ b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25b X 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?

If 'Yes', complete Schedule L, Part II 26 Χ Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes.' complete Schedule N. Part I. Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ 32 33 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 Х 34 Χ 35a 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

BAA Form 990 (2014)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2014) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 559 1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return x b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... Х 3 : 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4 a b If 'Yes,' enter the name of the foreign country: > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) Χ 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5 a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a Х 7 b Χ c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.... 7 f Χ g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in 13b

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

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-or	m 990 (2014) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656		F	Page 6
Pá	art VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
_	Check if Schedule O contains a response or note to any line in this Part VI			. X
Se	ction A. Governing Body and Management			
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 494 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.	-	Yes	No
	b Enter the number of voting members included in line 1a, above, who are independent 1b 494		100.2313	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	CMANAS.	Χ
3	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	1.		
_	·	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	Х
7	Did the organization have members or stockholders?	6		X
	members of the governing body?	7 a.		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		NEW TOOL	
	a The governing body?	8 a	Х	120117-1-4
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
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	9		x
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		r Hiller	
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Χ	.,
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
;	The organization's CEO, Executive Director, or top management official	15 a	Х	
ı	Other officers or key employees of the organization	15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
ı	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed EACH CHAPTER FILES IN ITS RESPECTI	VE S	ГАТЕ	(S)
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) to public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	RICHARD H. HOVLAND, COO/CFO ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE FL.17 CHICAGO, IL 60:61-7633	(312)	335	5771

		yc
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ne
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A	Officers Directors Tructocs Key Employees and Bisheet Company and Employees	

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	n nor any related	orga	niza	tior	ı co	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unle: er and	Pos heck ss pe d a d	erson	e than c is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)GEOFF HEREDIA	2.50									
BOARD PRESIDENT		Х		Х				0	o	0
(2)HOWARD KIRSCH	1.30									
BOARD VICE PRESIDENT	· -	Х		Х				0	0.	0
(3)MATHEW RHODES	1.30								_	
BOARD TREASURER		Х	i	Х				0	0	0
(4) FRANCIE NEWFIELD	1.30									
BOARD SECRETARY		Х		Х				0	o	0
_(5)PAT BALDRIDGE	1.30									
BOARD DIRECTOR		Х						0	0	0
(6) ROBB FANNO	1.30									
BOARD DIRECTOR		Х						0	0	0
(7)MICHAEL GALLAGHER	1.30									
BOARD DIRECTOR		Х	ļ		ı	İ		0	o	0
(8)CHUCK HAAS	1.30								-	
BOARD DIRECTOR		Х						0	0	0
(9)GEOFFREY KERCHNER	1.30									
BOARD DIRECTOR	[- -	Х		İ				0	0	0
(10) JOAN KEZIC	1.30									
BOARD DIRECTOR	--	Х					ĺ	0	0	0
(11)MICHAEL KIRKLAND	1.30		T							
BOARD DIRECTOR		Х						0	0	0
(12) RENU MAHALE	1.30									
BOARD DIRECTOR		x					ļ	O	0	0
(13)DENISE PRINGLE	1.30						Ì			
BOARD DIRECTOR	 -	Х						0	0	0
(14)PETER REED	1.30		\neg	_						
BOARD DIRECTOR		Х	-			i		of	0	0

	(A) Name and title	(B) Average hours per week (list any hours for	box,	tot ch unles	Pos heck ss pe	erson lirect	e than is both	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ап	(F) timated rount of other pensatio	en.
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anization frelated inization	
(15) KAREN STEVENSON BOARD DIRECTOR	1.30	Х			•			0	0			(
(16) JEFFREY TENG	1.30											
	BOARD DIRECTOR	T	Х			,			0	0			(
(17) ALEX TSAO	1.30								-			
	BOARD DIRECTOR		X			l			0	0			(
	18) LESLIE WALKER	1.30											
	BOARD DIRECTOR		Х						0	0			(
	19) TOM HURLEY	8.00											
	BOARD CHAIR		Х		Х				0	0			C
	20) DONALD BECHTER, CFA	6.00											
	BOARD VICE CHAIR		Х		Х				0	0			C
	21) VENETIA MARSHALL, JD	6.00											
	BOARD SECRETARY		Х		Х				0	0			0
	22) DANIEL THOMAS	6.00									-		
	BOARD TREASURER		Х		Х				0	0			C
	23) CHRISTOPHER BINKLEY BOARD MEMBER	2.00	Х						0	0			0
	24) FRANCIS BROWN, ESQ	2.00											
	BOARD MEMBER		Х						l	0			0
	25) TERESA GREGG	2.00		T				_					
	BOARD MEMBER		Х						o	0			0
	1b Sub-total							•	0	0			0
	c Total from continuation sheets to Part VII, Se	ection A						\blacktriangleright	5,619,510.	0	5.2	24,80	57.
	d Total (add lines 1b and 1c)							▶	5,619,510.	0	52	24,86	57.
	2 Total number of individuals (including but not l reportable compensation from the organization				d at	OVE) who	re	ceived more than \$	\$100,000 of			
	reportable compensation from the organization		22								Т	Yes	No
	3 Did the organization list any former office	er, directo	r. or	trus	stee	e. k	ev e	mр	lovee, or highest	compensated			:
	employee on line 1a? If "Yes," complete Schedu										3		Х
	4 For any individual listed on line 1a, is the s	um of ren	ortabl	e co	omi	nen-	sation	ar	nd other compens	ation from the			7.
	organization and related organizations gre	ater than	\$15	0,00	00?	If	"Yes	," (complete Scheduli	e J for such	4	x	•
	5 Did any person listed on line 1a receive or	accrue cor	npens	atio	ın f	rom	any	unr	elated organizatio	n or individual			
	for services rendered to the organization? If "Ye Section B. Independent Contractors	s, compiet	е Ѕсп	eaui	e J	ior	sucn ,	pers	son		5		X
	Complete this table for your five highest compensation from the organization. Report of year.												
	(A)							T	(B)		(C)	-	
	Name and business add	ess						ļ	Description of ser	vices C	ompens	ation	
	ATTACHMENT 1												
					-					•			
	2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	to	thos	e lis	sted above) who	received			
	SA	, organizati	OII P			_	L				E (190 /c	014
		<u> </u>					-			l .	Form \$	90 (2	01

Part V	Section A. Officers, Directors,	rustees, Ke	y En	nplo	yee	es, a	and I	lig	hest Compensat	ed Employees (continued)
	(A) Name and title	(B) Average hours per week (list any	box,	not ch unles	s per	tion more	than c	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	official individual trustee	a Institutional trustee			Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	RRY HERRMANN ARD MEMBER	2.00	Х			ĺ			0	()
	HUT ARD MEMBER	2.00	X						0	(
	LL JOHNSON ARD MEMBER	2.00	Х						^		
29) SA	RAH JOHNSTON ARD MEMBER	2.00	x						0		
30) SA	RAH LORANCE	6.00						i			
31) JA	ARD MEMBER MISON MILLER, DMD	2.00	Х		1				0		
-	ARD MEMBER NALD OBERNDORF	2.00	Х						0	C	
	ARD MEMBER OMAS O'DONNELL	4.00	Х		\dashv	+			0	0	
	ARD MEMBER DNEY OKES, JR	2.00	Х	-	-	\dashv			. 0	0	
	ARD MEMBER NDA PEOTTER	2.00	Х			-			0	0	
ВО	ARD MEMBER EG PFAHL		Х						0	0	
	ARD MEMBER	4.00	Х						0	0	
d Tota 2 Tota	I from continuation sheets to Part VII, I (add lines 1b and 1c)	t limited to th		sted	<u> </u>			red	ceived more than \$	5100,000 of	
3 Did empl	the organization list any forme r off loyee on line 1a? <i>If "</i> Yes," complete Sche	icer, director dule J for suc	r, or <i>h indi</i>	trus vidua	stee, al.	, k	ey e	mpl	oyee, or highest	compensated	Yes N
orga	any individual listed on line 1a, is the nization and related organizations gidual	reater than	\$15	00,0	0?	lf	"Yes,	" с	omplete Schedul	e J for such	4 X
5 Did a	any person listed on line 1a receive o ervices rendered to the organization? If "	r accrue con Yes," complete	npens e Sch	atio edule	n fro e <i>J f</i> a	om or s	any such p	unr oers	elated organizatio	n or individual	5 X
1 Com	B. Independent Contractors plete this table for your five highest col pensation from the organization. Report	mpensated in	depe	nder	nt co	ontr enda	actor ar vea	s th	nat received more	than \$100,000 o	f n's tax
year.											
<u></u>	(A) Name and business a	idress							(B) Description of ser	vices C	(C) ompensation
		-									
2 Total	number of independent contractors (limit	ted	to	those	e lis	ted above) who	received	
	than \$100,000 in compensation from t	he organizati:	on 🕨							I	

37	(A) Name and title	(B) Average hours per	(do i		Posi	C) ition			(D) Reportable	(E)		(F)	
<u>37</u>	Name and tipe	hours per	(do i		Pos	ition			Reportable				
<u>37</u>				TOL CE	heck	more	e than o	one	compensation	Reportable compensation		Estimated amount of	
37		week (list any	box,	unles	ss pe	rson	is both	an	from	related		other	
<u>37</u>		hours for related		$\overline{}$			or/trusl		the	organizatio		compensation from the	I
37		organizations	Individual trustee or director	Institutional trust	Officer	Key employee	mple ighe	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	organization	
37		below dotted	dividual director	ti	, ii	mple	yee	9	(***271099***********************************		1	and related	
37		line)	7 2	ᆵ		oyee	~ g					organizations	
<u>37</u>			stee	uste	İ	Ψ.	Highest compensal employee						
37				(°			ted	}	ļ				
) BERNARD POSKUS, ESQ	2.00				-							_
	BOARD MEMBER		Х						0		_ 0		
38) KARLA RIKANSRUD	6.00											_
	BOARD MEMBER	<u> </u>	X					Ĺ	0		0		
39) KRISTY TOCHIHARA	2.00											
	BOARD MEMBER		X						0		0		
40		2.00			ĺ								
	BOARD MEMBER		X						0		0		
$\frac{41}{2}$	JULIE WHAM	2.00											
	BOARD MEMBER		X	_					0		0		
42)	AL GATI	2.00									-		
	BOARD CHAIR		Х	_	Х				0		0		
43)		1.50											
	BOARD VICE CHAIR		X		Х			\Box	0		0		_
44)		2.00			İ						- 1		
	BOARD TREASURER		Х	_	Х				0	-	0		_
45)	JANE BROWN	1.50							_				
4.00	BOARD SECRETARY		Х	_	Х				. 0				- (
40)	BETTY BRENNAN	.80	.,		i								
471	BOARD DIRECTOR		Х	\dashv		-			U		- 0		(
47)	KATHY BUTLER BOARD DIRECTOR	. 80	v										
1 h			Х						0				(
	Sub-total												_
	Total (add lines 1b and 1c)									•	$\neg +$		_
	Total number of individuals (including but not							rei	ceived more than 9	100 000 of		· · · · · · · · · · · · · · · · · · ·	
_	reportable compensation from the organization	ııınıtca to tı	22		1 00	OVE	7 ******	, 16	ceived more man q	100,000 01			
												Yes N	lo
3	Did the organization list any former offic	er directo	r or	trus	stee	k	ev e	mnl	lovee or highest	compensate	od.		
_	employee on line 1a? If "Yes," complete Schedu	ıle J for suc	, o, h indi	vidu	al .			pi		compensate		3	Χ.
4	For any individual listed on line 1a, is the s												Ť
7	organization and related organizations gre												
	individual ,	· · · · · · ·					,,,,,		· · · · · · · · · · · · · · · ·			4 X	
5	Did any person listed on line 1a receive or												
	for services rendered to the organization? If "Ye	s," complet	Sch	edule	e J 1	for s	such p	oers	son		•	1 1 1	Χ
Se	ction B. Independent Contractors										-	.1	
1	Complete this table for your five highest com	pensated in	depei	nder	nt ce	ontr	actor	s th	nat received more	than \$100,0	00 of		
	compensation from the organization. Report compensation	ompensatio	n for	the	cale	enda	ar yea	ar ei	nding with or withi	n the organiz	zation'	s tax	
	year.												
	(A)						•		(B)			(C)	
	Name and business add	ress					_		Description of ser	vices	Co	mpensation	
								İ					
								<u>L</u>					
2	Total number of independent contractors (in	cluding but	not	limit	ted	to	those	e lis	sted above) who	eceived			
	more than \$100,000 in compensation from the	e organizati	on 🕨										
JSA 4E105	55 1.000											Form 990 (20	14)

	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	s pe	- ition more rson	than on the than the than the than the than the than the than the than the than the the than the the than the than the than the than the than the than the than the the than the than the than the than the than the than the than the than the than the than the than the than the the than the the the than the the than the the the the the the the the the the	an lee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
4	8) BETTY DOMER	.80	1								
_	BOARD DIRECTOR	0.0	X						0	0	
4	9) RICHARD FISHER BOARD DIRECTOR	80	4								
5	0) ROY FRIEDMAN	.80	X	-		-			0	0	
_	BOARD DIRECTOR		X						0	0	
5	1) PATRICIA GIBBS	.80		\vdash	_						
_	BOARD DIRECTOR	ļ	x						n	0	
5	2) JULIETTA GUARINO	.80	<u> </u>		\dashv	-					
-	BOARD DIRECTOR	† 	X						0	n	
5	3) LYNN HAGERBRANT	.80			寸	\neg					
_	BOARD DIRECTOR	† -	X						0	0	
5	4) WILLIAM KOWALEWSKI	.80									
	BOARD DIRECTOR	†	Х				Ì		0	0	
5	5) MIKE MARINACCIO	. 80									**
_	BOARD DIRECTOR	T	х	-					0	o	
5	6) ERIC RENNIE	.80		Ī							
_	BOARD DIRECTOR	T	Х						0	О	
5	7) JEFFREY RUDEN	.80									-
_	BOARD DIRECTOR		X						О	o	
5	8) MARIO SINICARIELLO	. 80	1			Ī					
_	BOARD DIRECTOR		Х			[0	0	
1	b Sub-total							-			
1	c Total from continuation sheets to Part VII, S										
	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							•			
	c Total from continuation sheets to Part VII, S	limited to the		stec				rec	ceived more than \$	\$100,000 of	
	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to the	nose I 22	stec	ab	ove) who				Yes No
	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic	limited to the	nose l 22 r, or	trus	d ab	ove) who	mpl	oyee, or highest	compensated	
	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	limited to the state of the sta	nose I 22 r, or th indi	trus	ab stee	ove	ey e	mpl	oyee, or highest	compensated	
	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic	limited to the property of th	nose I 22 r, or th indi ortabl	trus	atee	ove , k ens	ey e	mpl an	oyee, or highest d other compens omplete Schedule	compensated ation from the	
	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	er, directoule J for suc	r, or ortable \$15	trus	stee al. omp	ove , k - · ens	ey e sation "Yes,	mpl an " c	oyee, or highest d other compens omplete Schedule	compensated ation from the e J for such	3 X
3 4	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c). Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former offic employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the organization and related organizations great individual. Did any person listed on line 1a receive or for services rendered to the organization? If "Yes."	er, directoule J for suc	r, or ortable \$15	trus	stee al. omp	ove , k - · ens	ey e sation "Yes,	mpl an " c	oyee, or highest d other compens omplete Schedule	compensated ation from the e J for such	3 X
3 4	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c). Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the organization and related organizations greated individual. Did any person listed on line 1a receive or for services rendered to the organization? If "Yesection B. Independent Contractors	er, directo ule J for suc sum of rep eater than accrue cor es,"complet	nose I 22 r, or th indi ortabl \$15 mpens e Sch	trus vidu e co 0,00	Jabostee	ove, k ens	ey e sation "Yes, any	mpl an c unre	oyee, or highest d other compens omplete Schedule elated organizatio	compensated ation from the J for such n or individual	3 X 4 X 5 X
3 4	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sorganization and related organizations great individual Did any person listed on line 1a receive or for services rendered to the organization? If "Yestection B. Independent Contractors	er, directo ule J for suc sum of rep eater than accrue cor es, "complet	r, or hindi	trus vidu e cco satio	Jabonstee	ove, k ens	ey e sation "Yes, any such p	mpl an c unre	oyee, or highest d other compens omplete Schedule elated organizatio	compensated ation from the e J for such n or individual than \$100,000 of	3 X 4 X 5 X
3 4	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor es, "complet	r, or hindi	trus vidu e cco satio	Jabonstee	ove, k ens	ey e sation "Yes, any such p	mpl an c unre	oyee, or highest d other compens complete Schedule elated organizatio on	compensated ation from the e J for such n or individual than \$100,000 of	3 X 4 X 5 X
3 4	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sorganization and related organizations great individual Did any person listed on line 1a receive or for services rendered to the organization? If "Yesection B. Independent Contractors Complete this table for your five highest componensation from the organization. Report compensation from the organization.	er, directo ule J for suc sum of rep eater than accrue cor pensated ir ompensatio	r, or hindi	trus vidu e cco satio	Jabonstee	ove, k ens	ey e sation "Yes, any such p	mpl an c unre	oyee, or highest d other compens omplete Schedule elated organizatio	compensated ation from the e J for such n or individual than \$100,000 of	3 X 4 X 5 X
3 4	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor pensated ir ompensatio	r, or hindi	trus vidu e cco satio	Jabonstee	ove, k ens	ey e sation "Yes, any such p	mpl an c unre	oyee, or highest d other compens complete Schedule elated organizatio on	compensated ation from the e J for such n or individual than \$100,000 of	3 X 4 X 5 X
3 4	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor pensated ir ompensatio	r, or hindi	trus vidu e cco satio	Jabonstee	ove, k ens	ey e sation "Yes, any such p	mpl an c unre	oyee, or highest d other compens complete Schedule elated organizatio on	compensated ation from the e J for such n or individual than \$100,000 of	3 X 4 X 5 X
3 4	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor pensated ir ompensatio	r, or hindi	trus vidu e cco satio	Jabonstee	ove, k ens	ey e sation "Yes, any such p	mpl an c unre	oyee, or highest d other compens complete Schedule elated organizatio on	compensated ation from the e J for such n or individual than \$100,000 of	3 X 4 X 5 X
3 4 5 5	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor pensated ir ompensatio	r, or hindi	trus vidu e cco satio	Jabonstee	ove, k ens	ey e sation "Yes, any such p	mpl an c unre	oyee, or highest d other compens complete Schedule elated organizatio on	compensated ation from the e J for such n or individual than \$100,000 of	3 X 4 X 5 X
3 4 5	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor pensated ir ompensatio	r, or hindi	trus vidu e cco satio	Jabonstee	ove, k ens	ey e sation "Yes, any such p	mpl an c unre	oyee, or highest d other compens complete Schedule elated organizatio on	compensated ation from the e J for such n or individual than \$100,000 of	3 X 4 X 5 X
3 4	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor pensated ir ompensation	nose I 222 r, or h indi ortabl \$15 npense Sch adepe on for	trus vidu e cco satio	steee al., comppion	ove, k ens for s ontrends	ey e sation "Yes, any such p actor	mple an " c	oyee, or highest d other compens omplete Schedule elated organizatio on at received more nding with or withi	compensated ation from the e J for such n or individual than \$100,000 of in the organization	3 X 4 X 5 X

	(A)	(B)			•	2)			(D)	(E)	(F)
	Name and tille	Average hours per week (list any hours for	box,	not ch unles	neck ss pe	rson	e than o is both or/trusi	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
5		. 80						<u></u>			
_	BOARD DIRECTOR	<u> </u>	Х					Ĺ	0	0	
6		. 80								_	
<u>-</u> 61	BOARD DIRECTOR L) ENRIQUE PINEIRO	4.00	Х	\vdash					0	0	
0.1	BOARD CHAIR	4.00	X		Х				0	0	ļ
62		2.00	^	\vdash	^					0	
	BOARD VICE CHAIR	<u></u>	X		Х				0	0	
63) MONIKA KRUMBOCK	2.00									-
	BOARD TREASURER	†	х		Х		i		О	0.	
5 4) JOYCE MCLENDON	1.00								_	
_	BOARD DIRECTOR		Х						0	0	
5.5) WILLIAM SUSSMAN, ESQ	1.00			ļ						
	BOARD DIRECTOR		X	\sqcup					0	_0	
6	5) JOEL LEVY	1.00		.							
_	BOARD DIRECTOR	1 00	Х						0	0	
	DEBORA THOMPSON	1.00									
2	BOARD DIRECTOR) MARK TODD	1.00	Х	\dashv		\dashv			<u> </u>	U	
	BOARD DIRECTOR		x						0	0	
9) SAMUEL FERRERI	1.00		\dashv	+	_		- i			
	BOARD DIRECTOR	t	Х						o	o	
1	b Sub-total							•			
	c Total from continuation sheets to Part VII, S							>			
	d Total (add lines 1b and 1c)				• •		• •	ightharpoons			
2	Total number of individuals (including but not reportable compensation from the organization		nose li 22		ab	ove) who	rec	ceived more than \$	5100,000 of	
_											
3		er, director	r, or	trus	stee	:, k	еу е	mpl	oyee, or highest	compensated	Yes No
_ 3 4	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations greater	ule J for suc sum of repeater than	<i>h indi</i> ortabl \$151	<i>vidua</i> le cc 0,00	<i>al</i> . omp oo?	ens	sation <i>'Yes,</i>	an " c	d other compens	ation from the	3 X
4	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations graindividual	ule J for suc sum of repeater than 	h indi ortabl \$150	vidua le co 0,00	<i>al</i> . omp oo?	ens	sation "Yes,	an " c	d other compens	ation from the	3 X
4	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations graindividual	ule J for suc sum of repe eater than 	h indi ortabl \$150 	vidua le co 0,00 	al. omp o? n fr	ens	ation "Yes,	an " c	d other compens omplete Scheduk	ation from the J for such	3 X
4 5	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations graindividual	ule J for suc sum of rep- eater than accrue con es," complete	ortabl s150 s150 ortabl s npens e Scho	vidua le co 0,00 sation edule	omp 0? n fr	ens If om	sation "Yes, any such p	an " o unre	d other compens omplete Schedule elated organizatio	ation from the J for such n or individual	3 X 4 X 5 X
4 5	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations graindividual	ule J for suc sum of repretator than accrue con es," complete pensated in	ch indi ortabl \$150 mpens e Scho	vidua le co 0,00 sation edula	omp 0? n fr e J	ens If om for :	"Yes, any such p	an " o unre	d other compens complete Schedule elated organizatio con	ation from the ation from the ation from the ation from such at a finite transfer of the ation from the ation f	3 X 4 X 5 X
4 5	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations graindividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest componensation from the organization. Report of	ule J for suc sum of repretator than accrue con es," complete pensated in	ch indi ortabl \$150 mpens e Scho	vidua le co 0,00 sation edula	omp 0? n fr e J	ens If om for :	"Yes, any such p	an " o unre	d other compens omplete Schedule complete Schedule con con con contract received more anding with or within	ation from the ation from the ation from the ation from such at a finite transfer of the ation from the ation f	3 X 4 X 5 X
4 5	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations graindividual. Did any person listed on line 1a receive or for services rendered to the organization? If "Yestetion B. Independent Contractors Complete this table for your five highest componensation from the organization. Report of year.	ule J for suc sum of represent than accrue con pes," complete pensated in ompensatio	ch indi ortabl \$150 mpens e Scho	vidua le co 0,00 sation edula	omp 0? n fr e J	ens If om for :	"Yes, any such p	an " o unre	d other compens complete Schedule elated organizatio con	ation from the a J for such on or individual than \$100,000 on the organization	3 X 4 X 5 X
4 5	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations graindividual	ule J for suc sum of represent than accrue con pes," complete pensated in ompensatio	ch indi ortabl \$150 mpens e Scho	vidua le co 0,00 sation edula	omp 0? n fr e J	ens If om for :	"Yes, any such p	an " o unre	d other compens complete Schedule selated organization selated received more anding with or within (B)	ation from the a J for such on or individual than \$100,000 on the organization	3 X X 4 X 5 X f r's tax
4 5	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations graindividual	ule J for suc sum of represent than accrue con pes," complete pensated in ompensatio	ch indi ortabl \$150 mpens e Scho	vidua le co 0,00 sation edula	omp 0? n fr e J	ens If om for :	"Yes, any such p	an " o unre	d other compens complete Schedule selated organization selated received more anding with or within (B)	ation from the a J for such on or individual than \$100,000 on the organization	3 X 4 X 5 X
4 5	employee on line 1a? If "Yes," complete Schedular For any individual listed on line 1a, is the sorganization and related organizations graindividual	ule J for suc sum of represent than accrue con pes," complete pensated in ompensatio	ch indi ortabl \$150 mpens e Scho	vidua le co 0,00 sation edula	omp 0? n fr e J	ens If om for :	"Yes, any such p	an " o unre	d other compens complete Schedule selated organization selated received more anding with or within (B)	ation from the a J for such on or individual than \$100,000 on the organization	3 X 4 X 5 X
4 5	employee on line 1a? If "Yes," complete Schedular For any individual listed on line 1a, is the sorganization and related organizations graindividual	ule J for suc sum of represent than accrue con pes," complete pensated in ompensatio	ch indi ortabl \$150 mpens e Scho	vidua le co 0,00 sation edula	omp 0? n fr e J	ens If om for :	"Yes, any such p	an " o unre	d other compens complete Schedule selated organization selated received more anding with or within (B)	ation from the a J for such on or individual than \$100,000 on the organization	3 X 4 X 5 X
4 5 3	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations graindividual	ule J for suc sum of represent than accrue con es," complete pensated in ompensation	ch indi ortabl \$150 mpens e Sche adeper	le cc 0,00 sation sedule	al complete of the control of th	eens If com for :	"Yes, "Yes, any such µ ractor	ann an an an an an an an an an an an an	d other compens omplete Schedukelated organization on	ation from the a J for such	3 X 4 X 5 X
4 5	employee on line 1a? If "Yes," complete Schedular For any individual listed on line 1a, is the sorganization and related organizations graindividual	ule J for suc sum of represent than accrue con es, "complete pensated in ompensation	ch indi ortabl \$150 \$150 mpense Sche adependent for	le cc 0,00 sation sedule	al complete of the control of th	eens If com for :	"Yes, "Yes, any such µ ractor	ann an an an an an an an an an an an an	d other compens omplete Schedukelated organization on	ation from the a J for such	3 X X 4 X 5 X f r's tax

Part VI Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and l	Hig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck s pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	findividual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
70) ELAYNE FORGIE BOARD DIRECTOR	1.00	Х						0	0	
71) FERIAL ANDRE BOARD DIRECTOR	1.00	Х						0	0	
72) MARA BOTONIS BOARD DIRECTOR	1.00	Х							0	
73) SATHYA PUTHVEETTIL	1.00					-		U		
BOARD DIRECTOR 74) RON RADCLIFFE	1.00	X						0	0	
BOARD DIRECTOR 75) BARRY REISS	1.00	Х	$\mid \cdot \mid$					0	0	
BOARD DIRECTOR 76) PHILLIP MROZINSKI	.50	Х						O	0	
BOARD MEMBER, ADVISORY 77) CARL SADOWSKY	. 50	Х						0	0	
BOARD MEMBER, ADVISORY 78) JOSEPH KARP	.50	Х			-			0	0	
BOARD MEMBER, ADVISORY 79) KENT JUSTICE	2.00	Х						0	0	
BOARD CHAIR		Х		Х				0	0	
80) CARLOS HERNANDEZ, CPA BOARD TREASURER	1.00	Х		Х				0	0	
1b Sub-total	ection A		 				>			
d Total (add lines 1b and 1c)	limited to th		istec				► re	ceived more than	3100,000 of	
								<u>-</u>		Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or h indi	trus <i>ividu</i>	stee al	, k 	ey e	mpl	loyee, or highest	compensated	3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	0?	lf	"Yes,	," c	complete Schedule	e J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor	npens	satio	n fr	om	any	unr	elated organizatio	n or individual	5 X
Section B. Independent Contractors	.,,					,				.1 • .1 1
 Complete this table for your five highest com- compensation from the organization. Report c year. 	pensated ir ompensatio	depe on for	nder the	nt co cale	onti enda	ractor ar yea	s th ar ea	nat received more nding with or withi	than \$100,000 or n the organization	f n's tax
(A) Name and business add	ress	-						(B) Description of ser	vices C	(C) ompensation
		•								
										<u> </u>
2 Total number of independent contractors (in	oludina hu	t not	limi			thea.		stad abayas value		
2 Total number of independent contractors (in more than \$100,000 in compensation from the JSA				rea	ιο	uiose	# IIS	neo abovej WNO I	eceived	- 000
60196P 649R										Form 990 (2014

	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and	Hig	hest Compensat	ed Employees (continued)
	(A) Name and title	(B) Average hours per week (list any	(do box,	not ch unles	Pos heck ss pe	C) sition mor erson	e than e	one i an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted fine)	Individual trustee or director	a Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(81) ADAM RUSTEIN BOARD MEMBER	1.00	Х						0	0	(
(82) ED HANCOCK BOARD MEMBER	1.00	X								
(33) MITCH HUNT	1.00							U		(
(BOARD MEMBER 34) SETH PHELPS	1.00	X						0	0	(
, ,	BOARD MEMBER		Х						0	0	(
()	BOARD PRESIDENT	. 50	Х		х				0	0	(
(36) THOMAS CALDERA, JR BOARD VICE PRESIDENT	. 50	v		.,				-		
({	37) KIM SANDERS	. 50	Х	-	Х				0	U	C
	BOARD SECRETARY 38) ERIK PETTIT	. 50	Х		Х				0	0	
	BOARD TREASURER		Х		х				0	0	0
. 8	BOARD MEMBER	.50	Х							Ωi	0
	00) AMANDA CICCIARELLI	.50									
9	BOARD MEMBER 1) KEN-ICHIRO FUKUCHI, MD	. 50	<u>X</u> .						0	0	0
	BOARD MEMBER 1b Sub-total		Х						0	0	0
	c Total from continuation sheets to Part VII, Se							•			
-	d Total (add lines 1b and 1c)	imited to th	nose I	isted	ab	ove) who	red	ceived more than \$	100,000 of	
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, director le J for suc	r, or h indi	trus vidu	stee	e, k	ey e	mpl	oyee, or highest	compensated	Yes No
	4 For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$15	0,00	0?	If	"Yes,	" с	omplete Schedule	e J for such	4 X
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npens	atio	n fr	om	any	unre	elated organization	n or individual	
_	Section B. Independent Contractors										5 X
_	 Complete this table for your five highest comp compensation from the organization. Report co year. 	ensated in empensatio	depe n for	nder the	nt c cale	onti end:	ractor ar yea	s th ar er	nat received more anding with or within	than \$100,000 of n the organization	f i's tax
	(A) Name and business addr	ess							(B) Description of serv	iices C	(C) ompensation
_	5.0 555,1055 6407					_			2000 Ipiloti oi selv		
-											
_											
-	2 Total number of independent contractors (in	cluding but	not	limit	ted	to	those	l e lis	ted above) who r	eceived	
J:	more than \$100,000 in compensation from the	organizatio	on ►								- 000
	1055 1.000 60196P 649R										Form 990 (2014)

Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for	(do box,	not ch unles	(C Posi neck r ss per l a di	tion more son rect	e than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
92) BRIAN GRUBER BOARD MEMBER	.50	Х						C	(
93) JEFFREY JOHNSON BOARD MEMBER	. 50	Х								1
94) MAY MEISTER BOARD MEMBER	.50	X						0		1
95) MONICA RATCLIFF	.50							<u>_</u>		
BOARD MEMBER 96) TY ROGERS	.50	Х		_	-			0	()
BOARD MEMBER 97) THERESA TAYLOR	.50	Х						.0		j
BOARD MEMBER		Х						0	()
98) MARIELLEN KATZMAN BOARD PRESIDENT	6.00	Х		х				0		
99) PHILIP NICELY	6.00									
BOARD PAST PRESIDENT OO) RICHARD MOHS	6.00	Х		Х				0		
BOARD SECRETARY 01) MAUREEN BECHER-SAGE	6.00	Х		Х				0	C	
BOARD TREASURER		Х		Х				O	. 0	
D2) DANIEL REXORTH BOARD MISSION & OUTREACH CHAIR	4.30	Х						0	C	
Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to the		istec				re	ceived more than	\$100,000 of	Yes N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, directo ule J for suc	r, or h indi	trus <i>vidu</i>	stee al.	, k	ey eı	mpl	loyee, or highest	compensated	3
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15 • • • •	0,00	0?	<i>If</i>	"Yes,	" c	complete Schedul	e J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue cor es," complet	npens e Sch	atio edul	n fr e J f	om for s	any such p	unr oers	elated organizatio	on or individual	5 >
Section B. Independent Contractors 1 Complete this table for your five highest com compensation from the organization. Report c	pensated in	idepe	nder	nt co	onta	ractor	s th	nat received more	than \$100,000 o	of n's tax
year.								(D)		
(A) Name and business add	ress			_				(B) Description of se	rvices ((C) Compensation
2 Total number of independent contractors (ir more than \$100,000 in compensation from the				ted	to	those	e lis	sted above) who	received	
SA	o vigariizati	QII 🚩								

	rt VII Section A. Officers, Directors, Tr	usiees, Ne	у Сп	ipio	yee	es,	and I	nıg	nest Compensate	d Linployees [continuea)
	(A)	(B)			(0	2)			(D)	(E)	(F)
	Name and title	Average			Pos				Reportable	Reportable	Estimated
		hours per					e than o		compensation	compensation from	amount of
		week (list any					is both or/trust		from	related	other
		hours for related							the	organizations	compensation from the
		organizations	d V	St	Officer	ey e	필달	Former	organization	(W-2/1099-MISC)	organization
		below dotted	dividual director	동.	er i	dui	st o	9	(W-2/1099-MISC)		and related
		line)	역출	ᆲ		Key employee	[®] 8				organizations
			Individual trustee or director	Institutional trustee		ě	Peg				
			е	tee			Highest compensated employee				
103)	GREGORY MURRAY	4.30					α.				
102)	BOARD RESOURCE MGMT CHAIR		Х								
104	MICHAEL BARTH	4.30	- 1	\vdash					1		
104)		4.30	.,							n	
	BOARD MEMBER		Х						0	<u>C</u>	
T02)	BRUCE BAUDE	4.30									
	BOARD MEMBER	<u> </u>	Х						0	0	
106)	JIM BOYERS	4.30									
	BOARD MEMBER		Х						o	0	
107)	NED BROADWATER	4.30		T							
	BOARD MEMBER	†	Х						ا	0	
1081	KEN CROOK	4.30			_			-		<u> </u>	·
100/	BOARD MEMBER	t	3,7		}				ا	0	
1 001		4 30	Х	-	-	-			<u> </u>	0	
103)	CAROLYN CUNNINGHAM	4.30					Ì				
	BOARD MEMBER		Х						0	0	
110)	SHERRI DAVIES	4.30									
	BOARD MEMBER		Х							0	
$1\overline{11}$	JEFF EDWARDS	4.30								_	
	BOARD MEMBER	 	Х				ļ		ام	n	
1121	ANITA GALLIARD	4.30				\dashv				-	
	BOARD MEMBER		Х							0	
1 1 2 1		1 20		-	_				U	<u>U</u>	
+ T 3 7	BRIAN HEALEY	4.30								_	
	BOARD MEMBER		Χ		ļ	l	1		<u> </u>	0	
	Sub-total ,										
	Total from continuation sheets to Part VII, S	-						>			
<u>d</u>	Total (add lines 1b and 1c)							▶			
2	Total number of individuals (including but not		iose l	istec	d ab	ove) who	re	ceived more than \$	100,000 of	
	reportable compensation from the organization	n ▶	22								
											Yes No
3	Did the organization list any former offic	er, directo	r, or	trus	stee	e, k	еу е	mp	loyee, or highest	compensated	
	employee on line 1a? If "Yes," complete Schedu	ule J for suc	h indi	vidu	al,						3 X
4	For any individual listed on line 1a, is the	sum of ren	ortah	a c	omr	nan	eation	ı ar	nd other compans	tion from the	
	organization and related organizations gre										
	individual										4 X
	Did any person listed on line 1a receive or										
	for services rendered to the organization? If "Ye										4 1 1
		s, complet	e Scn	euur	e J	101	sucn j	pers	son		5 X
	ction B. Independent Contractors										-
	Complete this table for your five highest com										
	compensation from the organization. Report c	ompensatio	n for	tne	cale	ena	ar yea	аге	nding with or withir	n the organization	n's tax
	year.										
	(A)								(B)		(C)
		ress							Description of serv	ices C	ompensation
	Name and business add				•					- -	•
								✝			
-											
	Name and business add										
	Name and business add Total number of independent contractors (in				ited	to	those	e lis	sted above) who re	eceived	
	Name and business add				ited	to	those	e lis	sted above) who r	eceived	
JSA	Name and business add Total number of independent contractors (in				ited	to	those	e lis	sted above) who r	eceived	Form 990 (2014

	Section A. Officers, Directors, T	rusices, ne	·			· · · ·	anu	ııyı	nest Compensat	eu Employees (zonanueu)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle: er an-	Pos heck sspe dao	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	HAEL RUSSELL RD MEMBER	4.30	Х						0	0	
115) AND	REA SMILEY RD MEMBER	4.30	Х						n	0	
116) ARTH	HUR WACHHOLZ RD MEMBER	4.30	X				-		0		
17) FREI		.30	X		х					0	
118) DAVI	D HAASE	. 30							0		
19) MARY	RD VICE CHAIR CORRIGAN RD SECRETARY	.30	X		X				0	0	
20) LARF	XY REGIER RD TREASURER	.30	X		X				0		
21) SUZ#	NNE MEEKER D OFFICER	.30	X		Х					0	_
.22) DEBE	IE ELMORE	.30	X						0	0	
.23) DOUG	D OFFICER STARK D OFFICER	.30	X						0	0	
24) STEP	HEN BENSON D OFFICER	.30	^ X		-				0	0	
1b Sub-to							l	>		-	
d Total (add lines 1b and 1c)							•			
	umber of individuals (including but no able compensation from the organization		10se 1		o ar	JOVE	e) wric	re	ceived more than :	5100,000 01	
											1 1
employ	e organization list any former offi yee on line 1a? If "Yes," complete Scheo	dule J for suc	h ind	ividu	ıal			٠.			3 X
employ 4 For an organiz		dule J for suc sum of rep reater than	<i>h indi</i> ortab \$15	i <i>vidu</i> le c 0,00	<i>ial</i> om 00?	pen If	satior "Yes,	an " c	d other compens	ation from the	3 X
employFor an organizindividaDid an	yee on line 1a? If "Yes," complete Sched y individual listed on line 1a, is the zation and related organizations g ual y person listed on line 1a receive or	dule J for such sum of represented than a corrue corrue.	ch indicate ortab \$15 	ividu le c 0,00 satic	om 00?	pen If rom	satior <i>"Yes</i> , any	an " d unr	d other compens complete Schedul	ation from the ation from the from such n or individual	3 X
employ 4 For an organizindividu 5 Did an for serv	yee on line 1a? If "Yes," complete Sched y individual listed on line 1a, is the gation and related organizations g yeal	sum of rep reater than r accrue cor res," complet	ortab \$15 mpens e Sch	ividu le c 0,00 satio	om 00? on f	pen If rom	satior "Yes, any such	an " c unr	d other compens complete Schedul elated organizatio	ation from the ation from the J for such n or individual	3 X
 employ For an organized individual Did an for sertion B. Complete 	yee on line 1a? If "Yes," complete Sched y individual listed on line 1a, is the zation and related organizations g ual	sum of repreater than accrue cor /es," complet	ch ind sortab \$15 mpens se Sch	le c 0,00 sation	om 00? on f le J	pen If rom for	satior "Yes, any such p	an " o unr	d other compens complete Schedul elated organization	ation from the e J for such	3 X 4 X 5 X
 employ For an organize individed Did an for seron Section B. Complete compensation 	yee on line 1a? If "Yes," complete Sched y individual listed on line 1a, is the cation and related organizations great	sum of represent than accrue cor /es," complete	ch ind sortab \$15 mpens se Sch	le c 0,00 sation	om 00? on f le J	pen If rom for	satior "Yes, any such p	an " o unr	d other compens complete Schedul elated organization	ation from the e J for such	3 X 4 X 5 X
employ 4 For an organiz individu 5 Did an for sers Section B. 1 Comple compe	yee on line 1a? If "Yes," complete Schee y individual listed on line 1a, is the gation and related organizations g yeal y person listed on line 1a receive or vices rendered to the organization? If " Independent Contractors ete this table for your five highest cor nsation from the organization. Report (A)	sum of represent than accrue cor /es," complete	ch ind sortab \$15 mpens se Sch	le c 0,00 sation	om 00? on f le J	pen If rom for	satior "Yes, any such p	an " o unr	d other compens complete Schedul complete Schedul complete Schedul companization con compens with or with (B)	ation from the e J for such	3 X 4 X 5 X f n's tax
employ 4 For an organiz individu 5 Did an for sers Section B. 1 Comple compe	yee on line 1a? If "Yes," complete Schee y individual listed on line 1a, is the gation and related organizations g yeal y person listed on line 1a receive or vices rendered to the organization? If " Independent Contractors ete this table for your five highest cor nsation from the organization. Report (A)	sum of represent than accrue cor /es," complete	ch ind sortab \$15 mpens se Sch	le c 0,00 sation	om 00? on f le J	pen If rom for	satior "Yes, any such p	an " o unr	d other compens complete Schedul complete Schedul complete Schedul companization con compens with or with (B)	ation from the e J for such	3 X 4 X 5 X
employ 4 For an organizindivida 5 Did an for service Section B. 1 Complicompe year.	yee on line 1a? If "Yes," complete Schee y individual listed on line 1a, is the gation and related organizations g yeal y person listed on line 1a receive or vices rendered to the organization? If " Independent Contractors ete this table for your five highest cor nsation from the organization. Report (A)	sum of repreater than accrue cor/es," complete	th indicate the in	le c 0,00 satic edu	om 00?	pen If Irom For Cont end	satior "Yes, any such ,	unr unr pers	elated organization of ser	ation from the e J for such	3 X 4 X 5 X f n's tax

Part VII			y cn	npic			and	nıg	1	ſ		
	(A)	(B)				C)			(D)	(E)	(F)	
	Name and title	Average hours per	/do	not c		sition	e than (nn e	Reportable	Reportable	Estimated amount of	
		week (list any					is both		compensation from	compensation fron related	other	
		hours for	office		dad		tor/trus	tee)	the	organizations	compensation	
		related	or o	l ns	Officer	Ke)	en E	Former	organization	(W-2/1099-MISC)	from the	
		organizations	dire.	E	Cer	en	bloy	T T	(W-2/1099-MISC)		organization and related	
		below dotted line)	or a	iona		Key employee	8 8	Ì .			organizations	
			Individual trustee or director	Institutional truste		/ee	mg				- Significance	
			ee	stee		ŀ	Highest compensate employee			:		
125) DEE	ANNE FAHNESTOCK	.30					ē				-	
BOA	RD OFFICER		Х						0		o	1
126) CEL	IA KOUDELE	.30										_
BOA	RD OFFICER		Х						0		o	
	F EMERSON	, 30	T									_
	RD OFFICER		Х						1			
		.30	_^	-	-				U		1	_
	LSEA POWELL RD OFFICER		X						0	ı	0	
29) FEL	ICIA GARANT	1.00										_
	RD PRESIDENT	-†'	Х		x				٥		0	+
	LIAM JENKS	1.00		\vdash	<u> </u>				···			
	RD VICE PRESIDENT	-+			X				_		ol	
		1 00	Х						U			
	LENE COSTA	1.00										
	RD TREASURER		X		X			<u> </u>	0)	
	ERT O'KEEFE	1.00		li								
BOA	RD SECRETARY		Х		X			<u> </u>	0		כ	
33) DR.	RONALD BAILYN	1.00										
BOA	RD DIRECTOR		Х						0	(ol l	
34) CYN'	THIA CAVE	1.00									1	_
	RD DIRECTOR		X						٥	· ·	n l	
	SABETH PAINE	1.00		\vdash								
			.,	ΙÍ								
	RD DIRECTOR		X	LI					U			- (
1b Sub-to	••••••							•				_
	from continuation sheets to Part VII,							•				_
	(add lines 1b and 1c)										<u> </u>	_
	number of individuals (including but no		nose l	liste	d at	oove	e) Who	re	ceived more than :	\$100,000 of		
report	able compensation from the organization	on ►	22	2								
											Yes N	0
3 Did tl	he organization list any former off	icer. directo	r. or	tru	ste	e. I	cev e	mn	lovee, or highest	compensated		
emplo	yee on line 1a? If "Yes," complete Sche	dule J for suc	h ind	ividu	ıal						3 X	
											<u> </u>	77.
	ny individual listed on line 1a, is the											
	zation and related organizations g											1
	lual,										4 X	_
5 Did a	ny person listed on line 1a receive o	r accrue cor	npen	satio	on f	rom	any	unr	elated organizatio	n or individual		٠.,
	vices rendered to the organization? If "	Yes," complet	e Sch	edu.	le J	for	such	pers	son		5 X	<u> </u>
Section B	Independent Contractors											_
1 Comp	lete this table for your five highest cor	mpensated ir	ndepe	nde	nt c	cont	racto	rs th	nat received more	than \$100,000	of	
compe	ensation from the organization. Report	compensation	on for	the	cal	lend	ar yea	ar e	nding with or with	in the organization	on's tax	
year.												
	(A)							T	(B)		(C)	_
	Name and business ac	ddress							Description of se	vices	Compensation	
								+				_
	 .											
								╙				_
								<u> </u>				
												_
2 Total i	number of independent contractors (includina bu	t not	lim	ited	l to	thos	e lis	sted above) who	received		_
	han \$100,000 in compensation from the											
JSA		J							i .		Form 990 (201	_
4E1055 1.000	CO10CD CAOD										7 Onli 3 3 U (20)	. 4
	60196P 649R											FOITH 330 (20

(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	Pos heck s pe d a d	rson	e than o is both or/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	om	(F) Estimated amount of other impensation from the	n
	related organizations below dolled line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	´ 0	rganization and related ganizations	
36) MICHELLE SANTIAGO	1.00											_
BOARD DIRECTOR 37) PETER VIOLETTE	1.00	Х					<u> </u>	<u> </u>		0		
BOARD DIRECTOR		Х								o		
38) SCOTT BARKER	1.00											
BOARD DIRECTOR		Х					<u> </u>	0		0		
39) REBECCA NESS	1.00											
BOARD DIRECTOR	1.50	Х						0		0		
40) CHRIS JONES	1.50			.,								
BOARD PRESIDENT 41) JOSEPH PLATT	1.00	X		X						-0		
BOARD TREASURER		х		Х				1		n		
42) DEBBIE BIEHL	1.50			^				0		<u> </u>		
BOARD SECRETARY		Х		Х				0		o		
43) DAVID MARKS	1.50							-	•	_		_
BOARD PAST PRESIDENT		х		Х				0		0		
44) CATHY TIVOL MASLAN	1.00											
BOARD MEMBER		Х						0		0		
45) JOHN AISENBREY	1.00						ĺ					
BOARD MEMBER		Х						0		0		
46) BENJAMIN BILLER	1.00	1										
BOARD MEMBER		Х			l			<u>_</u>		-4		_
1b Sub-total	Section A		• •	٠.						+		
d Total (add lines 1b and 1c)										+		
Total number of individuals (including but no reportable compensation from the organizat	at limited to the	nose li	istec				re	ceived more than S	\$100,000 of	<u> 1</u>		
reportable compensation from the organizat	IOII P	22					-				Yes	No
3 Did the organization list any former of										- :		
employee on line 1a? If "Yes," complete Sche	dule J for suc	:h indi	vidu	al.		· • • •				3		Х
4 For any individual listed on line 1a, is the	sum of rep	ortabl	e co	omp	oen:	sation	an	nd other compens	ation from the			
organization and related organizations (greater than	\$15	0,00	00?	If	"Yes	," c	complete Schedul	e J for such			
individual										4	X	_
5 Did any person listed on line 1a receive of	or accrue cor	npens	atio	n fi	rom	any	unr	elated organizatio	n or individual	5.5.1.1		v
for services rendered to the organization? If 'Section B. Independent Contractors	res, complet	e Scri	eau	e 	101	sucn _i	oers	son		5		X
Complete this table for your five highest co- compensation from the organization. Report year.											(
(A)						•		(B)		(C)	
Name and business a	ddress							Description of ser	vices	Compe		
							<u> </u>					
2 Total number of independent contractors	,, , ,, ,						<u></u>					_
2 Total number of independent contractors :	uncludina bu	t not	lımi	hati	to	thos	o lig	sted above) who	received I			
more than \$100,000 in compensation from				icu	ιο	(1103	0 110	sica above, who	received			

		1	y cii	ipio	yee	s, a	ing r	ugi	hest Compensat	eu Employees (continuea)
	(A) Name and title	(B) Average hours per week (list any	box,	not ch unles	s per	tion nore l son is	than or s both a or/truste	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee			Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	E DICKINSON KRESS RD MEMBER	1.00	Х						0	C	
148) MIKE BOAR	LEVITAN RD MEMBER	1.00	Х						0	0	
149) MART	Y LORING RD MEMBER	1.00	Х						0		
50) DAVI	D SCHLEE	1.00						_	0		<u>.</u>
51) CHAD		1.00	X						U	0	
BOAR .52) ROB	RD MEMBER SWEATT	1.00	Х	\dashv		+	\dashv		0	0	
	RD MEMBER NNE WILLIAMS	1.00	Х	\dashv		+			0	0	
	RD MEMBER DL SCHAFFER	3.00	X		\perp				0	0	
	D PRESIDENT	3.00	Х		Х	_			0	0	
BOAR	D VICE PRESIDENT		Х	4	х				0	0	
	D TREASURER	3.00	Х		х				О	0	
	ORIA CHOUINARD D SECRETARY	3.00	Х		х				0	0	
	lai										
d Total (rom continuation sheets to Part VII, So add lines 1b and 1c)	imited to th		istec	<u> </u>			► red	ceived more than	\$100,000 of	
c Total f d Total (. 2 Total n reports 3 Did th	rom continuation sheets to Part VII, So add lines 1b and 1c)	imited to the	nose I 22 r, or	isted	l abo	ove)	who ey er	mp!	loyee, or highest	compensated	4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
c Total f d Total (Total n reports Did th employ For an organiz individu	rom continuation sheets to Part VII, So add lines 1b and 1c)	imited to the property of the	r, or h indi ortab	trus vidu le co	stee al omp	, ke	ey er ation "Yes,	mp! an	loyee, or highest and other compens complete Schedul	compensated ation from the J for such	3 X
c Total f d Total (Total n reporta Did th employ For an organiz individu Did an for serv	rom continuation sheets to Part VII, So add lines 1b and 1c)	imited to the	r, or h indicates a second contab	trus	stee al. omp 0?	, ke	ey er ation "Yes,	mp! an an	loyee, or highest ad other compens complete Schedul	compensated ation from the J for such	3 X
c Total f d Total (Total n reporta 3 Did th employ 4 For an organiz individu 5 Did an for serv Section B. 1 Comple	rom continuation sheets to Part VII, So add lines 1b and 1c)	imited to the ser, directoralle J for succession of representation of the second complete opensated in the second complete opensated complete	r, or h indicate or tab	trus trus le cco,00	I about the street of the stre	, ke	ey er ation "Yes, any such p	mp! an " c unr pers	doyee, or highest	compensated ation from the e J for such n or individual than \$100,000 o	3 X 4 X 5 X
c Total f d Total (Total n reporta 3 Did th employ 4 For an organiz individe 5 Did an for serv Section B. 1 Comple	rom continuation sheets to Part VII, So add lines 1b and 1c)	imited to the surface of the surface	r, or h indicate or tab	trus trus le cco,00	I about the street of the stre	, ke	ey er ation "Yes, any such p	mp! an " c unr pers	doyee, or highest	ation from the e J for such or individual than \$100,000 or in the organization	3 X 4 X 5 X
c Total f d Total (Total n reporta 3 Did th employ 4 For an organiz individe 5 Did an for serv Section B. 1 Comple	rom continuation sheets to Part VII, So add lines 1b and 1c)	imited to the surface of the surface	r, or h indicate or tab	trus trus le cco,00	I about the street of the stre	, ke	ey er ation "Yes, any such p	mp! an " c unr pers	loyee, or highest and other compens complete Schedul con	ation from the e J for such or individual than \$100,000 or in the organization	3 X 4 X 5 X
c Total f d Total (Total n reporta 3 Did th employ 4 For an organiz individe 5 Did an for serv Section B. 1 Comple	rom continuation sheets to Part VII, So add lines 1b and 1c)	imited to the surface of the surface	r, or h indicate or tab	trus trus le cco,00	I about the street of the stre	, ke	ey er ation "Yes, any such p	mp! an " c unr pers	loyee, or highest and other compens complete Schedul con	ation from the e J for such or individual than \$100,000 or in the organization	3 X 4 X 5 X
c Total f d Total (Total n reporta Did th employ For an organiz individu Did an for serv Section B. Comple comper year.	rom continuation sheets to Part VII, So add lines 1b and 1c)	imited to the ser, directoral for succession of repeater than accrue corporated in compensated in compensation ress	nose I 22 r, or h indi ortab \$15 mpens e Sch	trus vidu le cc 0,00 ssatio edul	I about the street of the stre	, ke ensa If om ontra	ey er ation "Yes, any uch p	mp! ann constant sth	loyee, or highest and other compension of series of the se	compensated ation from the e J for such n or individual than \$100,000 or in the organization vices	3 X 4 X 5 X

Part VII Section A. Officers, Directors, To	(B)			(C				(D)	(E)	(F	=)
Name and title	Average hours per week (list any	box.	unles	Posi heck ss per	ition more	e than o	an	Reportable compensation from	Reportable compensation from related	Estim m amou oth	nated unt of ner
	hours for related organizations below dotted line)	or o	a Institutional trustee			된 Highest compensated 한 employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	comper from organi and re organiz	the ization elated
8) MARY GALVEZ	2.00		e e			ated				<u> </u>	
BOARD MEMBER AT LARGE		Х		Х				0		0	
9) CHARLIE BLANCO BOARD DIRECTOR	2.00	Х						0		0	
0) MARCY BAYSINGER	2.00										
BOARD DIRECTOR 1) LISA LACHMANN	2.00	Х						0		0	
BOARD DIRECTOR	12.00	Х	i					٥ .		0	
52) DANIEL FAULKNER	2.00									<u> </u>	
BOARD DIRECTOR	·	Х						Q		0	
3) STEVE SHAW	2.00										
BOARD DIRECTOR		Х						0		0	
4) DR. KIRAN BHASKAR, PHD BOARD DIRECTOR	2.00	v						0			
5) REBECCA PONDER	2.00	Х								0	
BOARD DIRECTOR		Х	.					0.		0	
6) BARB MICHELS	2.00										
BOARD DIRECTOR		Х						0		0	
7) NEIL KLAR	4.00						İ				
BOARD CHAIR	<u> </u>	Х	_	Х				0		0	
8) KAREN GANIS BOARD 1ST VICE CHAIR	4.00	V		v							
1b Sub-total	.l	Х		Х		İ		Υ		9	
c Total from continuation sheets to Part VII, S	ection A	• • •	• •	• •	٠.						
d Total (add lines 1b and 1c)							•				
2 Total number of individuals (including but not reportable compensation from the organization)	limited to the	nose l 22	iste	d ab	ove) who	re	ceived more than :	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3	es I
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,00	00?	If	"Yes	," c	complete Schedul	e J for such	4 >	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor es," complet	npens e Sch	atic edul	on fr le Ji	om for	any such j	unr p <i>ers</i>	elated organization	n or individual	5	
Section B. Independent Contractors											
1 Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	J							(B)		(C)	
Name and business add								Description of ser	vices	Compensation)n
			P .					stad abova) who	rocaivad	1 12 14	3,7,
2 Total number of independent contractors (in more than \$100,000 in compensation from th				itea	to	those	e iis	sted above) who	received		

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box.	unles	Pos heck ss pe	rson	e than of the street than or/trush Highest compensated or/trushest compensated	an	(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
L <u>69)</u>		4.00									
201	2ND VICE CHAIR (JUL14-MAR15)	1 00	X		Х				0	C	
170)	FRANCES PANTALEO BOARD SECRETARY	4.00	Х		Х					0	
71)	- · · · · · · · · · · · · · · · · · · ·	4.00	^	\dashv	^				0		-
· _ =	BOARD TREASURER	† 	х		х				o	0	
72)	DIANE APARISIO	4.00									
	BOARD MEMBER		Х						0	0	
. 73)	KAREN BURNS	4.00									
7.4	BOARD MEMBER (JUL14-NOV14)	1 00	X						0	0	
74)	WILLIAM CAHN BOARD MEMBER EMERITUS	4.00	Х							0	
75)		4.00		\dashv					0	0	
	BOARD MEMBER	f	х						o	0	
76)	PETER CLARK	4.00									
	BOARD MEMBER		Х						0	0	
77)	LAWRENCE FORCE	4.00									
701	BOARD MEMBER (JUL14-NOV14)		Х			_			0	0	
78)	KRISTEN GEORGI	4.00			l		ĺ				
79)	BOARD MEMBER TOM GOVERNALE	4 00	Х	\dashv					0	0	
791	BOARD MEMBER (JUL14-NOV14)	4.00	х							0	
1h	Sub-total										
	Total from continuation sheets to Part VII, S	ection A	• • •	• •	• •	• •	• •				
	Total (add lines 1b and 1c)										
2	Total number of individuals (including but not	limited to th	iose li	stec	d ab	ove) who	re	ceived more than \$	100,000 of	
	reportable compensation from the organizatio	n ▶	22								
_	5										Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, director	r, or Lindi	trus victor	stee	e, k	еу е	mp.	loyee, or highest	compensated	
											3 X
4	For any individual listed on line 1a, is the organization and related organizations gr	sum of rep eater than	ortabl \$15.	e co	าบว omt	ens If	satior °Vec	an "	id other compens	ation from the	
	individual			• •					······		4 X
5	Did any person listed on line 1a receive or	accrue con	npens	atio	n fr	om	any	unr	elated organizatio	n or individual	
	for services rendered to the organization? If "Y	es," complet	e Sch	edul	e J	for :	such _I	oers	son		5 X
	Section B. Independent Contractors										
	Complete this table for your five highest com- compensation from the organization. Report of year.	than \$100,000 o n the organization	f n's tax								
	(A)								(B)		(C)
	Name and business add	Iress							Description of ser	vices C	ompensation
								_			
				-				-			
2	Total number of independent contractors (in	oludina bu	t not	limi	tod		thos		stod abovo) who	racaivad	
				111111	uea	10	เมอริ	J 118	sted above) who i	eceived	,≓
	more than \$100,000 in compensation from th	e organizati	on 🕨								

Part VII Section A. Officers, Directors, (A) Name and title	(B) Average hours per week (list any hours for	(do a	ot ch unles er and	Posi neck ss per d a d	ition more rson irect	e than o is both or/trusi	one an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
0) DOZENE GUISHARD BOARD MEMBER	4.00	v									
31) LORI HOFFMAN	4.00	X	_	\dashv				0	0		
BOARD MEMBER (JUL14-NOV14)		Х		_				0	0		
32) BARRY MEISELMAN BOARD MEMBER	4.00	х							0		
3) NANCY O'CONNOR	4.00	_^	\dashv								
BOARD MEMBER		Х		l				o	0		
4) RON STANTON	4.00)	
BOARD MEMBER	1 00	Х	_		\dashv			0	0		
5) BRIAN HEPPARD BOARD CHAIR	1.00	х		Х							
6) TODD BUTLER	1.00	^		^	_						
BOARD VICE CHAIR		х		х				0	O		
7) SUSAN HALPERN	1.00										
BOARD TREASURER	1.00	Х	_	Х				. 0	0		
8) TARA GERMANO BOARD SECRETARY	1.00	х		х					O		
9) A. JOHN BARTHOLOMEW	1.00	^	\dashv	$^{\uparrow}$	\dashv						
BOARD DIRECTOR		х			1	Ì		О	О		
0) MARY DAIN BOARD DIRECTOR	1.00	Х						O	0		
1b Sub-total							>				
d Total (add lines 1b and 1c)		, , ,					▶				
2 Total number of individuals (including but n reportable compensation from the organiza		iose li 22	sted	l ab	ove) who	re	ceived more than \$	\$100,000 of		
3 Did the organization list any former o	fficar director		*=1.0	too			!	loves as highest		Yes N	
employee on line 1a? If "Yes," complete Sch	edule J for suc	, oi h indi	vidus	al .				· · · · · · · · · · · · · · · · · · ·	compensated	3	
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$150	0,00	0?	If	"Yes,	" (complete Schedul	e J for such	4 X	
5 Did any person listed on line 1a receive	or accrue con	npens	atio	n fr	om	any	unr	elated organizatio	n or individual		
for services rendered to the organization? If Section B. Independent Contractors	res, complet	SUIR	eaure	931	ior s	sucn p)ers	son		5	
Complete this table for your five highest compensation from the organization. Report year.	ompensated in t compensatio	depei n for	nder	nt co	ontr enda	actor ar yea	s th	nat received more nding with or with	than \$100,000 o	r l's tax	
(A)								(B)		(C)	
Name and business a	address							Description of ser	vices C	ompensation	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·										
! Total number of independent contractors	(including but	not	limit	hat	to	those	s lie	adur (avade hats	received	-	

Fé	(A)	(B)	y ⊑n	ibic			and	Hig	T		(continu		_
	Name and title	Average				C) sition			(D) Reportable	(E) Reportable		(F) stimated	
		hours per	,		heck	mon	e than (compensation	compensation from		mount of	
		week (list any hours for					is both tor/trus		from	related	607	other npensation	
		related	9 5						the organization	organizations (W-2/1099-MISC)	1 .	from the	
		organizations	divid	i i	Officer	y en	ghes	Former	(W-2/1099-MISC)	(**-2) 1035-101100)	or	ganization	
		below dotted line)	ctor La	tions	``	Key employee	yee Yee	-			1	nd related janizations	
		"""	Individual trustee or director	Institutional truste		yee	g mg				"	gernzenon s	
			6	stee	1		Highest compensated employee						
41.011	BBURBY BOWE	1 00	<u> </u>				2	-	<u></u>		-		
(191)	BRENDEN DONNELLY BOARD DIRECTOR	1.00	.,			İ							_
(192)	DAVID GILL, MD	1.00	Х	-	ļ.—						<u> </u>		C
1.751	BOARD DIRECTOR		х		ĺ								0
(193)	KATHLEEN GOOD	1.00	_^		_				0		1		
(1)	BOARD DIRECTOR		х										0
(194)		1.00	A					\vdash	,				
1 = 2 - 2	BOARD DIRECTOR		х								n		0
(195)	KATHY GRIMES	1.00				-							
· /_	BOARD DIRECTOR	1.00	Х						0		n		0
(196)	NORMA HOLLAND	1.00	:-					一	i -		Ť		_
·/-	BOARD DIRECTOR		х						0	(0
(197)	RAYMOND JACOBI, CPA	1.00			-				Ĭ		<u> </u>		
	BOARD DIRECTOR		Х						0	1	n		0
(198)	MILDRED REYNOLDS	1.00											Ť
	BOARD DIRECTOR		х						ol	(0
(199)	BILL RYAN	1.00					-			· · · · · ·	1		_
	BOARD DIRECTOR		Х	ĺ					0	(0
(200)	TOM SANTOBIANCO	1.00		_							 		_
-	BOARD DIRECTOR		Х						o	(0
(201)	JUSTIN VIGDOR, ESQ	1.00											
	BOARD DIRECTOR		Х						О	(0
1b	Sub-total .							▶					
С	Total from continuation sheets to Part VII, So							▶					
	Total (add lines 1b and 1c)	-						▶					
2	Total number of individuals (including but not I		iose l	iste	d ak	oove) who	re-	ceived more than \$	\$100,000 of			
	reportable compensation from the organization) >	22										
_	7										· ·	Yes N	<u>)</u>
3	Did the organization list any former office	er, director	r, or	tru.	stee	e, k	ey e	mp	loyee, or highest	compensated			(- j
	employee on line 1a? If "Yes," complete Schedu										3	X	_
4	For any individual listed on line 1a, is the s	um of rep	ortabl	ес	om	pen	sation	ı ar	nd other compens	ation from the			
	organization and related organizations gre	eater than	\$15	υ,υ(JU?	If	"Yes	," C	complete Scheduli	e J for such	1 .	X	-
	individual										4	1 1 1	
5	for services rendered to the organization? If "Ye	accrue con s "complet	npens e Sch	ous	on ti Ja I	rom for	any such	unn	eiated organizatio	n or individual	5	X	
	tion B. Independent Contractors	o, compres	0077	o crus		107	sucii,	pere	3077	·		^	—
	Complete this table for your five highest comp	nensated in	dene	nde	nt c	onti	racto	rs th	nat received more	than \$100 000 4	nf.		_
	compensation from the organization. Report covers	ompensatio	n for	the	cal	end	ar yea	ar e	nding with or withi	in the organization	n's tax		
	·							_					_
	(A) Name and business add	rocc							(B) Description of ser	vices ((C) Compens		
	Hame and business addi							 	Description of ser	vices	compens	Sation	<u> </u>
							_	-					
										-			_
													
-								+					_
2	Total number of independent contractors (in	cluding but	not	limi	ited	to	thos	ا a lic	sted ahove) who	received			
	more than \$100,000 in compensation from the				ou		1103	υ IIS	Jan above, Willo	0001400			
JSA	5 1.000		-						-	<u> </u>	Form	990 (201	41
	60196P 649R											•	•

	/A\	T	ſ					9	hest Compensat			/F\
	(A) Name and title	(B)			Posi	C) ition			(D) Reportable	(E) Reportable	Fe	(F) timated
	Haine and tide	Average hours per	(do	not cl			e than o	ne	compensation	compensation from		ount of
		week (list any	box	unles	s pe	rson	is both	an	from	related	1	other
		hours for	office	$\overline{}$		irect	or/trus		the	organizations	1	pensation
		related	or d	nst	Officer	Key employee	魚흑	Former	organization	(W-2/1099-MISC)		om the anization
		organizations below dotted	irec	<u>#</u>	je.	emı	lest lest	ner	(W-2/1099-MISC)		1	related
		line)	ર્વ <u>સ્</u>	na.		oloy	e S				1	inizations
			Individual trustee or director	Institutional truste	Į	e	per					
			Œ.	stee			Highest compensate employee					
02)	LOIS WILLIAMS-NORMAN	1.00				\neg	led					
	BOARD DIRECTOR		Х						0			
13)	MILES ZATKOWSKY, ESQ	1.00	.,			İ						
1/11	BOARD DIRECTOR	1 00	Х			_			0	·		
4)	BARBARA TSCHAMLER BOARD PRESIDENT	1.00	v		,,					0	ļ	
		1 00	Х		X				U.			
2)	LINDA STEEG, DNP, RN, ANP-BC	1.00	.,		.,							
-	BOARD VICE PRESIDENT	1 00	. X		Х	-1			U			
6)	KYLE ROOKEY, CPA	1.00										
	BOARD TREASURER		. X		Х				0	0		
<u>7)</u>		1.00										
	BOARD SECRETARY		Х		Х				0	0		
8)	ERIC WIEDEMANN	1.00				Í						
	BOARD PRESIDENT (JUL14-NOV14)	<u> </u>	X		X	_			0	0		
9)	RICHARD GEHRING	1.00										
	BOARD VICE PRES (JUL14-NOV14)		Х		Х				0	0		
0)	MICHELLE RAINKA	1.00										
	BOARD SECRETARY (JUL14-NOV14)		Х		Х				o	0		
1)	ESTELLE BRICKNER, MSW	1.00						•				
	BOARD DIRECTOR		Х						o	0		
2)	HORACIO CAPOTE, MD	1.00										
	BOARD DIRECTOR		Х						0	0		
								▶				
1b .	Sup-total											
	Sub-total Total from continuation sheets to Part VII. S		• •		٠.	٠.				•		
c	Total from continuation sheets to Part VII, S							*				
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)							>	ceived more than	\$100 000 of		,
c d	Total from continuation sheets to Part VII, S	imited to th		iste				>	ceived more than \$	\$100,000 of		•
c ' d ' 2	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	imited to th	ose l	iste				>	ceived more than \$	S100,000 of	-	Yes I
c d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the	nose l 22 r, or	isted	d ab	ove) who	re	loyee, or highest	compensated		Yes
c d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the	nose l 22 r, or	isted	d ab	ove) who	re	loyee, or highest	compensated	3	Yes
d 2	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the limit	nose l 22 r, or h indi	isted tru:	ab stee	ove	ey e	re mp	loyee, or highest	compensated		Yes
c f	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the ser, directoule J for successum of repeater than	nose I 22 r, or h indi ortab \$15	tru:	stee	e, k	ey e	mpi	loyee, or highest	compensated		Yes
c f	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the ser, directoule J for successum of repeater than	nose I 22 r, or h indi ortab \$15	tru:	stee	e, k	ey e	mpi	loyee, or highest	compensated		Yes
c ' d ' 2 ' 2 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than	r, or h indicates a second sec	tru:	stee	e, k	ey e	mpi an	loyee, or highest	compensated ation from the J for such n or individual	3	
d · d · d · d · d · d · d · d · d · d ·	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the storganization and related organizations graindividual	er, directo ule J for suc sum of rep eater than	r, or h indicates a second sec	tru:	stee	e, k	ey e	mpi an	loyee, or highest	compensated ation from the J for such n or individual	3	
c d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directoule J for sucsum of repeater than accrue cores, "complet	nose I 22 r, or h indi ortab \$15 npens	trus	dab	ove, k	ey e satior "Yes, any such j	mpi an	loyee, or highest	compensated ation from the J for such n or individual	3 4 5	
c d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directoule J for sucsum of repeater than accrue cores, "complete	r, or h indicated a second a s	tru: tru: le co 0,00 satio edul	dab stee	ove l	ey e satior "Yes, any such p	mpi	loyee, or highest	compensated ation from the J for such n or individual than \$100,000 o	3 4 5	
d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directoule J for sucsum of repeater than accrue cores, "complete	r, or h indicated a second a s	tru: tru: le co 0,00 satio edul	dab stee	ove l	ey e satior "Yes, any such p	mpi	loyee, or highest and other compens complete Schedule completed organization con	compensated ation from the J for such n or individual than \$100,000 o	3 4 5	
c d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor es, "complet pensated ir ompensatic	r, or h indicated a second a s	tru: tru: le co 0,00 satio edul	dab stee	ove l	ey e satior "Yes, any such p	mpi	loyee, or highest	compensated ation from the J for such n or individual than \$100,000 or in the organization	3 4 5	X
c d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor es, "complet pensated ir ompensatic	r, or h indicated a second a s	tru: tru: le co 0,00 satio edul	dab stee	ove l	ey e satior "Yes, any such p	mpi	loyee, or highest and other compens complete Schedule completed organization con	compensated ation from the J for such n or individual than \$100,000 or in the organization	3 4 5 f n's tax	X
d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor es, "complet pensated ir ompensatic	r, or h indicated a second a s	tru: tru: le co 0,00 satio edul	dab stee	ove l	ey e satior "Yes, any such p	mpi	loyee, or highest and other compens complete Schedule completed organization con	compensated ation from the J for such n or individual than \$100,000 or in the organization	3 4 5 f n's tax	X
d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor es, "complet pensated ir ompensatic	r, or h indicated a second a s	tru: tru: le co 0,00 satio edul	dab stee	ove l	ey e satior "Yes, any such p	mpi	loyee, or highest and other compens complete Schedule completed organization con	compensated ation from the J for such n or individual than \$100,000 or in the organization	3 4 5 f n's tax	X
c d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor es, "complet pensated ir ompensatic	r, or h indicated a second a s	tru: tru: le co 0,00 satio edul	dab stee	ove l	ey e satior "Yes, any such p	mpi	loyee, or highest and other compens complete Schedule completed organization con	compensated ation from the J for such n or individual than \$100,000 or in the organization	3 4 5 f n's tax	X
c d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor es, "complet pensated ir ompensatic	r, or h indicated a second a s	tru: tru: le co 0,00 satio edul	dab stee	ove l	ey e satior "Yes, any such p	mpi	loyee, or highest and other compens complete Schedule completed organization con	compensated ation from the J for such n or individual than \$100,000 or in the organization	3 4 5 f n's tax	X
d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directo ule J for suc sum of rep eater than accrue cor es, "complet pensated ir ompensatic	nose I 222 r, or h indi s15 npense Sch	trusted truste	ad ab	ove e, k compense for s ontre ontre ontre	eey ee	mpi an " co	loyee, or highest	compensated	3 4 5 f n's tax	X
d d d d d d d d d d d d d d d d d d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	er, directoule J for sucue of repeater than accrue cores, "complet pensated in ompensation ress"	nose I 222 r, or h indicortab \$15 npense e Sch	trusisted trusis	ad ab	ovensensensensensensensensensensensensense	eey ee	mpi an " co	loyee, or highest	compensated	3 4 5 f n's tax	X

Part VII	Section A. Officers, Directors,	Trustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employees	(continued)
	(A) Name and title	(B) Average hours per week (list any	box,	unies	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation fror related	(F) Estimated amount of other
		hours for related organizations below dotted line)	individual trustee o or director	an Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation from the organization and related organizations
	STEN CRANDALL, LPN RD DIRECTOR	1.00	Х		-				0		0
214) CYN'	THIA LUDWIG, ESQ RD DIRECTOR	1.00	Х						0		0
215) LAUI	RIE MENZIES, ESQ RD DIRECTOR	1.00							0		
216) JEFE	NIXON	1.00	_ X						U		0
217) SHEF	RD DIRECTOR RYL SCHECHTER, LMSW	1.00	X						0	<u> </u>	
218) JOSH	RD DIRECTOR HUA ROGERS, CPA	1.00	X						0		0
219) MARK		1.00	X					-	<u> </u>		U
220) DAVI	RD DIRECTOR D CASCIO, RN	1.00	_X						0		0
221) COLI	N COSTELLO, CPA	1.00	X						0		0[
222) JOHN	RD DIRECTOR I DI SCIULLO	1.00	Х						<u></u>		0
223) JUDY	RD DIRECTOR HUTSON, MSW RD DIRECTOR	1.00	X						0	+	0
d Total (otal rom continuation sheets to Part VII, add lines 1b and 1c)	<u> </u>						▶ ▶	ceived more than	\$100 000 of	
reports 3 Did th	able compensation from the organizative organization list any former of yee on line 1a? If "Yes," complete Sche	ion ► ficer, directo	22 r, or	trus	stee	 e, k	ey e	mp	loyee, or highest	compensated	Yes No
4 For an organizindivide	y individual listed on line 1a, is the zation and related organizations (e sum of rep greater than	ortabl \$15	e co 0,00	om;)0?	oen: <i>If</i>	sation <i>"Yes</i> ,	ar " c	nd other compens complete Schedul	ation from the	4 X
5 Did an for ser	y person listed on line 1a receive ovices rendered to the organization? If	or accrue cor "Yes," complet	npens e <i>Sch</i>	atio edul	n fe le J	rom <i>for</i>	any such j	unr p <i>ers</i>	elated organizatio	n or individual	5 X
1 Comple	Independent Contractors ete this table for your five highest consistent from the organization. Report										
	(A) Name and business a	ddress							(B) Description of ser	vices	(C) Compensation
	number of independent contractors nan \$100,000 in compensation from			limi	ited	to	those	e lis	sted above) who	received	
JSA 4E 1055 1.000	0196P 649R									· ·	Form 990 (201

Part VII Section A. Officers, Directors, Tr	(B)	, y <u>L 11</u>	ipic		C)	anu	9	(D)	(E)	(F)
Name and title	Average			Pos	sition			Reportable	Reportable	Estimated
	hours per					e than is both		compensation	compensation from	amount of other
	week (list any hours for			dac		tor/trus		from the	related organizations	compensation
	related	유교	lns:	Officer	Xey	Highest employe	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidual	tuti	e e	33	Highest or employee	mer	(W-2/1099-MISC)		organization and related
	line)	tor a	onal		Key employee	🖁				organizations
		Individual trustee or director	Institutional trustee		ě	pens				
			ee			compensated e				
24) DAVID ZAPFEL	1.00									
BOARD DIRECTOR (JUL14-NOV14) 225) SUE STIEGER	.50	X				<u> </u>	-	<u> </u>	<u> </u>	(<u></u>
225) SUE STIEGER BOARD PRESIDENT		×		Х				_	ſ	
226) ELIZABETH KOZENKO	.50						<u> </u>	0		
BOARD VICE PRESIDENT	ļ	X		Х				n	(l
27) DEBORA GUILLERMO	.50	<u> </u>					<u> </u>			
BOARD TREASURER	† <u>-</u>	X		Х				0	d	l c
228) JENNIFER LILE	. 50		İ							, ,
BOARD SECRETARY	†	Х		Х				0	c	C
29) MICHELLE HENRY	.50									
BOARD TRUSTEE		X_				L		0	С	c
30) LAURA GRONOWSKI	.50									
BOARD TRUSTEE		Х					<u> </u>	0	0	0
31) CARLA SPEARS	. 50									
BOARD TRUSTEE		Х						0	0	0
32) DR. DAN VANDUSSEN	. 50									
BOARD TRUSTEE	ļ	X	\square				<u> </u>	0	0	0
33) STEVEN OSGOOD	$\frac{1.40}{}$							_	_	_
BOARD CHAIR		X	\vdash	Х				0	0	0
34) LEWIS BAUM	.70	.,								
BOARD TREASURER		Х	Ш	Х				U		0
1b Sub-total										
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not							n re	ceived more than :	\$100 000 of	<u> </u>
reportable compensation from the organization		22				,			4 1 3 3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
										Yes No
3 Did the organization list any former offic										3 X
employee on line 1a? If "Yes," complete Schedu					-					3 X
4 For any individual listed on line 1a, is the										
organization and related organizations greindividual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye										5 X
Section B. Independent Contractors	,		<u> </u>				0			
1 Complete this table for your five highest com	pensated in	ndepe	nde	nt c	cont	racto	rs tl	hat received more	than \$100,000 c	ıf
compensation from the organization. Report c										
(A)	<u> </u>						T	(B)		(C)
Name and business add	ress							Description of se	rvices	compensation
										
									<u> </u>	
							l			
2 Total number of independent contractors (in				ited	l to	thos	e li	sted above) who	received	
more than \$100,000 in compensation from the	e organizati	ion 🕨								_
JSA 4E 1055 1 000										Form 990 (2014)
60196P 649R										

	Section A. Officers, Directors, T	1	7		ye	٠٠,	anu i	пg	hest Compensat	eu Employees (continued)
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average	(do	not c	Pos		than c	an o	Reportable	Reportable	Estimated
		hours per week (list any					is both		compensation from	compensation from related	amount of other
		hours for				irect	or/trust	ee)	the	organizations	compensation
		related	o d	nsti	Officer	e e	High	Former	organization	(W-2/1099-MISC)	from the organization
		organizations below dotted	red du	Į į	ĕr	emp	iest Ioye	ner	(W-2/1099-MISC)		and related
		line)	ο Ε Β	nai		Key employee	e com				organizations
			Individual trustee or director	Institutional truste		e	Highest compensate employee				
			"	Ee			sated	į			
_ 	HA SPITZ	.50								-	
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lb Sub-to	tal	•						>	·		
			. <i>.</i> .				• •	\blacktriangleright			
c Total fi	rom continuation sheets to Part VII,	Section A .									
	rom continuation sheets to Part VII, add lines 1b and 1c)	•									
d Total (a	add lines 1b and 1c)	t limited to the						► re	ceived more than S	\$100,000 of	
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		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
246)		.20					۵				
	BOARD DIRECTOR		Х					_	0	0	<u></u>
247)		2.40					i		_	_	
	BOARD DIRECTOR	+	Х						0	0	
(48)	CYNTHIA MOORE-HARDY	. 30									
	BOARD DIRECTOR		X						0	0	
49)	- <i>-</i>	. 40									
	BOARD DIRECTOR		Х						0	0	
50)	CHRIS NELSON	.20			ļ						
	BOARD DIRECTOR		Х						0	0	
51)	PATRICK PAOLETTA	.20									
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52)	KIM PESSES	.70									
	BOARD DIRECTOR		Х				i		ol	0	
53)	ESTHER POTASH	.50			\neg						
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541	MARK QUARM	.40				1				· · · · · · · · · · · · · · · · · · ·	
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551	MARY ANN SHAMIS	.50	Δ,	\dashv		\dashv		\dashv			
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11)	Sub-total									_	
		ACTION A					• •				
c	Total from continuation sheets to Part VII, S										
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c d 2	Total (add lines 1b and 1c)	limited to the	nose l	isted				re	ceived more than \$	\$100,000 of	Yes N
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c d 2	Total (add lines 1b and 1c)	limited to the	nose I 22 r, or	trus	d abo	ove	e) who	mpl	loyee, or highest	compensated	Yes N
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2 3 4	Total (add lines 1b and 1c)	limited to the property of the	r, or ch indi ortabl	trus vidu le co	stee, al. omp	, k ens	ey e	mpl · · · · an	loyee, or highest	compensated ation from the by J for such	3 >
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c d 2 2 3 4 5 Sec 1 1	Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization but not reportable compensation from the organization but the organization list any former office employee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the organization and related organizations guindividual. Did any person listed on line 1a receive organization? If "Yetion B. Independent Contractors Complete this table for your five highest concompensation from the organization. Report year. (A) Name and business additional number of independent contractors (independent contractors)	limited to the cer, directo dule J for such sum of represented than accrue confes, "completed incompensation dress" and accompensation dress	nose I 22 r, or h indi s15 mpens e Sch depe	trus vidu le cc 0,00 satio	d about the steel and the stee	ove , k ens If om for s	eey e sation "Yes, any such p	mpl an " c unr pers	doyee, or highest and other compens complete. Schedule con	compensated	3 x 4 X 5 X f h's tax
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BOARD DIRECTOR		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	~	organization
(258) CYNTHIA TOMASCII 40 BOARD DIRECTOR X (259) JILL WHELAN 10 BOARD DIRECTOR X (261) JOHN PETRO 1.00 BOARD PERSON 1.00 BOARD PERSON 1.00 BOARD PERSON 1.00 BOARD PERSON 1.00 BOARD PERSON 1.00 BOARD PERSON 1.00 BOARD VICE PRESIDENT X (262) PATRICK KELLY 1.00 BOARD SECRETARY 1.00 BOARD SECRETARY X (264) JIM KELM 1.00 BOARD MEMBER 1		1.30									
SOARD DIRECTOR X		10	Х					ļ	0	0	
(259) JILL MRELAN (260) ROBERT WHITE (261) JOIN PETRO BOARD DIRECTOR 1 0 0 BOARD PETRO BOARD PETRO 1 0 0 BOARD PERSIDENT (262) PATRICK KELLY BOARD SECRETARY (263) JEANNY SIMATTIS 1 00 BOARD MEMBER (264) JIM KELM BOARD MEMBER (265) JOHN BURKHART, MD BOARD MEMBER (265) JOHN BURKHART, MD BOARD MEMBER (266) PETR BURY BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (268) PETRO BOARD MEMBER (269) JUDY CHESTER BOARD MEMBER (260) SUB-total BOARD MEMBER (261) JUDY CHESTER BOARD MEMBER (262) JUDY CHESTER BOARD MEMBER (263) JUDY CHESTER BOARD MEMBER (264) JUDY CHESTER BOARD MEMBER (265) JUDY CHESTER BOARD MEMBER (266) PETRO BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (268) PETRO BOARD MEMBER (269) JUDY CHESTER BOARD MEMBER (269) JUDY CHESTER BOARD MEMBER (269) JUDY CHESTER BOARD MEMBER (261) JUDY CHESTER BOARD MEMBER (262) JUDY CHESTER BOARD MEMBER (263) JUDY CHESTER BOARD MEMBER (264) JUDY CHESTER BOARD MEMBER (265) JOHN BURKHART, MD BOARD MEMBER (266) PETRO BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (267) JUDY CHESTER BOARD MEMBER (268) PETRO BOARD MEMBER (269) JUDY CHESTER BOARD MEMBER (269) JUDY CHESTER BOARD MEMBER (269) JUDY CHESTER BOARD MEMBER (260) PETRO BOARD MEMBER (261) JUDY CHESTER BOARD MEMBER (261) JUDY CHESTER BOARD MEMBER (262) JUDY CHESTER BOARD MEMBER BO		.40								0	,
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270)	GLORIA GROAT	1.00											
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2711	JOANIE JOHNSON	1.00						-					
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273)	RON KELLER	1.00											
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2 / 5)	JEFFREY MILKS	1.00											
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276)	DENISE MIRMAN	1.00											
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277}	SUE RENINGER	1.00				寸						-	
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d	Total (add lines 1b and 1c)							\blacktriangleright					
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	reportable compensation from the organization		22				•						
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	employee on line 1a? If "Yes," complete Schedu	ile J for Suc	n mai	viau	aı.			• •	• • • • • • • • • • •		. 3	·	Х
4	For any individual listed on line 1a, is the s	sum of rep	ortabl	e co	omp	ens	ation	ar	nd other compens	ation from th	e		100
	organization and related organizations gre	eater than	\$15	0,00	0?	lf	"Yes,	" c	complete Schedul	e J for suc	h	1.0	1.
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Form **990** (2014)

Part VII Section A. Officers, Directors, Tr		y C11	ibic			anu	пıg			1
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(db)	not c		sition mor	e than (one	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					is both		from	related	other
	hours for		7		1	tor/trus		the	organizations	compensation
	related	or d	nst	Officer	Ey.	B 포	Former	organization	(W-2/1099-MISC)	from the
	organizations below dolled	dividual director	賈	g	E M	lest	ner	(W-2/1099-MISC)		organization and related
	line)	Q ₽	l a	ĺ	Key employee	g 5				organizations
	i	Individual trustee or director	Institutional truste		ee	per				
		ā	i e e			Highest compensated employee				
(279) CHUCK WHITE	1.00		_	-		ä	-			
BOARD MEMBER	1.00	,								
(280) JOHN WISEMAN	1.00	Х		⊢					U	
BOARD MEMBER	1.00	.,				ĺ	İ,			
(281) MIKE ZIEG	1 00	X		_				<u> </u>		
·	1.00	.,								
BOARD MEMBER		Х				<u></u>			0	•••
(282) DAVID DUDON	4.00			İ					_	
BOARD PRESIDENT		Х		Х				0	0	
(283) JOEL SIEFERT	2.00					ĺ				
BOARD TREAS & VP FINANCE		Х		Х				0	0	
284) MIKE EMOFF	3.00									
BOARD SECRETARY		Х		Х	<u> </u>			0	0	
(285) VICKIE CARRAHER	2.00									
BOARD VP PUB POL (JUL14-MAR15)		Х			l			0	0	
286) JOE STEWART	3.00									
BOARD VP CHAPTER PROGRAMS		Х						o	0	
287) MARK LEVY	2.00									
BOARD VP DEVELOPMENT		Х						0	0	
288) WARD ALLEN	2.00							0		
	2.00									
BOARD MEMBER		Х						U	U	
289) LARRY LAWHORNE	2.00									
BOARD MEMBER		Х	-					0	0	
1b Sub-total							▶			
c Total from continuation sheets to Part VII, S							▶			
d Total (add lines 1b and 1c)							▶			
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reportable compensation from the organization	>	22								
										Yes No
3 Did the organization list any former offic	er, directo	r, or	tru	ste	e, k	кеу е	mpl	loyee, or highest	compensated	
employee on line 1a? If "Yes," complete Schedu	ile J for suc	:h indi	ividu	ıal .						3 X
4 For any individual listed on line 1a, is the s	um of ren	ortab	le c	om	nen	sation	ı an	id other compens	ation from the	
organization and related organizations gre	ater than	\$15	ก.ดเ	007	lf	"Yes	" c	complete Schedul	e J for such	
individual										4 X
5 Did any person listed on line 1a receive or								elated organization	n or individual	
for services rendered to the organization? If "Ye	accine cui	npers a Sch	odu.	la l	for	euch	uni narc	eiateu organizatio	ili oi indiviodai	5 X
Section B. Independent Contractors	s, compice	C 30//	cuu	10 0	101	SUCIT	pera	5017		3 1 1 7
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compensation from the organization. Report of year.										
(A)								(B)		(C)
Name and business add	ress							Description of ser	vices C	ompensation
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2 Total number of independent contractors (in	cluding bu	t not	lim	ited	to	thos	e lis	sted above) who	received	
more than \$100,000 in compensation from the				ned	ιο	เทอร	e 119	steu abovej wno	received	

Part VII	Section A. Officers, Directors, Tr	ustees, Ke	ey En	nplo	уе	es,	and l	Hig	hest Compensat	ed Employe	ees (c	continue	d)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck sspa daa	erson direc	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportab compensation related organization	n from	am com	(F) timated tount of other pensat	of ion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	4ISC)	orga and	om the anizatio I relate nizatio	on d
·	A SMITH D MEMBER	3.00	-1											
(291) DENNI	S STAUFFER	2.00	-						0					
(292) JULIA	MEMBER WALLACE	2.00	+						0		- O			
(293) CHERY		3.00	X						0		0			
	MEMBER WYATT	2.00	X						0		0			
	MEMBER MURPHY	2.00	Х						0		0			
BOARD	MEMBER (JUL14-MAY15) AM MESSER, PHD	2.00	Х			_			0		0			
BOARD	PRESIDENT RA KOPP MILLER, PHD	1.00	Х		Х				0		0			
	VICE PRESIDENT	1.00	Х		Х				O'	 	0			
	VICE PRESIDENT		Х		Х				0		0			
BOARD	TREASURER	2.00	Х		Х				0		0			
(300) ALEX BOARD	CATCHINGS SECRETARY	1.00	X		Х				0		0			
c Total fro	al					 	<i>.</i>	>						
Total nur	dd lines 1b and 1c) mber of individuals (including but not	limited to th	nose I	isted				► re	ceived more than S	\$100,000 of				
reportab	le compensation from the organizatio	n ▶	22										Yes	No
Did the employe	organization list any former office on line 1a? If "Yes," complete Sched	er, directo ule J for suc	r, or chindi	tru: i <i>vidu</i>	stee al ,	e, } • • •	кеу е	mpl	loyee, or highest	compensat	ed 	3		X
organiza	individual listed on line 1a, is the stion and related organizations grad	eater than	\$15	0,00	00?	lf	"Yes	," c	complete Schedul	e J for su	ıch	4	X	
5 Did any	person listed on line 1a receive or ces rendered to the organization? If "Ye	accrue cor	npens	satio	n f	rom	any	unr	elated organizatio	n or individu	ual	5	Y5.Y	Х
	ndependent Contractors	30, 00,,,,,,,,,	0 0017							• • • • • • •	<u> </u>			
 Complete compens year. 	e this table for your five highest com sation from the organization. Report c	pensated ir ompensatio	ndepe on for	ndei the	nt c cal	ont end	ractoi ar yea	rs th ar e	nat received more nding with or with	than \$100,0 in the organi	i00 of ization	f n's tax		
_	(A) Name and business add	ress		•					(B) Description of ser	vices	Cı	(C) ompensa	ation	
					_									
2 Total nur	mber of independent contractors (in	reluding by	t not	limi	itod	1.10	thos	ءنا ہ	eted above) who	received			-	_
	n \$100,000 in compensation from the				neu	ίŪ	เกบรา	e 118	sted above) WHO	received	· ·	** . *		
4E 1055 1.000	196P 649R											Form 9	190 (2014

	(A)	(D)				-		hest Compensat	i	ĭ .
	(A)	(B)			(C)			(D)	(E)	(F)
	Name and title	Average hours per	(do.		Positio	n re than	one	Reportable	Reportable	Estimated amount of
		week (list any				is both		compensation from	compensation from related	other
		hours for	office	r and	a dire	tor/trus	tee)	the	organizations	compensation
		related	우흡	iz	Key em Officer	la E	Former	organization	(W-2/1099-MISC)	from the
		organizations	dividual director	[출]	icer en	Ples	me.	(W-2/1099-MISC)	,	organization
		below dotted line)	답	Institutional	Key employee Officer	e 6	'			and related organizations
		,,,,,,,,	Individual trustee or director	=	yee	l a				organizations
			œ œ	trustee		Highest compensated employee				
		-	ļ .			<u> </u>				
01)		. 50	-{							
021	BOARD MEMBER FARLEY BANKS	. 50	Х		+			0	U	
	BOARD MEMBER		1				ļ	0	0	
721	WILLIAM CONLISK	E 0	Х		+	-	<u> </u>		U	
22/		. 50	.,					_		
	BOARD MEMBER	5.0	Х	_		 		U		
<u> </u>	DAVID DIMMER	.50				ĺ		_		
	BOARD MEMBER		Х					. 0	0	
(5)	ERIC GOLUS	. 50			- }					
	BOARD MEMBER		Х					0	0	
6)	J. CRAIG GRIFFIS	.50								
	BOARD MEMBER	<u> </u>	Х					0	0	
7)	RICHARD KENNY	. 50					1			
	BOARD MEMBER	[Х		ı			0	O	
8)	MICHAEL MALONE	.50								
	BOARD MEMBER	† -	Х					0	0	
9)	REV. TIMOTHY STORMS	. 50		_				· ·		
'	BOARD MEMBER	ļ	х					٥	n	
0.1	DIANE WINGER, MA, OTR/L	. 50		-	+					
<u>~′</u> _	BOARD MEMBER	f	х					0		
1 \	EMILY YARK	- E O	^			 		U		
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	BOARD MEMBER	<u>L</u> .	X		Ш.	l		0		
1b	Sub-total			•	• • •	L	>	0	0	
1b c	Sub-total					 	>	0	0	
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lb c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the ser, directo sule J for such sum of repeater than accrue cores, "complete pensated in	r, or hindi s15	trus vidua e co 0,000 ation	abov tee, mper or li fron J for	key e	mpl an an an an c unre	d other compens complete Schedule con	compensated	3 4 X 5 firstax
lb c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the ser, directorule J for such sum of representer than accrue corres, "complete pensated in compensation of the series of the seri	r, or hindi s15	trus vidua e co 0,000 ation	abov tee, mper or li fron J for	key e	mpl an an an an c unre	d other compens complete Schedule con	compensated ation from the e J for such n or individual than \$100,000 or in the organization	3 4 X 5 5 c's tax (C)
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1b c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the ser, directorule J for such sum of representer than accrue corres, "complete pensated in compensation of the series of the seri	r, or hindi s15	trus vidua e co 0,000 ation	abov tee, mper or li fron J for	key e	mpl an an an an c unre	d other compens complete Schedule con	compensated ation from the e J for such n or individual than \$100,000 or in the organization	3 4 X 5 5 stax (C)
1b c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the ser, directorule J for such sum of representer than accrue corres, "complete pensated in compensation of the series of the seri	r, or hindi s15	trus vidua e co 0,000 ation	abov tee, mper or li fron J for	key e	mpl an an an an c unre	d other compens complete Schedule con	compensated ation from the e J for such n or individual than \$100,000 or in the organization	3 4 X 5 5 stax (C)
1b c d 2	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the ser, directorule J for such sum of representer than accrue corres, "complete pensated in compensation of the series of the seri	r, or hindi s15	trus vidua e co 0,000 ation	abov tee, mper or li fron J for	key e	mpl an an an an c unre	d other compens complete Schedule con	compensated ation from the e J for such n or individual than \$100,000 or in the organization	3 4 X 5 5 c's tax (C)
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1b c d 2	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the ser, directorule J for such sum of representer than accrue corres, "complete pensated in compensation of the series of the seri	r, or hindi s15	trus vidua e co 0,000 ation	abov tee, mper or li fron J for	key e	mpl an an an an c unre	d other compens complete Schedule con	compensated ation from the e J for such n or individual than \$100,000 or in the organization	3 4 X 5 5 stax (C)
1b c d 2	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the ser, directoule J for such sum of repeater than accrue cores, "complete pensated in compensation on the series according to the series	nose I 22 rr, or thindi ortable \$15 npens e Sch	trus vidua e co 0,000	abov	key e key e satior Yes any such tracto.	emplon an an an an an an an an an an an an an	d other compens complete Schedule con	compensated	3 4 X 5 5 stax (C)

Form 990 (2014) Part VII Section A. Officers, Directors,	Friistaas Ka	w En	nlo			and l	Hia	hast Campanest	ed Employee	Page (continued)
(A) Name and title	(B) Average hours per week (list any	(do i	not ch unles	Pos neck ss pe	C) sition more erson	e than o is both tor/trus	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	(F) Estimated rom amount of other
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	£ al
(312) JEFF COPE	5.00									
BOARD CHAIR (313) DAVID MURLETTE	4.00	X		Х				C		
BOARD VICE CHAIR		×		Х			ĺ			0
314) JIM HOLMAN	4.00						 	† 		
BOARD TREASURER		X		х						0
315) GREG SHAW	4.00									
BOARD SECRETARY (JUL14-JUN15)		Х	i	Х						0
316) GALE BOLLINGER	3.00									
BOARD DIRECTOR		Х						0		0
317) JUSTIN BROWN	3.00									
BOARD DIRECTOR		Х						0		_ 0
318) DENNIS CAMERON	3.00									
BOARD DIRECTOR		Х						0		0
319) ALICE DAHLGREN	3.00									
BOARD DIRECTOR		Х						0		0
320) SUSAN DORNBLASER	3.00									
BOARD DIRECTOR		X						0		_ 0
321) RICK HADRAVA	3.00	ļ								
BOARD DIRECTOR (JUL14-MAY15)		Х						0		_ 0
322) DAVID HUDIBURG	3.00	l i						_		
BOARD DIRECTOR	_,l_,_	X						0		0
1b Sub-total										
c Total from continuation sheets to Part VII,							>			
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but no reportable compensation from the organizat 	ot limited to tl	nose l	isted				o re	ceived more than	\$100,000 of	
reportable compensation from the organizat	1011	22								Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										
4 For any individual listed on line 1a, is the organization and related organizations (individual	greater than	\$15	0,00	00?	lf	"Yes	," (complete Schedu	le J for such	, Teta esta lib.
5 Did any person listed on line 1a receive of	or accrue con	npen	satio	n f	rom	any	uni	related organizatio	on or individua <mark>l</mark>	
for services rendered to the organization? If	Yes," complet	e Sch	edul	e J	for	such	per	son	<u></u>	5 X
Section B. Independent Contractors										_ .
 Complete this table for your five highest co compensation from the organization. Report year. 										
(A)	ddraea							(B)	m de a a	(C)
Name and business a	ouress						+	Description of se	rvices	Compensation
						•				
										
							<u>L</u> .			
2 Total number of independent contractors				ited	l to	thos	e li	sted above) who	received	

Part VII Section A. Officers, Directors, Ti	rustees, Ke	y En	nplo	уе	es,	and	Hig	hest Compensat	ed Employ	ees (c	continued)
(A) Name and title	(B) Average hours per	(do	not c	Pos	C) sition	e than o	one	(D) Reportable compensation	(E) Reportat compensatio		(F) Estimated amount of
	week (list any hours for related	box,	unle er an	ss pe	erson direc	is both tor/trus	an tee)	from the organization	related organizati (W-2/1099-I	l ons	other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 271000 1		organization and related organizations
(323) LETITIA JACKSON BOARD DIRECTOR	3.00	Х				ă.		0		0	
324) CHRISTIAN LEIKAM	3.00		Т								
BOARD DIRECTOR	3 00	Х						0		0	
325) HERB MAGLEY BOARD DIRECTOR	3.00	X						0		0	
(326) DR. WILLIAM ORR	3.00									, j	·
BOARD DIRECTOR		Х						0		0	
(327) ERIN PETERS	3.00									0	
BOARD DIRECTOR 328) DR. CALIN PRODAN	3.00	X				!		0		0	
BOARD DIRECTOR		Х						0		0	
329) JOE RAY	3.00										
BOARD DIRECTOR		Х						0		0	
330) DR. CHANDINI SHARMA	3.00	.,								0	
BOARD DIRECTOR (JUL14-MAR15) 331) JULIE SLOAN	3.00	X						0		U	
BOARD DIRECTOR (JUL14-MAR15)		Х						d		0	
332) ROY SMITH	3.00										
BOARD DIRECTOR		Х						0		0	
333) LEE SWARTHOUT	3.00										
BOARD DIRECTOR 1b Sub-total		Х								U	
c Total from continuation sheets to Part VII, S	Section A										
d Total (add lines 1b and 1c)					· ·		▶				
2 Total number of individuals (including but not reportable compensation from the organization)		nose . 22		d at	oov€	e) who	re	ceived more than	\$100,000 of	f	
3 Did the organization list any former office	cer, directo	r, or	tru	ıste	e, l	кеу е	mp	loyee, or highest	compensa	ted	Yes No
employee on line 1a? If "Yes," complete Sched	lule J for suc	h ind	ividu	ıal							3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	. If	"Yes	," (complete Schedul	le J for su		4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor	npen	satio	on f	ron	any	unr	elated organization	n or individ		5 X
Section B. Independent Contractors											
 Complete this table for your five highest concompensation from the organization. Report of year. 											
(A) Name and business ad	dress		·		•			(B) Description of se	rvices	С	(C) ompensation
2 Total number of independent contractors (i	ncluding bu	t not	lim	ited	l to	thos	e lis	sted above) who	received		·
more than \$100,000 in compensation from the								, ·			
JSA 4E1055 1.000											Form 990 (2014
60196P 649R											

	t VII Section A. Officers, Directors, Tr	usiees, ne	y En	трю	ye	es,	anu i	ııy	hest Compensat	ed Employees (continuea)
	(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable	(F) Estimated
		hours per			heck	more	e than o		compensation	compensation from	amount of
		week (list any hours for	office	er and			is both or/trusi		from	related	other compensation
		related	익글	5		ক	육표		the organization	organizations (W-2/1099-MISC)	from the
		organizations	dividual t	stitut	Officer	y en	phes	Former	(W-2/1099-MISC)	(** 2,7000 mico)	organization
		below dotted line)	ctor	iona		Key employee	, co				and related organization
			Individual trustee or director	Institutional truste		èe	mpe				
			ě	stee			Highest compensated employee				
34)	SUSAN WALKER	3.00					-				
	BOARD DIRECTOR		Х			<u> </u>			0	0	
<u>35)</u> .	JIM WEBB	3.00									
	BOARD DIRECTOR		Х						0	0	
36)	PAUL WILLIAMS	3.00							_	_	
 _	BOARD DIRECTOR		Х	\sqcup					0	0	
37)	MATT WILSON	3.00									
201	BOARD DIRECTOR	1 00	X						0	0	
<u> 38)</u> .	GREG TIGANI	1.00								^	
201	BOARD CHAIR	1 00	X		Χ				U	U	 .
39)	ANDREW HUNT BOARD VICE CHAIR	1.00	v		ι,			i		0	
40)	CHRIS GRUBER	1 00	Х		Х				U	0	
40)	BOARD VICE CHAIR	1.00	v		v					0	
41)	DOUG CHAET	1.00	Х		Х						<u> </u>
/-	BOARD SECRETARY		Х		Х				0	0	
121	CHAD DEHART	1.00	^	\dashv	^					U	• • • • • • • • • • • • • • • • • • • •
	BOARD TREASURER		Х		Х	Į			n	0	
131	CHRISTOPHER BIEBERBACH	1.00	Δ		^						
,					ŀ				0	n	
- -	BOARD MEMBER		X	1	ŀ	- 1					
	BOARD MEMBER ADEAN BRIDGES	1.00	Х	\dashv							
44)		1.00	X						0	0	
44)	ADEAN BRIDGES BOARD MEMBER	1.00						•	0	0.	
14)	ADEAN BRIDGES BOARD MEMBER		Х					*	0	0	
14) 1b 5	ADEAN BRIDGES BOARD MEMBER Sub-total Total from continuation sheets to Part VII, So	ection A	X					* * *	0	0	
14) 1b 5 c 1	ADEAN BRIDGES BOARD MEMBER Sub-total	ection A	X						0 celved more than \$	0, 5100,000 of	
14) 1b 5 c 1 d 7	ADEAN BRIDGES BOARD MEMBER Sub-total Fotal from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A	X	isted					ceived more than \$	0 6100,000 of	
1b 5 c 1 d 1 2 î	ADEAN BRIDGES BOARD MEMBER Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A	X nose I	isted	d ab	oove	e) who	re			Yes
1b 5 c 1 d 7 r	ADEAN BRIDGES BOARD MEMBER Sub-total Fotal from continuation sheets to Part VII, Sofotal (add lines 1b and 1c) Fotal number of individuals (including but not included by the eportable compensation from the organization and the organization list any former office	ection A	X nose I 22	isted	d at	oove	e) who	re mp	oyee, or highest	compensated	
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	(A)	(B)			(C)			(D)	(E)	(F)
	Name and title	Average			Positi			Reportable	Reportable	Estimated
		hours per	(do			ore tha	in one	compensation	compensation from	amount of
		week (list any	4			on is b		from	related	other
		hours for				ector/tr		the	organizations	compensation
		related organizations	r di	nsti	∄ .	ê jj,	Former	organization	(W-2/1099-MISC)	from the organization
		below dotted	vidual I	E	ě	를 호	est et	(W-2/1099-MISC)		and related
		line)	<u> </u>	<u> a</u>	,	emplayee Key employee	율			organizations
			Individual trustee or director	Institutional trustee		8 -	ng			
		İ	ď	itee		employee Key employee	sate			
78) LUCIE	N RICHARDSON	4.00	 		Ť	+	-			
BOARD	MEMBER		X					0	0	
79) ELLEN	STEINBERG	2.00				\neg				
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	CHAIR		x		Х			0	n	
	T TOBEY, PC	2.00	**	\vdash	<u> </u>		+			
-	VICE CHAIR		x		, l					
	N THIBODEAUX-GOODALL	2 00			Х	+		U		
		2.00								
	SECRETARY		Х		Х			0	0	
3) <u>LYNN</u> I	PRUDE	2.00								
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4) PAUL N	MAJORS, CPA	1.00								
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5) DAVID	DEALY	1.00				\neg				
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	STARK, PC	1.00	 ^`	-		\dashv	+-	· · · · · ·		
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8) KATHY	CLEMENTS	1.00								
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1b Sub-total	m continuation sheets to Part VI					<i>.</i> 	. * . *			
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1b Sub-total c Total fro d Total (ad 2 Total num	m continuation sheets to Part VI	not limited to the		isted	<u> </u>			ceived more than \$	\$100,000 of	
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Part VII	Section A. Officers, Directors, Tr	ustees, Ke	y En	1plc	ye	es,	and	Hig	nest Compensat	ea Employee:	s (continue	ea)
	(A) Name and title	(B) Average			Pos	C) sition			(D) Reportable	(E) Reportable		(F) stimated
		hours per week (list any hours for	box,	unle	ss pe	erson	e than is both tor/trus	an an	compensation from	compensation fr related		nount of other pensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) fr org an	rom the janization d related anizations
·	Y MIDDLETON-MEYER	1.00					ed					
BOARI (390) TARA	D MEMBER ARANCIBIA	1.00	X						0		0	
) MEMBER		Х			L		-	О		0	
·	AEL COHEN D MEMBER	1.00	Х						0		0	ı
	RT KIDDER D MEMBER	1.00	Х									-
	RUSHING	1.00	^					 			U	
	D MEMBER	1.00	Х					-	0		0	f
	HEN WOODFIN MEMBER	1.00	Х						0		o	
	L MANNING, PHD	1.00										
BOARD 396) ROGER	CHAIR R ROLES	1.00	Х		Х			-	0		0	
	VICE CHAIR (JUL14-JUN15)		Х		Х				o'		0	
	QUE SHOLES, MA, LHNA D SECRETARY & VICE CHAIR	1.00	Х		Х				O		0	
398) BRIAN	N PHELPS TREASURER	1.00	Х		Х							,
399) E. RA	AY DINSTEL	1.00			^				0	,	0	
1b Sub-tota	D DIRECTOR		Х	1					0		U	(
c Total fro	om continuation sheets to Part VII, S							•				
2 Total nu	dd lines 1b and 1c)	limited to th		iste			• • • • •) who	o re	ceived more than s	\$100,000 of		
	so compensation with the organization		2.2	•					· · ·			Yes No
	e organization list any former offic ee on line 1a? <i>If "Yes," complete Sched</i>										3	X
organiza	individual listed on line 1a, is the ation and related organizations grading.	eater than	\$15	0,00	00?	- If	"Yes	," (complete Schedul	e J for such	4	X
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	Independent Contractors	30, 001110101	0 000	ouu		107		<i>p</i> u, .	3011			^
	le this table for your five highest com sation from the organization. Report c											
·	(A) Name and business add	lress							(B) Description of ser	vices	(C) Compens	ation
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	umber of independent contractors (in an \$100,000 in compensation from the				ited	to	thos	e lis	sted above) who	received		

	(A)	(B)			(C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any		not ch		on ore than on is bot		Reportable compensation from	Reportable compensation from related	Estimated amount of other
		hours for related organizations below dotted line)	of Individual trustee	a Institutional trustee	a din Officer	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
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404)		1.00								
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405)	MARGIE SHAVER BOARD DIRECTOR	1.00	v.						0	
406)	MATTHEW SUNDERLIN	1.00	Х			 	\vdash	0	0	
- = = /	BOARD DIRECTOR		Х						0	
407)	LISA TILLEY, CPA	1.00		\dashv		1				
	BOARD DIRECTOR		Х	1				0	o	
408)	DAVID STEPHENS	6.00								
	BOARD CHAIR		Χ		Х				0	
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4 <u>1 0)</u>	GLENN JENNER BOARD TREASURER	2.00	.,		,,					
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c _d	Total from continuation sheets to Part VII, Total (add lines 1b and 1c)	limited to the	nose I	sted			▶ o re	ceived more than \$	6100,000 of	Yes No
2	Total from continuation sheets to Part VII, Total (add lines 1b and 1c)	t limited to the	nose I 22 r, or	trus	abo	/e) wh	emp	loyee, or highest	compensated	Yes No
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	(A) Name and title	(B) Average hours per			•	C)			(D)	(E)	(F)
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		hours for related organizations below dotted line)					Highest compensated		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	compensation
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d Total (a 2 Total nu	add lines 1b and 1c)	limited to the	· · · · ·	isted				► re	ceived more than S	\$100,000 of	
3 Did the	e organization list any former officee on line 1a? If "Yes," complete Sched	cer, directo Jule J for suc	r, or h indi	tru:	al.						Yes No
organiza	rindividual listed on line 1a, is the ation and related organizations grad	eater than	\$15	0,00	90?	If	"Yes	," (complete Schedul	e J for such	4 X
for serv	person listed on line 1a receive or ices rendered to the organization? If "Y	accrue cor 'es," complet	npens e Sch	satio <i>edul</i>	n fi le J	rom <i>for</i>	any such	unr pers	elated organizatio	n or individual	5 X
1 Comple	Independent Contractors te this table for your five highest com- sation from the organization. Report of										
	(A) Name and business add	dress							(B) Description of ser	vices	(C) Compensation
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2 Total nu	umber of independent contractors (in an \$100,000 in compensation from the	ncluding bu	t not	limi	ited	to	thos	e lis	sted above) who	received	
JSA 4E 1055 1 000	c \$ 700,000 in compensation from th	o organizati	JII P				· · · · ·				Form 990 (2014

(A) Name and title	(B) Average hours per	(do i		Pos	C) ition			(D) Reportable	(E) Reportable	3	Est	(F) timated
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	below dotted	rect	tutio	ğ	emp	est d	ब्	(W-2/1099-MISC)	ļ		-	related
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Did the organization list any former offic	er, directo	r, or	trus	stee	e, k	кеу е	mp	loyee, or highest	compensate	d		
employee on line 1a? If "Yes," complete Sched	ule J for suc	:h indi	vidu	ıal ,				• • • • • • • • • • • • • • • • • • •		.	3	X
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organization and related organizations gr	eater than	\$15	0,00	00?	lf	"Yes	," (complete Schedul	le J for suc	:h	4	
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Total number of independent contractors (in	ncludina bu	t not	limi	ited	to	thos	e lis	sted above) who	received			
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nore than \$100,000 in compensation from th	e organizati	on 🕨							l			
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Name and title	Part V	Section A. Officers, Directors, T	rustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ed Employees (continued)
Week (that m) hours the contractions of the compensation from the compensation from the compe	-	(A)	(B) Average			Pos	C) sítion	ı		(D) Reportable	(E) Reportable	(F) Estimated amount of
(433) GREG WHITE			week (list any hours for	box,	unle er an	ss pe	erson	is both	an tee)	from the	related organizations	other compensation from the
(433) GREG WHITE			below dotted	lvidual trustee director	titutional trust	icer	/ employee	hest compens	mer			organization and related organizations
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(435) ALEX BOURELLY 2.00			2.00						<u> </u>			
BOARD DIRECTOR	ВО	ARD DIRECTOR		Х						0	0	
(436) LAINIE BUXTON MULLER 2.00 X 0 0 0 BOARD DIRECTOR X 0 0 0 BOARD TRESIDENT X X X X 0 0 0 BOARD TRESIDENT X X X 0 0 0 BOARD TRESIDENT X X X X 0 0 0 BOARD TRESIDENT X X X X 0 0 0 BOARD TRESIDENT X X X X 0 0 0 BOARD TRESIDENT X X X X 0 0 0 BOARD TRESIDENT X X X X 0 0 0 BOARD TRESIDENT X X X X 0 0 0 BOARD TRESIDENT X X X X 0 0 0 BOARD TRESIDENT X X X X X 0 0 0 BOARD TRESIDENT X X X X X 0 0 0 BOARD TRESIDENT X X X X X X 0 0 0 BOARD TRESIDENT X X X X X X X X X X X X X X X X X X X	(435)_AL	EX BOURELLY	2.00									
BOARD DIRECTOR (437) HARRY KLAFF BOARD DIRECTOR X CHASS BRAD ROSE BOARD DIRECTOR X CHASS BRAD ROSE BOARD DIRECTOR X CHASS BRAD ROSE BOARD DIRECTOR X CHASS BOARD DIRECTOR X CHASS BOARD DIRECTOR X CHASS BOARD DIRECTOR X CHASS BOARD DIRECTOR X CHASS BOARD DIRECTOR X CHASS BOARD DIRECTOR X CHASS BOARD PRESIDENT X CHASS BOARD PRESIDENT X CHASS BOARD PRESIDENT X CHASS BOARD PRESIDENT X CHASS BOARD TREASURER X CHASS BOARD TREASURER X CHASS BOARD TREASURER X CHASS BOARD METCHELL BOARD METCHELL BOARD MEMBER CHASS BOARD MEMBER X CHASS BOARD MEMBER CHASS BOARD MEMBE				Х	L.					0	0	
BOARD DIRECTOR			2.00	Х						0	0	
A BRAD ROSE BOARD DIRECTOR X D D	(43 <u>7)</u> HA	RRY KLAFF	2.00									
BOARD DIRECTOR			ļ	Х						0	0	
SUBSTITUTE SALEY	·		2.00	v						0	0	
BOARD DIRECTOR 440 ANDREA YOAK		· · · · · · · · · · · · · · · · · · ·	2.00	Λ						0		
Add ANDREA YOAK 3.00 X X X 0 0 0	_			х						d	0	
Substitute Su			3.00									
BOARD TREASURER 442) BRENDA MITCHELL BOARD SECRETARY 443) HATTIE BARLEY BOARD MEMBER 1				Х		X				o	0	
442) BRENDA MITCHELL BOARD SECRETARY 443) HATTIE BARLEY BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 22 Ye 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 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 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 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	441) EU	GENE JOHNSON	2.00					· · ·			-	
BOARD SECRETARY 443) HATTIE BARLEY BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 2 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 22 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 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 5 Cection 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)	BO	ARD TREASURER		Х		Х				o	0	
443) HATTIE BARLEY 1.00 X 0 0	(442) BRI	ENDA MITCHELL	1.00									
BOARD MEMBER	BO	ARD SECRETARY	<u> </u>	Х		Х				О	0	
to Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22 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	(443) HA	TTIE BARLEY	1.00									
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22 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 5 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) (B) (B) (C)	BO	ARD MEMBER		Х						0	0	
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22 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 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 5 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) (B) (B) (C)									▶			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22 Ye									▶			
Preportable compensation from the organization 22 Ye 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												
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	2 Tota repo	I number of Individuals (including but no rtable compensation from the organization	t limited to th on ►			d at	oov€	e) who	re	ceived more than \$	\$100,000 of	
employee on line 1a? If "Yes," complete Schedule J for such individual												Yes No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did emp	the organization list any former offi loyee on line 1a? If "Yes," complete Sched	cer, directo dule J for suc	r, or ch indi	tru ividu	istee ial ,	e, ł	кеу е 	mp.	loyee, or highest	compensated	3 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	orga	nization and related organizations g	reater than	\$15	0,00	00?	lf	"Yes	n an ," c	complete Schedul	e J for such	4 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) (B) (C)	5 Did :	any person listed on line 1a receive or	accrue cor	npens	satio	on f	rom	any	unr	elated organizatio	n or individual	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)			00, 00,,,,,,,,,	0 0011	- Car	,,,,		ouo,	porc		· · · · · · · · · · · · · · · · · · ·	1 3 1
	comp	pensation from the organization. Report	npensated ir compensatio	idepe on for	nde the	nt c cal	ont end	ractor ar yea	rs th ar e	nat received more nding with or with	than \$100,000 o in the organization	f n's tax
Name and business address Description of services Compensatio												(C)
		Name and business ad	dress							Description of ser	vices C	ompensation
									+			
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 ▶						ited	to	thos	e lis	sted above) who	received	
	JSA		organizati	VII P								Form 990 (2014

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and	Hig	nest compensat	eu Employees	(continuea)
(A) Name and title	(B) Average				C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	box,	unles	ss pe	rson	e than e is both	an	compensation from	compensation fro	om amount of other
	hours for related organizations below dotted	offic or direc		a Officer	Key employee	or/true Highest co	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0	compensation from the organization and related
	line)	Individual trustee or director	Institutional trustee		ployee	compensated ee				organizations
44) DIANA BRIGHT	1.00					fed.				
BOARD MEMBER	1 00	Х						0		0
45) NORA CROUCH BOARD MEMBER	1.00	x						0		0
46) KATIE HAMANN BOARD MEMBER	1.00	Х						0		0
47) MATT HARPER BOARD MEMBER	1.00							0		
48) JEAN LINNENBRINGER	1.00	X								0
BOARD MEMBER 49) FRANK MCCARTHY	2.00	Х						0		0
BOARD MEMBER	2.00	Х						0		o
50) JAMES ASA SHIELD, JR, MD	1.00									
BOARD MEMBER	1 00	Х						0		0
51) MYRA SMITH BOARD MEMBER	1.00	Х	j					o o		0
2) CHRISTY WALSH-SMITH	1.00				-					
BOARD MEMBER	1 00	X			_			0		0
BOARD MEMBER	1.00	х						0		0
54) TERESA MILLER	2.00							·		
BOARD PRESIDENT		X		Х				0		0
1b Sub-total	Section A			٠.			^			
d Total (add lines 1b and 1c)	•				• •		>			
2 Total number of individuals (including but no reportable compensation from the organization)		nose I 22		d ab	ove	e) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former off	ficer, directo	r, or	tru	stee	e, k	кеу е	mp	loyee, or highest	compensated	Yes N
 employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the organization and related organizations of 	sum of rep	ortab	le c	omp	en:	satior	ı ar	nd other compens	ation from the	3 X
individual										4 X
for services rendered to the organization? If "	Yes," complet	e Sch	edui	le J	for	such ,	pers	son	· · · · · · · · · · · ·	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co										
compensation from the organization. Report year.							т —	(5)		
compensation from the organization. Report year. (A)	ddross							(B)	vices	(C)
compensation from the organization. Report year.	ddress							Description of se	vices	(C) Compensation
compensation from the organization. Report year. (A)	ddress								vices	
compensation from the organization. Report year. (A)	ddress								vices	
compensation from the organization. Report year. (A)	(including bu			ited	to	thos	e lis	Description of se		

	(A)	(B)			(C	>)			(D)	(E)	(F)
	Name and title	Average	(da.		Posi				Reportable	Reportable	Estimated
		hours per week (list any	1 -				than d is both		compensation from	compensation from related	amount of other
		hours for			ad	irect	or/trust	ee)	the	organizations	compensation
		related	악	ng l	Officer	<u>\$</u>	em Hig	Forme	organization	(W-2/1099-MISC)	from the
		organizations	ivid		ğ	en l	hes	E E	(W-2/1099-MISC)		organization
		below dotted line)	호표	ona I		Key employee	ee (cor				and related organizations
		,	Individual trustee or director	nstitutional trustee		ee	mpe				J
		İ	6	stee		ļ	Highest compensated employee				
455)	WALLACE SUTTLE	1.00		-		\dashv	ă.				
133/	BOARD 1ST VICE PRESIDENT		Х		х				0	(
456)	LAURA BOONE	1.00				\neg					
	BOARD 2ND VICE PRESIDENT	_ _	Х		Х				0	C	
457)	DAVID HIGGINS	1.00				T					
	BOARD SECRETARY	† -	Х		Х				d	a	
158)	BARRY DOBSON	1.00				1					
	BOARD TREASURER		Х		х				n	0	
591	EDWARD MARTIN	.50			-+	T					
	BOARD ASSEMBLY DELEGATE		х						n	,	
1601	CHAD BROADWATER	.50		\dashv		\dashv					
20,	BOARD DIRECTOR		Х						0	0	
1611	DEBORAH CURRY	.50	^		-	-				0	
21)	BOARD DIRECTOR	. 50	.,								
621	MARK DAVIS	F.0.	Х		-	\dashv			0		
102)		.50					i		_		
	BOARD DIRECTOR		Х	_	_	-			0	0	
163)	NANCY DODSON	. 50		ĺ	l	- [
	BOARD DIRECTOR		Х			4			.0	0	
64)	SONIA GIBSON	.50					j				
	BOARD DIRECTOR		Х			\perp			0	0	
.65)	ROBERTA GREEN	. 50									
	BOARD DIRECTOR		X			<u> </u>			0	0	
1b	Sub-total							▶			
	Total from continuation sheets to Part VII, S							\blacktriangleright			
	Total (add lines 1b and 1c)							▶		<u></u>	
	Total number of individuals (including but not		iose li	sted	lab	ove)) who	re	ceived more than S	\$100,000 of	
	reportable compensation from the organization	ı >	22								
	Dil II										Yes No
3	Did the organization list any former offic	er, director	r, or	trus	stee - '	, k	ey e	mpl	oyee, or highest	compensated	
	employee on line 1a? If "Yes," complete Schedu	ile J for suc	n indi	vidu	aı.		• • •	٠.			3 X
4	For any individual listed on line 1a, is the s	um of rep	ortabl	е сс	omp	ens	ation	an	d other compens	ation from the	
	organization and related organizations gre	ater than	\$15	0,00	0?	lf	"Yes,	" c	omplete Schedul	e J for such	
	individual ,										4 X
		accrue con	npens	atio	n fr	om	any	unr	elated organizatio	n or individual	
5	Did any person listed on line 1a receive or	acciue con				for s	uch _E	ers	on		5 X
5	for services rendered to the organization? If "Ye	s," complete	e Sch	edule	e J f	0, 0					
5 Sec	for services rendered to the organization? If "Ye tion B. Independent Contractors	s," complete	e Sch	edule					<u> </u>		
5 Sec	for services rendered to the organization? If "Ye tion B. Independent Contractors Complete this table for your five highest com	s," complete	e Scho depe	e <i>duk</i> nder	nt co	ontr	actor	s th	nat received more	than \$100,000 o	f
Sec 1	for services rendered to the organization? If "Yetion B. Independent Contractors Complete this table for your five highest compensation from the organization. Report compensation from the organization.	s," complete	e Scho depe	e <i>duk</i> nder	nt co	ontr	actor ar yea	s th	nat received more nding with or with	than \$100,000 o in the organization	f n's tax
Sec 1	for services rendered to the organization? If "Ye tion B. Independent Contractors Complete this table for your five highest com	s," complete	e Scho depe	e <i>duk</i> nder	nt co	ontr	actor ar yea	s th	nat received more nding with or with	than \$100,000 o in the organization	f n's tax
Sec 1	for services rendered to the organization? If "Ye tion B. Independent Contractors Complete this table for your five highest componentation from the organization. Report copyear. (A)	s," complete pensated in ompensatio	e Scho depe	e <i>duk</i> nder	nt co	ontr	actor	s th	nding with or with (B)	in the organization	f n's tax (C)
Sec 1	for services rendered to the organization? If "Ye tion B. Independent Contractors Complete this table for your five highest components to the organization of the organization. Report compensation from the organization.	s," complete pensated in ompensatio	e Scho depe	e <i>duk</i> nder	nt co	ontr	actor ar yea	s th	nding with or with	in the organization	ı's tax
Sec 1	for services rendered to the organization? If "Ye tion B. Independent Contractors Complete this table for your five highest componentation from the organization. Report copyear. (A)	s," complete pensated in ompensatio	e Scho depe	e <i>duk</i> nder	nt co	ontr	actor ar yea	s th	nding with or with (B)	in the organization	ı's tax (C)
Sec 1	for services rendered to the organization? If "Ye tion B. Independent Contractors Complete this table for your five highest componentation from the organization. Report copyear. (A)	s," complete pensated in ompensatio	e Scho depe	e <i>duk</i> nder	nt co	ontr	actor	s th	nding with or with (B)	in the organization	ı's tax (C)
Sec 1	for services rendered to the organization? If "Ye tion B. Independent Contractors Complete this table for your five highest componentation from the organization. Report copyear. (A)	s," complete pensated in ompensatio	e Scho depe	e <i>duk</i> nder	nt co	ontr	actor	s th	nding with or with (B)	in the organization	ı's tax (C)
Sec 1	for services rendered to the organization? If "Ye tion B. Independent Contractors Complete this table for your five highest componentation from the organization. Report copyear. (A)	s," complete pensated in ompensatio	e Scho depe	e <i>duk</i> nder	nt co	ontr	actor ar yea	s th	nding with or with (B)	in the organization	ı's tax (C)
Sec 1	for services rendered to the organization? If "Ye tion B. Independent Contractors Complete this table for your five highest componentation from the organization. Report copyear. (A)	s," complete pensated in ompensatio	e Scho depe	e <i>duk</i> nder	nt co	ontr	actor	s th	nding with or with (B)	in the organization	ı's tax (C)
5 Sec 1	for services rendered to the organization? If "Yetion B. Independent Contractors Complete this table for your five highest componensation from the organization. Report organ. (A) Name and business add	ensated in complete compensation ress	depe	nder the	nt co	ontr	ar yea	ır eı	nding with or with (B) Description of ser	in the organization	ı's tax (C)
5 Sec 1	for services rendered to the organization? If "Yetion B. Independent Contractors Complete this table for your five highest componensation from the organization. Report organization. (A) Name and business add	ensated in complete compensation ress	depe	nder the	nt co	ontr	ar yea	ır eı	nding with or with (B) Description of ser	in the organization	ı's tax (C)

(A) Name and titl	l we	(B) Average hours per eek (list any hours for related	box,	unles r and	Pos heck ss pe	morerson irect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	I '	ganizations slow dotled line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(466) ANGELA VANCE BOARD DIRECTOR		. 50	Х								
(467) SANDRA VANIN BOARD DIRECTOR		. 50	Х				-		0		
(468) JERRY WALKER BOARD DIRECTOR		. 50	x		-				0		
(469) RANDALL WRIGHT BOARD DIRECTOR		. 50	х						0		
(470) ANNETTE ZAVAREEI BOARD DIRECTOR		.50							0		
(471) MARK STENZEL BOARD PRESIDENT		1.00	X		.,				0		
(472) BRIAN HENNING BOARD VICE PRESIDE	ZNIM	1.00	X		X				0		0
(473) SUE COLEGROVE BOARD SECRETARY		1.00	X		X					(
(474) DAVID SCHULZ BOARD TREASURER		1.00	X		X				0		0
(475) ANNE KIRSCHLING BOARD DIRECTOR		1.00	X		^				0) 0
(476) RICHARD LONDON, ME BOARD DIRECTOR)	1.00	Х						0		
Sub-total Total from continuation shad Total (add lines 1b and 1c) Total number of individuals reportable compensation from the state of the state o	(including but not limi	ted to th		stec				ree	ceived more than \$	3100,000 of	
3 Did the organization list employee on line 1a? If "Yea	any former officer, s," complete Schedule	director J for suci	, or h indi	tru: vidu	stee	e, k	ey e	mpl	oyee, or highest	compensated	Yes No
4 For any individual listed organization and related individual	organizations greate	er than	\$150	0,00	0?	lf	"Yes,	," c	omplete Schedule	e J for such	4 X
5 Did any person listed on l for services rendered to the	line 1a receive or acc	rue com	npens	atio	n fr	om	any	unr	elated organizatio	n or individual	5 X
Section B. Independent Contr 1 Complete this table for you	actors										
compensation from the org											
Na	(A) ame and business address								(B) Description of ser	vices ((C) Compensation
2 Total number of independ	ent contractors (include	ding but	not	limi	ted	to	those	e lis	sted above) who	received	
more than \$100,000 in con JSA 4E1055 1 000									·		Form 990 (2014)

	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles		ition more	e than o	nne	(D) Reportable	(E) Reportable	(F) Estimated
		related organizations			d a d		is both	an	compensation from	compensation from related	amount of other
		below dotted line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(477) ANNE DOR BOARD DI		1.00	x				Œ.		0	0	
(478) JAMES MA BOARD DI		1.00	х						0		
(479) ELLEN DI	ZARD	1.00									
BOARD DI (480) MARIA MO BOARD DI	NREAL-CAMERON	1.00	X						0	0	
(481) REBECCA	EMMONS	1.00	Х		+				0	0	
BOARD DI	RTL	1.00	Х						0	0	
BOARD DI (483) GINA GRE	EN-HARRIS	1.00	Х		-				0	0	
BOARD DI (484) CAROL WE	SSELS	1.00	X						0	0	
BOARD DI	BELAGA	2.00	Х						0	0	
BOARD PRI	NLEY	2.00	Х		Х				0	0	
BOARD VIC 487) SUSAN GRA BOARD TRI	·	2.00	X		x				0	0	
c Total from co d Total (add lin 2 Total number	ontinuation sheets to Part VII, S nes 1b and 1c) of individuals (including but not	imited to th					 .) who	► ► red	ceived more than \$	3100,000 of	
3 Did the orgonomemployee on 4 For any indivorganization	anization from the organization anization list any former office line 1a? If "Yes," complete Schedu vidual listed on line 1a, is the seand related organizations gre	er, director ule J for suc sum of rep eater than	<i>h indi</i> ortabl \$15	trus <i>vidu</i> le co	<i>al ,</i> omp 10?	ens	 sation "Yes,	an "c	d other compens	ation from the	Yes No
5 Did any pers	on listed on line 1a receive or endered to the organization? If "Ye	accrue con	npens	atio	n fr	om	any	unr	elated organization	n or individual	5 X
Section B. Indep 1 Complete this	endent Contractors stable for your five highest com n from the organization. Report c	pensated in	depe	nder	nt co	ontr	actor	s th	nat received more	than \$100,000 of	's tax
year.	(A) Name and business add	ress							(B) Description of services	vices Co	(C) ompensation
2 Total number	of independent contractors (in 00,000 in compensation from the	cluding but	t not	limi	ted	to	those	e lis	sted above) who i	eceived	
JSA 4E 1055 1.000	00,000 in compensation from the	organizani	OII P								Form 990 (2014

	Section A. Officers, Directors, Tr		ſ	•	•					T -	,-		
	(A) Name and title	(B) Average hours per week (list any	box.	not ch unles	Pos neck s pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportabl compensation related		(F Estim amou oth	ated nt of
		hours for related organizations below dotted line)	or director		a Officer	Key employee	Highest compensated	ee) Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compe from organi and re organiz	the zation lated
	MALA WILSON ARD SECRETARY	2.00	х		Х				0	. "	0		
	NICE KNIGHT ARD ASSISTANT SECRETARY	1.00	Х		х				0		0		•
490) JA	NET BUTTS ARD DIRECTOR	2.00	Х						0		0		
491) NI	KKI BEVON ARD DIRECTOR	2.00	Х						0		0		
492) CY	NTHIA LUTHER	2.00							0				
493) GA	ARD DIRECTOR IL HARGROVE MARSHALL BROWN ARD DIRECTOR	2.00	X						0		0		
494) WI	LLIAM MEEKS	2.00							0				
495) ME	ARD DIRECTOR LANIE FORTENBERRY	2.00	X						0				
496) CL	ARD DIRECTOR AYTON BULLOCK	2.00	X						0		0		
497) SH	ARD DIRECTOR AUN STAUFFER	1.00	X		.,				0				
498) CO	ARD CHAIR NNIE LATTA ARD VICE CHAIR	1.00	X		X				0				
d Tota	al from continuation sheets to Part VII, Sal (add lines 1b and 1c)	limited to the		istec			· · · · · · · · · e) who	re	ceived more than	\$100,000 of			
	the organization list any former offic loyee on line 1a? If "Yes," complete Sched												es No
orga	any individual listed on line 1a, is the inization and related organizations gr idual	eater than	\$15	0,00	0?	lf	"Yes	," (complete Schedul	e J for su		4 >	
	any person listed on line 1a receive or ervices rendered to the organization? If "Y											5	X
	B. Independent Contractors												
	plete this table for your five highest compensation from the organization. Report o												
	(A) Name and business add	iress							(B) Description of se	rvices	Co	(C) ompensati	on
				•••									
	I number of independent contractors (in	ncluding bu	t not	limi	ited	to	thos	⊥ e lis	sted above) who	received	. ,		
·	e than \$100,000 in compensation from th								,				

	Section A. Officers, Directors,	i rustees, Ke	y En	nplo	<u>ye</u>	es,	and l	Hig	nest compensati	a cinproyees (continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unfes	Pos heck ss pe	erson	e than o is both or/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
<u> </u>	ATHON HAWKINS	1.00			-						
	RD TREASURER		Х		Х				0	C	
	WEAVER	1.00	,		v						
501) BRUC	RD SECRETARY	1 00	Х	\vdash	Х	_		-	0.	C	
	RD PAST CHAIR	1.00	Х		х			ļ		0	
	ERT HENDRICK	1.00		\vdash					0		
	RD MEMBER		Х							n	
	RICIA OLENICK	1.00		\vdash				 	, , , , , , , , , , , , , , , , , , ,		
	RD MEMBER		Х						0	0	
	MCCARTER	1.00									
	D MEMBER		Х							0	
505) SHER	RI JONES	1.00									
BOAR	D MEMBER	 	Х						o	0	
506) ANGE	L DURR	1.00									
BOAR	D MEMBER		Х						0	0	
507) ELIZ	ABETH MASIC	1.00									
BOAR	D MEMBER		Х						o	0	
508) LARR	Y COMBS	1.00									
BOAR	D MEMBER		Х						o	0	
509) RAY	GUZMAN	1.00									
BOAR	D MEMBER		Χ						0	0	
1b Sub-to	· · · · · · · · · · · · · · · · · · ·		. .					\blacktriangleright			
	rom continuation sheets to Part VII							ightharpoons			
	add lines 1b and 1c)							▶			
	umber of individuals (including but nable compensation from the organization				d ab	OOVE	e) who	re	ceived more than \$	100,000 of	
Teporta	iole compensation from the organiza	non >	22								Y N.
employ	e organization list any former of vee on line 1a? If "Yes," complete Sch	edule J for suc	h ind	ividu	ıal .						Yes No
organiz	y individual listed on line 1a, is the cation and related organizations and	greater than	\$15	0,00	00?	lf	"Yes	n ar ," (nd other compens complete Schedule	ation from the J for such	4 X
	y person listed on line 1a receive										
	vices rendered to the organization? If Independent Contractors	"Yes," complet	e Sch	edul	e J	tor	such ,	oers	son		5 X
1 Comple	ete this table for your five highest consation from the organization. Repor	ompensated ir t compensatio	ndepe on for	ndei the	nt c cal	cont end	ractoi ar yea	rs th ar e	hat received more nding with or withi	than \$100,000 on the organization	f n's tax
	(A)								(B)		(C)
	Name and business a	address							Description of ser	vices C	compensation
								T			
_										_	
_											
								1			
										1	
2 Total n	umber of independent contractors	(including bu	t not	Jimi	ited	to	thos	e lis	sted above) who i	eceived	
	umber of independent contractors nan \$100,000 in compensation from				ited	to	thos	e lis	sted above) who i	eceived	

(A)	(B)	İ		(C)			(D)	(E)	(F)
Name and title	Average hours per	(do i		ositio	n ore than	one	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any				n is both ctor/trus		from	related	other
	hours for related			$\overline{}$			the	organizations	compensation from the
	organizations	를 를	Stite	Officer	nple ighe	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	ect	<u> </u>	ءَ ا ٿ	. Jye st	=	(**-2/1033-141100)		and related
	line)	¥ =	ने बार्च विकास	Officer	l " ä				organizations
		Individual trustee or director	Institutional trustee	"	Highest compensated employee				
10) LUCY ROMOLI	1.30				8				
BOARD VICE PRESIDENT	-[X		х			0	0	
11) WILLIAM FISHER	40.00					T			
CEO	T			x			255,237.	0	36,06
12) JAN WILLIAMS	40.00								
FINANCE DIRECTOR		1		χ		İ	100,022.	0	8,90
13) LINDA MITCHELL	50.00				—	<u> </u>			,
PRESIDENT & CEO		1		x l			166,231.	0	4,79
4) KEITH SWANSON	40.00			-			100,231.	, and the second	1117
VP, FINANCE		}	,	x			107,672.	٥	13 73
5) ELEONORA TORNATORE-MIKESH	45.00		- 1	^-	-		107,072.	0	13,73
PRESIDENT			,	,			153 037	0	7.10
	15.00	_	'	X	-		153,877.	0	7,19
6) JAMES VUMBACO	45.00				1				
CFO		ļ		X L	<u> </u>	ļ	92,022.	0	16,10
.7) CAROL MAY	40.00			-					
CEO				x L			92,745.	0	6,37
8) GRACE GRANT-BROWN	40.00								
C00	T		1 2	x	Ì		95,989.	0	7,63
9) KATHRYN REDINGTON	40.00								
CEO	t		- 1,	x			93,128.	ol	5,52
(O) JESSICA FEAZELL	40.00		'	+		H	93,120.	 	3,32
`	1-40.00		Ι,	ĸ l	ļ		60 110		F 50
FINANCE & ODERATIONS DIDECTOR				ΛI	1	1 1	62,118.	Ч	5,52
FINANCE & OPERATIONS DIRECTOR	1					- 1	-		
1b Sub-total						▶			
1b Sub-total	ection A					>			
1b Sub-total	Section A .					>			
1b Sub-total	Section A .					>	ceived more than S	S100,000 of	
1b Sub-total	Section A .		isted			>	ceived more than S	\$100,000 of	
1b Sub-total	Section A .	nose I	isted			>	ceived more than S	6100,000 of	Yes N
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1b Sub-total c Total from continuation sheets to Part VII, 5 d Total (add lines 1b and 1c)	limited to the limited to the limited to the limited to the limited to the limited to the limited limited to the limited limi	nose I 22 r, or ch indi	sted	abov	key 6	o re	loyee, or highest	compensated	
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	ction A. Officers, Directors, Tr		_	•			anu i	ny	T		<u> </u>
	(A) Name and title	(B)			(C	•			(D)	(E)	(F)
	Name and title	Average hours per	(do r		Posi reck i		than c	ne	Reportable compensation	Reportable compensation from	Estimale n amount
		week (list any					is both		from	related	other
		hours for	office	$\overline{}$	$\overline{}$		or/trust		the	organizations	compensal
		related	or d	l nst l	Officer	<u></u> €	emg High	Forme	organization	(W-2/1099-MISC)) from the
		organizations below dotted	rec	萬	er	en l	nest oloy	ner	(W-2/1099-MISC)		organizati and relate
		line)	Individual trustee or director	ona		Key employee	e cor				organizatio
		<u> </u>	ust.	2		êe	npe	ļ			
			ë	Institutional trustee	ŀ		Highest compensate employee				
EOIN NIVVI VI	ULGARIS-RODRIGUEZ	10.00	<u> </u>				ted				
	VE DIRECTOR	40.00			Ü	- 1			06 001		
522) HEATHER		40.00			Х	+			86,001.	<u> </u>	0 1,
		40.00			,,]				150 705		
	VE DIRECTOR	40.00	<u> </u>		Х	-			159,795.		0 26,
23) WANDA LE		40.00	1 1								
	& OPERATIONS DIRECTOR			_	Х				111,383.		0 3,
24) MARSHA H	HILLS	40.00					ļ				
EXECUTIV	VE DIRECTOR				Х		l		60,500.		0
25) DYANA SO	CHAEFER	40.00		i						1	
FINANCE	DIRECTOR	†			Х				46,554.	I	o
26) LAURIE T	FRENHOLM	40.00				一			,		
	/E DIRECTOR				х		Ì		90,589.	I	5,
27) DEBRA BR		50.00		+	^				20,303.		
	JE DIRECTOR				.,	-			125 522	ı	
		50.00		-	Х				135,522.		0 9,1
28) JANET HO		50.00									
	& OPERATIONS DIRECTOR				Х				67,653.		0 9,
29) GARY GIF		40.00									
EXEC DIF	RECTOR (JAN15-JUN15)		, 1		Х	- [o	(ol l
30) GEORGE M	MILES	32.00									
FINANCE	DIRECTOR (JUL14-MAY15)	t			Х				50,002.	,	1,0
	SUE BRANSON	40.00		\neg						<u>-</u> `	
	DIRECTOR (MAY15-JUN15)	 			Х					(,
·	<u> </u>	11							0		
1b Sub-total										_	
	continuation sheets to Part VII, S										
	nes 1b and 1c)								l		<u> </u>
	r of individuals (including but not			sted	abo	ove)) who	rec	ceived more than \$	\$100,000 of	
reportable co	ompensation from the organization	1 🕨	22								
											Yes
3 Did the org	ganization list any f <mark>ormer</mark> offic	er, director	r, or	trus	tee.	, ke	ey ei	mpl	oyee, or highest	compensated	
employee on	i line 1a? If "Yes," complete Schedu	ıle J for suc	h indi	vidua	al		·				3
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organization individual 5 Did any pers for services r Section B. Indep 1 Complete this compensation	and related organizations green son listed on line 1a receive or rendered to the organization? If "Yespendent Contractors is table for your five highest com	eater than accrue con es," complete pensated in ompensatio	ortable \$150 npens e Sche	e co 0,00 · · · ation edule	omp 0? n fro e <i>J f</i>	ens If om for s	"Yes, any auch p	an " c unre	omplete Scheduli elated organizatio on	ation from the e J for such	4 X 5
organization individual 5 Did any pers for services r Section B. Indep 1 Complete this compensation	and related organizations greated in the angular state of the organization? If "Yestendered to the organization? If "Yestendered Contractors is table for your five highest componer from the organization. Report componer (A)	eater than accrue con es," complete pensated in ompensatio	ortable \$150 npens e Sche	e co 0,00 · · · ation edule	omp 0? n fro e <i>J f</i>	ens If om for s	"Yes, any auch p	an " c unre	elated organization on	ation from the e J for such	4 X 5 of on's tax (C)
organization individual 5 Did any pers for services r Section B. Indep 1 Complete this compensation	and related organizations greated in the angular state of the organization? If "Yestendered to the organization? If "Yestendered Contractors is table for your five highest componer from the organization. Report componer (A)	eater than accrue con es," complete pensated in ompensatio	ortable \$150 npens e Sche	e co 0,00 · · · ation edule	omp 0? n fro e <i>J f</i>	ens If om for s	"Yes, any auch p	an " c unre	elated organization on	ation from the e J for such	4 X 5 of on's tax (C)
organization individual 5 Did any pers for services r Section B. Indep 1 Complete this compensation	and related organizations greated in the angular state of the organization? If "Yestendered to the organization? If "Yestendered Contractors is table for your five highest componer from the organization. Report componer (A)	eater than accrue con es," complete pensated in ompensatio	ortable \$150 npens e Sche	e co 0,00 · · · ation edule	omp 0? n fro e <i>J f</i>	ens If om for s	"Yes, any auch p	an " c unre	elated organization on	ation from the e J for such	4 X 5 of on's tax (C)
organization individual 5 Did any pers for services r Section B. Indep 1 Complete this compensation	and related organizations greated in the angular state of the organization? If "Yestendered to the organization? If "Yestendered Contractors is table for your five highest componer from the organization. Report componer (A)	eater than accrue con es," complete pensated in ompensatio	ortable \$150 npens e Sche	e co 0,00 · · · ation edule	omp 0? n fro e <i>J f</i>	ens If om for s	"Yes, any auch p	an " c unre	elated organization on	ation from the e J for such	4 X 5 of on's tax (C)
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organization individual 5 Did any pers for services r Section B. Indep 1 Complete thi compensatio year.	and related organizations greated in the organization? If "Yespendent Contractors is table for your five highest componer from the organization. Report componer from the organization. Report componer from the organization in from the organization from the organiza	eater than accrue con es," complete pensated in ompensatio ress	ortable \$150 mpens e Sche deper	e co 3,00 aation eedule	omp 0? n fro e J f	ens If om for s ontra	"Yes, any such p actor actor ryea	an " c unropers	elated organizatio on	ation from the e J for such	4 X 5 of on's tax (C)
organization individual 5 Did any pers for services r Section B. Indep 1 Complete thi compensatio year.	and related organizations greated in the organization? If "Yestendered to the organization? If "Yestendered Contractors is table for your five highest componer from the organization. Report componer the organization of the org	eater than accrue con es," complete pensated in ompensatio ress	ortable \$150 mpens e Sche deper	e co 3,00 aation eedule	omp 0? n fro e J f	ens If om for s ontra	"Yes, any such p actor ar yea	an " c unropers	elated organizatio on	ation from the e J for such	4 X 5 of on's tax (C)

	Name and title	(B) Average			(C) Positi			(D) Reportable	(E) Reportable	(F) Estimated
	Hame and the	hours per week (list any	box,	not ch unles:	eck n s pers	ore tha	oth an	compensation from	compensation from related	amount of other
		hours for related organizations below dotted line)	Individual trustee		-	employee			organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	NE SPROAT	35.00								
	SIDENT & CEO	25.00		_	Х		\dashv	99,436.	0	7,402
	IFER SCHEUERMANN	35.00			,,			70.006	al	
	FINANCE & OPERATIONS SA GALBIER	40.00			Х			72,086.		6,696
	IDENT & CEO	40.00			х			74,316.	Ω	4 000
	ELORE STEVENS	40.00		\dashv	^	+		/4,310.		4,000
	ROLLER	f 			х	1		61,209.	0	6,736
	ANI PELLETIER, MB	40.00		十	^	+-		01,205.		0,730
	UTIVE DIRECTOR		İ		х			72,020.	n	6,610
	EEN WENZEL	40.00				+		12,025.		0,010
	NCE DIRECTOR	†			х	Ì		48,121.	0	6,330
38) PAME	LA SCHUELLERMAN	40.00				† · ·			·····	3,555
EXEC	UTIVE DIRECTOR	†			Х			98,123.	0	4,781
39) JOAN	SILLASEN	40.00		\neg						
FINA	NCE DIRECTOR	[Х	Ì		58,515.	o	9,159
40) NANC	Y UDELSON	45.00		Ţ.			1	_		· · · · · · · · · · · · · · · · · · ·
PRES	IDENT & CEO				Х			115,216.	0	13,801
41) CHRI	S CHELINE	45.00								· · · · · · · · · · · · · · · · · · ·
VP,	FINANCE & HUMAN RESOURCES	T			Х	1		68,327.	0	11,388
42) VINC	E MCGRAIL	40.00								
EXEC	UTIVE DIRECTOR				Х			63,468.	0	6,960
	tal						•			
1b Sub-to		<i>.</i> .						1		
c Total fi	rom continuation sheets to Part VII, S	ection A 🔒								
c Total fi d Total (a	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A					. ▶			
c Total fi d Total (a 2 Total nu	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A 	ose li				. ▶	eceived more than	\$100,000 of	
c Total fi d Total (a 2 Total nu	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A 					. ▶	eceived more than \$	5100,000 of	
c Total fi d Total (a 2 Total no reporta	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	22	sted	abo	ve) w	. ► ho re			Yes No
c Total fi d Total (a 2 Total na reporta 3 Did the	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A limited to the limited to	nose li 22	sted	abo	ve) w	ho re	oloyee, or highest	compensated	
c Total fi d Total (a 2 Total na reporta 3 Did the employ	rom continuation sheets to Part VII, S add lines 1b and 1c) umber of individuals (including but not ble compensation from the organization e organization list any former office ee on line 1a? If "Yes," complete Schedu	limited to the	nose li 22 r, or h indi	sted trus	abo	ve) w	ho re	oloyee, or highest	compensated	Yes No
c Total fi d Total (a 2 Total no reporta 3 Did the employ 4 For any	rom continuation sheets to Part VII, S add lines 1b and 1c)	limited to the	nose li 22 r, or h indi	sted trus	abo	key	ho re	oloyee, or highest	compensated	3 X
c Total fi d Total (a 2 Total no reporta 3 Did the employ 4 For any organiz	rom continuation sheets to Part VII, S add lines 1b and 1c)	limited to the ser, director ale J for succession of representation.	nose li 22 r, or h indi ortable	trus	abo	key	ho reemp	oloyee, or highest	compensated ation from the	3 X
c Total fit d Total (a Total not reporta 3 Did the employ 4 For any organiz individu.	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indicated and the second seco	trus	abo	key	emp	oloyee, or highest nd other compens complete Scheduk	compensated ation from the	3 X
c Total fi d Total (a 2 Total no reporta 3 Did the employ 4 For any organiz individu. 5 Did any	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indisortable \$150	trus	abo	key nsati	emp	oloyee, or highest nd other compens complete Scheduk related organizatio	compensated ation from the J for such n or individual	3 X
c Total fit d Total (a Total not reporta 3 Did the employ 4 For any organiz individu 5 Did any for serv	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indisortable \$150	trus	abo	key nsati	emp	oloyee, or highest nd other compens complete Scheduk related organizatio	compensated ation from the J for such n or individual	3 X
c Total fit d Total (a 2 Total not reporta 3 Did the employ 4 For any organize individu. 5 Did any for serv. Section B. 1 Complete	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indicate state of the s	trus vidua e co 0,000 ation	aboottee, mpe 0? fro	key nsati	empon a es,"	oloyee, or highest nd other compens complete Schedule related organizatio son hat received more	compensated ation from the J for such n or individual than \$100,000 of	3 X 4 X 5 X
c Total fit d Total (a 2 Total not reporta 3 Did the employ 4 For any organiz individu. 5 Did any for serv Section B. 1 Complet comper	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indicate state of the s	trus vidua e co 0,000 ation	aboottee, mpe 0? fro	key nsati	empon a es,"	oloyee, or highest	compensated ation from the J for such n or individual than \$100,000 of	3 X 4 X 5 X
c Total fit d Total (a 2 Total not reporta 3 Did the employ 4 For any organiz individu. 5 Did any for serv Section B. 1 Complet comper	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indicate state of the s	trus vidua e co 0,000 ation	aboottee, mpe 0? fro	key nsati	empon a es,"	oloyee, or highest nd other compens complete Schedule related organizatio son hat received more	compensated ation from the J for such n or individual than \$100,000 of	3 X 4 X 5 X
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c Total fit d Total (a 2 Total not reporta 3 Did the employ 4 For any organiz individu 5 Did any for serv Section B. 1 Complet comper	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indicate state of the s	trus vidua e co 0,000 ation	aboottee, mpe 0? fro	key nsati	empon a es,"	oloyee, or highest	compensated ation from the J for such n or individual than \$100,000 of	3 X 4 X 5 X
c Total fit d Total (a 2 Total not reporta 3 Did the employ 4 For any organiz individu. 5 Did any for serv Section B. 1 Complet comper	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indicate state of the s	trus vidua e co 0,000 ation	aboottee, mpe 0? fro	key nsati	empon a es,"	oloyee, or highest	compensated ation from the J for such n or individual than \$100,000 of	3 X 4 X 5 X
c Total fit d Total (a 2 Total not reporta 3 Did the employ 4 For any organiz individu. 5 Did any for serv Section B. 1 Complet comper	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indicate state of the s	trus vidua e co 0,000 ation	aboottee, mpe 0? fro	key nsati	empon a es,"	oloyee, or highest	compensated ation from the J for such n or individual than \$100,000 of	3 X 4 X 5 X
c Total fit d Total (a 2 Total not reporta 3 Did the employ 4 For any organiz individu. 5 Did any for serv Section B. 1 Complet comper	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indicate state of the s	trus vidua e co 0,000 ation	aboottee, mpe 0? fro	key nsati	empon a es,"	oloyee, or highest	compensated ation from the J for such n or individual than \$100,000 of	3 X 4 X 5 X
c Total find Total (a) 2 Total not report a 3 Did the employ 4 For any organiz individu. 5 Did any for service Section B. 1 Complete comper year.	rom continuation sheets to Part VII, S add lines 1b and 1c)	ection A	r, or h indicate state s	trussed truss viduale cool, 000 cool	abo ttee, impe	key nsati m ar rsuc	emp emp on a es," ay un h per	oloyee, or highest	compensated ation from the J for such n or individual than \$100,000 of the organization	3 X 4 X 5 X

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and	Hig	hest Compensat	ed Employee	s (continued	')
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson lirect	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation for related organizations	Estin rom amoi oti s compe	F) nated unt of her ensation of the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	organ and r	ization elated zations
(543) NANETTE MANN ARRIAGA	40.00										
FINANCE DIRECTOR				Х		ļ	ļ	72,422.		0	
(544) ERIC VANVLYMEN	37.50										
EXECUTIVE DIRECTOR	27.50			Χ				77,808.		0 1	2,975.
(545) JUDITH FOWLER FINANCE DIRECTOR (JUL14-MAR15)	37.50			Х				73,419.		0	8,167.
(546) SALLI BOLLIN	50.00	ĺ						F			
EXECUTIVE DIRECTOR	45.00	ļ		Х			ļ	79,658.	<u> </u>	0 1	9,363.
(547) MARK FRIED	45.00			v				115 566			2 274
PRESIDENT & CEO (548) KATE SCRUGGS	45.00			Х				115,566.			3,374.
FINANCE DIRECTOR	45.00			х				49,336.			5,181.
(549) WENDY CAMPBELL	37.50			^				45,550.			5,101.
PRESIDENT & CEO				Х				150,611.		0 1	8,238.
(550) REGINA BRADSON	37.50									1 -	
VP, FINANCE & OPERATIONS	†			Х				79,696.		0 1	2,429.
(551) CYNTHIA ALEWINE	50.00										
PRESIDENT & CEO				Х			ĺ	102,146.		o	8,992.
(552) BECKY PRINCE	50.00										
PRESIDENT & CEO				Х				143,679.		0	8,116.
(553) STEVE KROLL	50.00										
FINANCE DIRECTOR	i	i		Х				67,347.		0 1	0,977.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						· · ·	* * *				
2 Total number of individuals (including but not reportable compensation from the organization)		nose I 22		d at	ove	e) who	re	ceived more than	\$100,000 of		
											es No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede											X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	- If	"Yes	," (complete Schedul	e J for such)	x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npens	satio	n f	rom	any	unr	elated organization	n or individua		
Section B. Independent Contractors	on compiet	G 0011	, υαι	<i>c J</i>	101	Sucii ,	pers	3011		5	X
 Complete this table for your five highest com compensation from the organization. Report of year. 											
(A) Name and business add	Iress							(B) Description of se	rvices	(C) Compensati	ion
				_			<u> </u>				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	to	thos	e lis	sted above) who	received		* . * 1

	4.63	1	T .						ed Employees (
	(A)	(B)		_	(C)			(D)	(E)	(F)
	Name and title	Average hours per	ído r		Positio eck m	on ore than	one	Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any				on is bo		from	related	other
		hours for	office	$\overline{}$		ector/tru		the	organizations	compensation
		related organizations	ndiv or di	nsti	Officer	ê jj d	Former	organization	(W-2/1099-MISC)	from the organization
		below dotted	rect	tutio	ě j	loye	. 력	(W-2/1099-MISC)		and related
		fine)	el ta	mal	3	employee				organizations
			Individual trustee or director	Institutional trustee	ì	ğ g				Į
				ee		employee Key employee				
554	- <i></i>	40.00								
	PRESIDENT & CEO				X			87,322.	0	2,548
555	GINO COLOMBARA	40.00								
	PRESIDENT & CEO			2	X	ļ		67,813.	0	8,099
556	PATRICIA LACEY	40.00				1				
	<u>COO</u>			2	X			52,493.	0	7,047
5 <u>57</u>	SUSAN KUDLA FINN	40.00								
	PRESIDENT & CEO			7	X			230,646.	0	26,401
558	BEN KORDESTANI	40.00								
	SVP & CFO		Ì	\	Χ			138,741.	0	20,389
559	SHARON PETERSON	40.00								
	CEO				K			94,245.	0	2,470
560	KEVIN NORTHROP	40.00		Ì						
	FINANCE DIRECTOR				K			72,605.	0	2,112
561	LAUREL KIRKSEY	40.00		**						
	EXECUTIVE DIRECTOR	1		>	ζ.			60,712.	0	4,485
562	NAOMI BAYS	20.00					 	,	<u>:</u>	
	FIN & OPS DIR (APR15-JUN15)	†			۱			l o	0	
563	THOMAS HLAVACEK	40.00			\top		1			
	EXECUTIVE DIRECTOR			- 1,	۲			108,461.	0	8,821
			-	+-	-		+	100,101.	· · · ·	0,021
564)		40 00		- 1		- {				
5 <u>64</u>)	CHRISTINA PACKARD	40.00		,	,			72.817	n	7.728
	CHRISTINA PACKARD FINANCE & HR DIRECTOR	f		>	〈			72,817.	0	7,728
1 b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total							72,817.	0	7,728
1 b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S	ection A		• • •			A A A	72,817.	0	7,728
1b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A		• • •					0	7,728
1b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A	ose li	• • •					0 \$100,000 of	7,728
1b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A		• • •					0 \$100,000 of	
1b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A	nose li 22	sted	abo	ve) wł	io re	ceived more than S		Yes No
1b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A	nose li 22 r, or	sted	abo	ve) wh	o re	ceived more than S	compensated	Yes No
1b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A	nose li 22 r, or h indi	sted trust	abo	key	emp	ceived more than solve, or highest	compensated	Yes No
1b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio) Did the organization list any former office employee on line 1a? If "Yes," complete Schedeling in the second line 1a, is the	ection A	nose li 22 r, or h indi	sted trust	abo	key	emp	loyee, or highest	compensated	Yes No
1b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete Schedel For any individual listed on line 1a, is the organization and related organizations greaters.	ection A	nose li 22 r, or h indi ortabl	sted trust	abo	key	emp	loyee, or highest	compensated	Yes No
1 b c c c c c c c c c c c c c c c c c c	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schede For any individual listed on line 1a, is the organization and related organizations graindividual	ection A	nose li 22 r, or h indi ortabl	trust	abo	key ensatio	emp	loyee, or highest	compensated ation from the	Yes No
1b	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schede For any individual listed on line 1a, is the organization and related organizations graindividual Did any person listed on line 1a receive or	ection A	r, or h indi	trust	abo	key ensatio	emp	loyee, or highest of other compens complete Schedul	compensated ation from the J for such	Yes No
1 b c c c c c c c c c c c c c c c c c c	CHRISTINA PACKARD FINANCE & HR DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations graindividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yes"	ection A	r, or h indi	trust	abo	key ensatio	emp	loyee, or highest of other compens complete Schedul	compensated ation from the J for such	Yes No
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c Total from continuation sheets to Part VII, Section A. d Total (add lines 1b and 1c)	1b Sub-total		•					•		• •		
d Total (add lines 1b and 1c)	c Total from continuation sheets to Part VII.	Section A			• •	• •	• •					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 22 Yes No								►Ì		***		
reportable compensation from the organization ▶ 22 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	2 Total number of individuals (including but no	at limited to th	ose li	sted	abo	ove)) who	rec	ceived more than \$	100 000 of		
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						,	,		solved many	7.00,000 01		
employee on line 1a? If "Yes," complete Schedule J for such individual											Ye	s No
employee on line 1a? If "Yes," complete Schedule J for such individual	3 Did the organization list any former of	ficer, director	, or	trus	tee,	, ke	ey er	mpl	ovee, or highest	compensated	1 6	J. J
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	employee on line 1a? If "Yes," complete Sche	edule J for suci	h indi	vidua	əl .	٠.		٠.			. 3	X
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											147 W 17 B 17	
individual	organization and related organizations	: Sum of repo	311801 \$150	1 00	กว กว	ens	"Voc	an " ^	o omer compens	ation from the		
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	individual	greater than	ψισι	3,000	0:	"	163,	C	omplete schedule	e J for such	' A X	
for services rendered to the organization? If "Yes," complete Schedule J for such person												
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) (B) (B) (C) Compensation Page 1 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 ▶	for services rendered to the programization? If	n accrue com	ipens	auor	D 1FC	om or o	any i	unre	etateo organizatio.	n or individua		1
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 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	Section R. Independent Contractors	res, complete	SOIR	euuit	7 0 10	UI S	ωυπ μ	1612	on	· · · · · · · · · ·	5	x
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(A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		: compensatio	n for	tne d	cale	nda	ır yea	r er	nding with or withi	n the organiza	ation's tax	
Name and business address Description of services 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 ▶	year.											_
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 ▶											(C)	
more than \$100,000 in compensation from the organization ▶ JSA	Name and business a	ddress							Description of ser	vices	Compensation	n
more than \$100,000 in compensation from the organization ▶ JSA												
more than \$100,000 in compensation from the organization ▶ JSA												
more than \$100,000 in compensation from the organization ▶ JSA		_										
more than \$100,000 in compensation from the organization ▶												
more than \$100,000 in compensation from the organization ▶ JSA												
more than \$100,000 in compensation from the organization ▶ JSA								_			· · · ·	
JSA	2 Total number of independent contractors	(including but	not	limit	ed	to	thoso	lie	ted above) who	received		
	Total number of independent contractors more than \$100,000 in compensation from	(including but	not	limit	ed	to	those	e lis	ted above) who i	received		:

		Check if Schedule O	contains a resp	onse or note to any l	ne 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
ats	1:	a Federated campaigns .	<u> </u>	a 1,684,765 <u>.</u>				
ie i		b Membership dues	ļ	b				
S, C	•	c Fundraising events		0) 3321 000.		ngization Status decrease and the		SECTION SECTION
뚪	(d Related organizations .		d		Sagraguar verbilitation of the	A CONTRACTOR OF THE CONTRACTOR	
S, in	•	e Government grants (contributi	ons) 1	e 5,344,313.			70.4 (7.5) (7.5) (7.5) (7.5) (7.5)	
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions, gifts, gr	rants, and		Andrew Communication		A. P. Communication of the Com	
草草		similar amounts not included a		1 10 / /2 0 1 1 / 1	(inching in property in more than)			
a tr	٩	g Noncash contributions include			Consideration of the Clark of the Consideration			
	i	Total. Add lines 1a-1f			62,101,593.	Single of the stat	l mall maker rien rienes: i rigides	Marine Marine
Program Service Revenue				Business Code		iconocione en estable represident		เห็นเรียกลักสุดเกียกระบาร
ĕ		CONSUMER EDUCAT		624100	1,946,897.	1,946,897.	0.	0.
E E	4	RESPITE PROGRAM		624100	715,712.	715,712.	0.	0.
<u>Ş</u> .	۱ ۹	INFORMATION/REF		624100	175,428.	175,428.	0.	0.
S	1	EARLY STAGE PRO			122,663.	122,663.	0.	0.
ä		CARE CONSULTATI		624100	104,663.	104,663.	0.	0.
8	ı	All other program service			475,816.	475,816.	0.	0.
<u> </u>	(Total. Add lines 2a-2f			3,541,179.	tockot kkalikil att	arenali alimitei mod	
	3	Investment income (inclu other similar amounts)	ding dividends	i, interest and	1 100 566			1 100 566
	4	Income from investment			1,192,566.	0.	0.	1,192,566.
	5	·		•	15 461			15 464
		Tioyanies	(i) Real	(ii) Personal	15,461.	0.	0 .	15 , 461.
	6.8	Gross rents	44,33			Comments of the control of the contr	Catha Angla da da magana	- Mark a service (1771 / 1771
		Less: rental expenses	44,33			Brayer Charles Carlotte		
	l	Rental income or (loss)		0.				
	l	Net rental income or (loss						0
		·	(i) Securities	(ii) Other	0 .	0.	0.	0.
	/ a	Gross amount from sales of assets other than inventory	8,911,889	9				
	۱.	,	0, 711,00			reingengamen (2000) life (1200) Englister (2000) jarrita (1200) life (1200) Englister (1200) life (1200)		
	"	Less: cost or other basis and sales expenses	7,287,53	5. 4,471.		man comment and the comment of the c	ditti a da ala	
	c	· · · · · · · · · · · · · · · · · · ·	1,624,35					
	d	Net gain or (loss)			1,619,883.	0.	0.	1,619,883.
Revenue	8 a	Gross income from fundra (not including . \$6 of contributions reported	,352,068.	-				
Re		See Part IV, line 18		a 1,177,766.				
Other	b	Less: direct expenses .		b 1,814,342.				
ott	С	Net income or (loss) from	fundraising ev		-636,576.		0.	-636,576.
•		Gross income from gamir See Part IV, line 19	ng activities.	a 90,331.				
	b	Less: direct expenses .		b 30,340.				
	С	Net income or (loss) from	gaming activit	ties <u>.</u>	59,991.	0.	0_	59,991.
		Gross sales of inventory, and allowances		a 63,800.				
		Less: cost of goods sold		b 24,087.				
ł	С	Net income or (loss) from			39,713.	10,119.	0.	29,594.
		Miscellaneous Revenue	·	Business Code				pendapara 1940.
	11 a	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IUE	1900099	371,776.	310,799.	0.	60,977.
	b							
	C	All athor variance		-				
ĺ		All other revenue			53,618.	0.	0.	53,618.
		Total. Add lines 11a-11d			425, 394.	0.5.5		
	12	Total revenue. See instru	JUHU115	· · · · · · · · · · · · · · · · · · ·	68,359,204.	3,862,097.	0.	2,395,514.

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 re	esponse or note to any line			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	124,291.	124,291.		
2		938,219.	938,219.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,242,518.	4,238,580.	1,083,384.	920,554.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	26,388,756.	21,465,202.	1,325,749.	3,597,805.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits	641,165.	495,715.	47,538.	97,912.
10	Payroll taxes	3,380,979.	2,702,278.	226,829.	451,872.
11	Fees for services (non-employees):	2,588,454.	2,008,562.	230,305.	349,587.
	a Management	403 745	201 222		
	b Legal	401,745.	301,833.	44,148.	55,764.
	Accounting	52,696.	27,580.	16,265.	8,851.
	d Lobbying	696,267. 49,999.	315,610.	319,584.	61,073.
	Professional fundraising services. See Part IV, line 17	49,999.	49,999.	0.	0.
	Investment management fees	197,084.	79,095.	96,434.	21 [[
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,833,852.	1,411,437.	141,358.	21,555. 281,057.
12	Advertising and promotion	2,152,079.	1,614,556.	22,933.	514,590.
13	Office expenses	5,008,908.	3,543,563.	479,746.	985,599.
14	Information technology	698,720.	504,184.	82,230.	112,306.
15	Royalties				
16	Occupancy	4,259,699.	3,338,582.	331,941.	589,176.
17	Travel	1,942,942.	1,431,024.	162,351.	349,567.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,983,783.	2,063,496.	88,146.	832,141.
20	Interest	1,204.	952.	92.	160.
21	Payments to affiliates	203,899.	203,899.	0.	0.
22	Depreciation, depletion, and amortization	529,040.	397,772.	65,957.	65,311.
23	Insurance	327,697.	224,128.	57,497.	46,072.
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.)				
а	PLEDGE WRITE-OFF	224,223.	76,747.	117,122	30,354.
b c	BAD DEBT	14,346.	14,346.	0.	0.
d		· · · · · · · · · · · · · · · · · · ·			
	All other expenses	424,337.	308,492.	42,152.	73,693.
	Total functional expenses. Add lines 1 through 24e	62,306,902.	47,880,142.	4,981,761.	9,444,999.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720).	1,449,644.	797,250.	3,766.	648,628.
BAA		1,449,044.1		2,100.	548,628. Form 990 (2014)

BAA

Form 990 (2014)

Part X Balance Sheet (A) Beginning of year End of year 1 12,306,436. 13,376,111. 2 7,910,321 8,226,651. 3 4,491,457. 3 5,328,707. 4 6,056,593. 7,347,307. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 8 53,995 36,621 9 876,870 981,867 10 a 7,197,890. b Less: accumulated depreciation 10 b 4,394,779 2,818,576 10 c 2,803,111. 33,909,140 11 33,632,562. 12 12 13 13 14 14 15 4,165,358 15 3,120,696 16 Total assets. Add lines 1 through 15 (must equal line 34) 72,588,746. 16 74,853,633. 17 17 9,028,183 <u>7,923,571.</u> 18 18 19 819,716. 466,463 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 22 23 23 Unsecured notes and loans payable to unrelated third parties 24 25,000 25,000. Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 364,525 306,777 26 9,826,423 26 9,132,812 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔀 and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets.......... 46,954,004 27 47,445,972 28 12,589,074 28 14,994,981. Fund 29 3,219,245 29 3,279,868 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ō 30 30 Assets 31 31 32 32 Ret 33 33 62,762,323 65,720,821. 34 34 72,588,746 74,853,633.

TEEA0111 05/28 14

Form 990 (2014) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	36-3	346365	6	Pa	ge 12
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u>.</u> .			. Х
1 Total revenue (must equal Part VIII, column (A), line 12)		1	68,3	59,2	04.
2 Total expenses (must equal Part IX, column (A), line 25)	[2	62,3	06,9	02.
3 Revenue less expenses. Subtract line 2 from line 1		3		52,3	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[4	62,7		
5 Net unrealized gains (losses) on investments	[5	-1,9	18,2	06.
6 Donated services and use of facilities	[6			
7 Investment expenses	[7			
8 Prior period adjustments	. <i>.</i> [8		_	50.
9 Other changes in net assets or fund balances (explain in Schedule O)	[9	-1,1	75.5	48.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	-			, , , ,	10.
column (B))		10	65,7	20,8	21.
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					. П
					No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			- 201000	CONTRACTOR AND AND AND AND AND AND AND AND AND AND	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			*::155.4. 	115 56 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	***************************************	Χ
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revies separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	wed on a			Marian Marian Marian	1 - 0 () 1 - 0
b Were the organization's financial statements audited by an independent accountant?			26	х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both: X Separate basis	arate		120 F20 121		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,		2 c	x	190117517793
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			in angel		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	ne Single		3 a	Х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the r	equired aux	dit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>.</u> .	_ 3 b	Х	
BAA			Form	990 (2	014)

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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.

OMB No. 1545-0047

2014

Open to Public Inspection

Name	of the organization					Employer identific	ation number
ALZ	HEIMER'S DISEASE AND	RELATED DISO	RDERS ASSOCIATI	ON		36-346365	6
Par	t I Reason for Public Ch	arity Status (All o	rganizations must o	omplet	e this	oart.) See instructio	ns.
The	organization is not a private founda	•		•			
1	A church, convention of church	ches, or association of	churches described in s	ection 1	70(b)(1)	(A)(i).	
2	A school described in section	n 170(b)(1)(A)(ii). (Atta	ich Schedule E.)				
3	A hospital or a cooperative ho	spital service organiza	ation described in sectio	n 170(b)	(1)(A)(iii	i).	
4	A medical research organizat	ion operated in conjun	ction with a hospital desc	ribed in	section	170(b)(1)(A)(iii). Enter t	he hospital's
	name, city, and state:		•				,
5	An organization operated for (170(b)(1)(A)(iv). (Complete F	he benefit of a college Part II.)	or university owned or o	perated	by a gov	vernmental unit describe	d in section
6	A federal, state, or local gover	rnment or government	al unit described in <mark>secti</mark>	on 170(l	b)(1)(A)(v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)		governi	mental u	nit or from the general p	ublic described
8	A community trust described i	n section 170(b)(1)(A)(vi). (Complete Part II.)				
9	An organization that normally from activities related to its ex investment income and unreladune 30, 1975. See section 5	empt functions — subj ited business taxable i	ect to certain exceptions ncome (less section 511	and (2)	no more	than 33-1/3% of its sup	port from gross
10	An organization organized and	d operated exclusively	to test for public safety.	See sec	tion 509	(a)(4).	
11	An organization organized and or more publicly supported organizes 11a through 11d that des	ganizations described i	in section 509(a)(1) or s	ection 5	i09(a)(2)	. See section 509(a)(3).	urposes of one . Check the box in
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or elec	sed, or controlled by its s ct a majority of the direct	upported ors or tru	d organiz ustees of	ration(s), typically by givi the supporting organiza	ng the supported tion. You must
b	Type II. A supporting organiza management of the supporting must complete Part IV, Sect	ation supervised or cor	ntrolled in connection with In the same persons that	n its supp control o	ported or or manaç	rganization(s), by having ge the supported organiz	control or ration(s). You
С	Type III functionally integrat organization(s) (see instruction	ed. A supporting organ				functionally integrated w	ith, its supported
d	Type III non-functionally into functionally integrated. The or instructions). You must comp	ganization generally m	ust satisfy a distribution	connect requiren	ion with nent and	its supported organization an attentiveness require	on(s) that is not ement (see
е	Check this box if the organizatintegrated, or Type III non-fund	ion received a written	determination from the I	RS that i	s a Туре	I, Type II, Type III funct	ionally
f	Enter the number of supported or						
g	Provide the following information	about the supported or	rganization(s).				L
	(i) Name of supported organization	(ii) EIN	(iil) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organizati in your gr docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
<u> </u>	-						
(B)							
(C)							
(D)							
<u>(E)</u>							
Total	i				1834 T.E. 1931 I.E.		

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.)

Se	ction A. Public Support			_	-		
beg	endar year (or fiscal year jinning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	55,756,055.	51,251,993.	52,614,489.	54,779,589.	62,095,026.	276,497,152.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			1			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	55,756,055.	51,251,993.	52,614,489.	54,779,589.	62,095,026.	276,497,152.
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)						0.
6	Public support. Subtract line 5 from line 4						276,497,152.
Sec	ction B. Total Support						
	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	55,756,055.	51,251,993.	52,614,489.	54,779,589.	62,095,026.	276,497,152.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,003,401.	995,233.	978,969.	1,015,854.	1,252,363.	5,245,820.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	2,074.	0.	0.	2,074.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,979,019.	1,551,939.		1,657,927.	1,431,626.	7,762,549.
11	Total support. Add lines 7 through 10						289,507,595.
12	Gross receipts from related activities	es, etc (see instruc	ctions)				17,769,989.
	First five years. If the Form 990 is organization, check this box and st	top here		hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 2014		-				95.51%
15	Public support percentage from 20	13 Schedule A, Pa	ırt II, line 14			15	95.30%
16 a	133-1/3% support test — 2014. If t and stop here. The organization q	he organization did ualifies as a public	d not check the box ly supported organ	x on line 13, and the	ne line 14 is 33-1/3	% or more, check t	this box · · · · · · · ► X
b	33-1/3% support test — 2013. If the and stop here. The organization q	ne organization did Jualifies as a public	not check a box o ly supported organ	n line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization methe organization meets the Yacts-at	ets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part VI how	_
	10%-facts-and-circumstances ter or more, and if the organization me organization meets the 'facts-and-c	ets the 'facts-and- circumstances' test	circumstances' tes . The organization	t, check this box a qualifies as a publ	nd stop here. Expl icly supported orga	lain in Part VI how anization	the ▶
18	Private foundation. If the organiza	ation did not check	a box on line 13, 1	6a, 16b, 17a, or 1	/b, check this box	and see instruction	ns ▶ <u> </u>

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.)

	ction A. Public Support						
	endar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include		1				
2	any 'unusual grants.')	ļ					
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's		ļ			ļ	
•	tax-exempt purpose						
3	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		•]			
5	its behalf						
	facilities furnished by a						
	governmental unit to the organization without charge.					•	
6	Total. Add lines 1 through 5				-		
	a 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			SIRKARAKAN UNIMARIS	V - 1000	No. 1885 (1887) (1887) Professor Julius	
8	Public support (Subtract line 7c from line 6.)	1941. 2047. 1941. 2047.	me procession of the				
Sec	tion B. Total Support	N. J. J. J. J. J. J. J. J. J. J. J. J. J.	Section 1997 Contraction of the	Landing in the second of the	Ting tinggin tooks member 1	the contract the contribution of	
	ndar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(,,	<u> </u>	(4) -4 / -	(4) 2575	(0) = 0 · ·	(i) rotas
10:	a Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from		i				
	similar sources						
ı	b Unrelated business taxable income (less section 511					-	
	Income dess section 311						
	taxes) from businesses						
	taxes) from businesses acquired after June 30, 1975						
	taxes) from businesses acquired after June 30, 1975						
11	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business						
	taxes) from businesses acquired after June 30, 1975						<u> </u>
11	taxes) from businesses acquired after June 30, 1975						
11	taxes) from businesses acquired after June 30, 1975						
11	taxes) from businesses acquired after June 30, 1975						
11	taxes) from businesses acquired after June 30, 1975						
11 12 13	taxes) from businesses acquired after June 30, 1975						
11	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11 and 12.) First five years. If the Form 990 is	s for the organization	ın's first, second, ti	hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	•
11 12 13 14	taxes) from businesses acquired after June 30, 1975	top here		hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11 and 12.) First five years. If the Form 990 is	top here blic Support P	ercentage		· • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	▶
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and stition C. Computation of Pul	top here blic Support P 4 (line 8, column (f)	ercentage divided by line 13	, column (f))			
11 12 13 14 Sec 15 16	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and s ition C. Computation of Pul Public support percentage for 2014	top here blic Support P 4 (line 8, column (f) 13 Schedule A, Pa	ercentage divided by line 13 rt III, line 15	, column (f))			ž
11 12 13 14 Sec 15 16	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11 and 12.)	top here blic Support Po 4 (line 8, column (f) 13 Schedule A, Pa estment Incon	ercentage divided by line 13 rt III, line 15	, column (f))		15	ž
11 12 13 14 Sec 15 16 Sec	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11 and 12.)	top here blic Support P 4 (line 8, column (f) 13 Schedule A, Pa estment Incom 2014 (line 10c, column	ercentage divided by line 13 rt III, line 15 ne Percentage umn (f) divided by	, column (f))))		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
11 12 13 14 Sec 15 16 Sec 17 18	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11 and 12.)	top here blic Support Potential (1) 13 Schedule A, Pa estment Incom 2014 (line 10c, column 2013 Schedule A the organization die	ercentage divided by line 13 rt III, line 15 ne Percentage umn (f) divided by t, Part III, line 17 d not check the bo	, column (f))))		\$ \$ \$ \$
11 12 13 14 Sec 15 16 Sec 17 18 19 a	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11 and 12.)	top here blic Support Po 4 (line 8, column (f) 13 Schedule A, Pa estment Incom 2014 (line 10c, column 2013 Schedule A the organization did is box and stop he	ercentage divided by line 13 rt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the boere. The organizati	, column (f)) line 13, column (f) x on line 14, and li on qualifies as a p	ine 15 is more than		\$ \$ \$ \$ 17
11 12 13 14 Sec 15 16 Sec 17 18 19 a	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11 and 12.)	top here blic Support Po 4 (line 8, column (f) 13 Schedule A, Pa estment Incom 2014 (line 10c, column 2013 Schedule A the organization dialis box and stop he the organization dialis box and stop he	ercentage divided by line 13 rt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the bo ere. The organizati	, column (f)) line 13, column (f) x on line 14, and li on qualifies as a p	ine 15 is more than bublicly supported o	15 16 17 18 33-1/3%, and line rganization	\$ \$ \$ \$ 17 ► []

Part IV Supporting Organizations
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3Ь		
(c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ı	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
Ó	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		1
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a	i.": 1	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	. : 1	1
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
b	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	art IV Supporting Organizations (continued)			
		1	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	175513630	1153181.133
	b A family member of a person described in (a) above?	11b		<u> </u>
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in	1117/25		
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	1000	185 (P. 1841) 188 (P. 1841)	There
	applied to such powers during the tax year	1	**********	***********
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
_ Sec	supporting organization	2	<u> </u>	1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	1000		illion el les
	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
		11.40.00		100011777
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	-0.21002 0.000	7	S020 000 000
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1.3100.000	8000 mm
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		11701120	A297, 197 107 A
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		-Mary 1910
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played	MOSE		
	in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ons).		
2	Activities Test. Answer (a) and (b) below.	1 - 13/36	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted		23-040	
	substantially all of its activities	2a		Kan Jiro
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of			
	the organization's supported organization(s) would have been engaged in? If Yes, explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement	2b	ĺ	
9	Parent of Supported Organizations Anguar (a) and (b) between			
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		en Provins
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its			
~	supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Scl	nedule A (Form 990 or 990-EZ) 2014 ALZHEIMER'S DISEASE AND RELATED DISORDER	RS A:	SSOCIATION 36-34	63656 Page 6
	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on the other Type III non-functionally integrated supporting organizations must complete Sec	Nover ctions	mber 20, 1970. See instru A through E.	ctions. All
Se	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Se	ction B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	10 m 10 m		
	a Average monthly value of securities	1 a		
	Average monthly cash balances	1 b		-
_	Fair market value of other non-exempt-use assets	1 c		
	d Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		200000000000000000000000000000000000000
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u>-</u>
6	Multiply line 5 by .035	6		· ·
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

	edule A (Form 990 or 990-EZ) 2014 Int Value Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	ations (continued)	Page
	ction D – Distributions		(00/////000)	Current Year
1		ses		
_ 2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of supp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
- 6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions	ation is responsive (provid	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	ction E Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		C in the control of t	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)	(154) Adapah (Silatan Baharan Bersal Silatah Baharan Baharan Baharan Baharan Silatah Baharan Baharan Baharan Baharan	HIZE Y	
3	Excess distributions carryover, if any, to 2014:	anvillation of the control of the co		
а		printing from the later than the lat	erry many channels began to the control of the cont	
b			ymeghannin van tiiti (********************************	
C			ware that the Children and the Color	The state of the s
ď		American open a Private production of the 1975 B. The company of the 1975 B		
е	From 2013	I have the house a bank in the part of the	gorebraso Libros VIII. (1) Jiba siiski	
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years	A State of the sta		
	Applied to 2014 distributable amount		The Article State of the State	
	Carryover from 2009 not applied (see instructions)			Fig. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17
:	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7:	Op 164 blanc Plan indirelanting (1945)		
a	Applied to underdistributions of prior years		number of the state of the stat	
	Applied to 2014 distributable amount			13
	Remainder. Subtract lines 4a and 4b from 4			T. C. C. Phys. Bones Many a cong.
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013	turn met phonon and an announce of the second and a second a second and a second and a second and a second and a second an		
	Excess from 2014	-Aleman on the termination of		
		• man and that east feet sed to the other total feet the	Constraint and the second of t	e e e e e e e e e e e e e e e e e e e

Part VI 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).

Pt II Ln 10

2014 TOTAL OTHER INCOME \$1,431,626 INCLUDES:
INCOME FROM FUNDRAISING AND GAMING EVENTS \$1,268,097
GROSS SALES OF INVENTORY \$48,934
MISCELLANEOUS REVENUE \$114,595

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

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

▶ 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.

Name of the organization Employer identification number

ALZHEIMER'S DISEASE &	RELATED DISORDERS	26 3462656	
ASSOCIATION 36-3463656			
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion	
	501(c)(3) taxable private foundation		
or more (in money or	ling Form 990, 990-EZ, or 990-PF that received, during the year, contribu property) from any one contributor. Complete Parts I and II. See instructio		
contributor's total coa	ntributions.		
Special Rules			
regulations under sec 13, 16a, or 16b, and	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 of that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of (1)	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year			
Caution. An organization that is 990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990; or check the box on line H certify that it does not meet the filing requirements of Schedule B (Form 990	chedule B (Form 990, t of its Form 990-EZ or on its	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2014) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 36-3463656 Part | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 _ _ 1 Person Payroli 37,440. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution _ 2 Х Person Payroll 31,710. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution _ 3 Person Payroll 140,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person Payroll 96,894. Noncash (Complete Part II for noncash contributions.) (b) (a) (d) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Χ Person Payroll 63,591. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 6 Person Payroll 47,600. Noncash

(Complete Part II for noncash contributions.) Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number 36-3463656 ASSOCIATION

Part I	art 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		\$21,937.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8 _		\$197,324.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9 _		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 10 _		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 11 _		\$72,299.	Person X Payroli Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 12 _		\$65,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

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

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 14 _		\$142,628.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 15 _		\$60,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 16_		\$128,610.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 17 _		\$112,566.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 18 _		\$39,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS

Employer identification number

	ASSOCIATION		36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19 _		\$209,921.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$11,360.	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 21 _		\$76,112.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 22 _		\$116,144.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$36,945.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 24 _		\$27,732.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2014) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 36-3463656 Part | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution _ 25_ Person Payroll 400,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions No. Type of contribution _ _26 Person Payroll 125,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 __27 Person Payroll 51,700. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution _ _28 Χ Person Payroll 70,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) N٥. Name, address, and ZIP + 4 Total contributions Type of contribution _ 29 Person Payroll Noncash

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30_		\$ 48,194.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Total contributions No. Name, address, and ZIP + 4 Type of contribution _ 31 Х Person Payroll 19,100. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution __32 Person Payroll 248,123. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution _ _33 Person Payroll 500,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution __34 Person Payrol! 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution _ _35 Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution __36 Person Payroll

Noncash (Complete Part II for noncash contributions.)

30,124.

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2014) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** _ _37 Χ Person Payroll 422,469. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution __38 Х Person Payroll 155,232. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution __39 Person Payroll 101,518. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution _ 40 Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution _ 41 Person Payroll 30,342. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Total contributions Name, address, and ZIP + 4 Type of contribution _ 42 Person Payroll 207,577. Noncash

(Complete Part II for noncash contributions.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION			Employer identification number 36-3463656
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 43 _		\$21,528.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 44		\$ <u>155,555</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$44,625.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$62,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 48_		\$330,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number 36-3463656 ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution __49 Χ Person Payroli 50,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) Nο. Name, address, and ZIP + 4 Total contributions Type of contribution _50 Х Person Payroll 72,762. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 51 Χ Person Payroll 126,466. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution __52 Person **Payroll** 107,240. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution _ _5_3 Person Payroll 36,500. Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution

Person Payroll

Noncash (Complete Part II for noncash contributions.)

65,000.

_ 54

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number 36-3463656 ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Total contributions Name, address, and ZIP + 4 Type of contribution No. _ 55 Х Person Payroll 75,853. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution _ _5_6 Х Person Payrol! 70,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution _ 57 Χ Person Payroll 76,450. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution _ _5_8 Person Χ Payroll 52,129. Noncash (Complete Part il for noncash contributions.) (a) (b) (c) (d) No. Total contributions Name, address, and ZIP + 4 Type of contribution __59 Х Person Payroll 40,663. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution

Person Payroll

Noncash (Complete Part II for noncash contributions.)

119,723.

_60

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

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- <u>61</u> -		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$41,082.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$61,888.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$135,241.	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65_		\$ <u>37,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66i		\$12,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Part i	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$69,917.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$21,598.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 70 _		\$426,853.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 71 _		\$28,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 72 _		\$102,997.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number 36-3463656 ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 __73 Х Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution _ 74 Person Payroll 789,648. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Total contributions (d) Type of contribution No. Name, address, and ZIP + 4 __75 Х Person Payroll 175,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution _ 76 Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution _ 77 Person Payroll 93,209. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) Nο. Name, address, and ZIP + 4 Total contributions Type of contribution

Person Payroll

Noncash (Complete Part II for noncash contributions.)

91,000.

_78

Name or	ASSOCIATION ACCURATED DIS	Employer identification number 36-3463656	
Part I	Contributors (see instructions). Use duplicate copies o	f Part Lif additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 79 		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 80 _		\$90,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 81 _		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ 472,608.	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 83 _		\$26,043.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of	organization ALZHEIMER'S DISEASE & RELATED DISOR ASSOCIATION	Employer identification number 36-3463656	
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$228,280.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 87 _		\$1,021,962.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 88 _		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 89 _		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90_		\$100,000.	Person Payroli Noncash (Complete Part II for noncash contributions.)

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

- 	ibutors (see instructions). Use duplicate copie		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 91	· · · · · · · · · · · · · · · · · · ·	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$122,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$ 592,140.	Person X Payroll Noncash (Complete Part I! for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96_		\$\$2,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution __97 Χ Person Payroll 70,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution __98 Person Payroll 102,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 99 Person Payroll 276,385. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution _100 Person Payrol! 60,005. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 101 Person Payroll 85,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution 102 Х Person Payroll

Noncash (Complete Part II for noncash contributions.)

68,512.

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$75,339.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$32,390.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$110,368.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$ <u>51,529.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_107		\$56,224.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108_		\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_112		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
	·•····································	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION

Employer identification number 36-3463656

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) STOCK _ 63_ _ 61,888. VAR (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number 36-3463656 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it Instructions is at www.irs.gov/form990.

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) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• .	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
Name	e of organization			Employer identific	ation number
AL	ZHEIMER'S DISEASE A	AND RELATED DISORDERS ASSOC	IATION	36-346365	
Pa	rt I-A Complete if the c	organization is exempt under secti	on 501(c) or is a	section 527 organi	ization.
1	Provide a description of the o	rganization's direct and indirect political camp	aign activities in Part	V.	
2					
3					
Pa		organization is exempt under secti			
1	-	se tax incurred by the organization under sect			
2	Enter the amount of any excis	se tax incurred by organization managers und	er section 4955	. \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for this	year?		· · · Yes No
4 8	a Was a correction made?				· · · · Yes No
	b If 'Yes,' describe in Part IV.				
Pai	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3)	
1	Enter the amount directly exp	ended by the filing organization for section 52	7 exempt function act	vities ▶ \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other orga	nizations for section 5	27 exempt ▶ \$	
3	Total exempt function expend line 17b	litures. Add lines 1 and 2. Enter here and on F	Form 1120-POL,		
4	Did the filing organization file	Form 1120-POL for this year?			· · · Yes No
5	organization made payments.	and employer identification number (EIN) of al For each organization listed, enter the amou ns received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing o	organization's funds. Also	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political confributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete it section 501	f the organizatio	on is exempt under s	ection 501(c)(3) and	SOCIATION 36-3463 d filed Form 5768 (ele	656 Pag ection under
	'.::-	ngs to an affiliated group (ar	nd list in Part IV each affili	iated group member's name	<u> </u>
L		share of excess lobbying e		atoo groop momoor a name	' '
		ked box A and 'limited contr			
				<u> </u>	
	n 'expenditures' mea	ing Expenditures ans amounts paid or incu		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu					
		jis/ative body (direct lobbyin			
c Total lobbying expenditu	ures (add lines 1a and	d 16)			<u> </u>
d Other exempt purpose ε	expenditures				
e Total exempt purpose e	xpenditures (add line:	s1cand1d)			
f Lobbying nontaxable am both columns	nount. Enter the amou	unt from the following table	in 		
If the amount on line 1e, co		The lobbying nontaxable			
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 exces	s over \$500,000.		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the exces	s over \$1,000,000.		Se Carrier of Control
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 a	amount (enter 25% of	line 1f)			
h Subtract line 1g from line	e 1a. If zero or less, e	nter -0			
i Subtract line 1f from line	tc. If zero or less, er	nter -0			
j If there is an amount oth	er than zero on either	r line 1h or line 1i, did the or	roanization file Form 4720) reporting	-
section 4911 tax for this	year?				Yes
(Son	ne organizations tha	4-Year Averaging Period \ t made a section 501(h) el ns below. See the instruct	ection do not have to c	omplete all of the five h 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying			A COLOR OF THE CHAPTER		
expenditures					
d Grassroots nontaxable amount		·			
d Grassroots nontaxable					

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))

(election under section 501(n)).	(a	1)	[<u></u>	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Mount	
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?	Х				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
c Media advertisements?		X			
d Mailings to members, legislators, or the public?	Х			32,	252.
e Publications, or published or broadcast statements?	Х				781.
f Grants to other organizations for lobbying purposes?	Х			8,	765.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			279,	905.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			131,	
i Other activities?	Х				792.
j Total. Add lines 1c through 1i				460,	
2 a 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	<u> </u>	N (A.A.		1	
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?	1,41,(1)	,			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	Or			1 1,12
section 501(c)(6).	, 0)(0)	, 0.			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	i	-
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(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) I answered 'Yes.'	c)(5) Part I	, or s II-A,	ection line 3,	501(c is)
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			

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Pt II-B Line 1 LOBBYING ACTIVITIES

MOST OF THE CHAPTER NETWORK'S ADVOCACY IS THROUGH STAFF AND VOLUNTEERS. ADDITIONALLY THE ASSOCIATION HAS TRAINING TO DEVELOP AND ORGANIZE CHAPTER BASED GRASSROOTS ACTIVITIES.

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 MOVING CLOSER TO FINDING BETTER TREATMENTS THAT COULD ALTER THE COURSE OF THE DISEASE. THE ALZHEIMER'S

3

Part IV | Supplemental Information (continued)

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 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)

Department of the Treasury Internal Revenue Service

Name of the organization

tax year >

►\$

Supplemental Financial Statements

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

► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the

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.

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

- 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.

Number of states where property subject to conservation easement is located >

No

No

Schedule D (Form 990) 2014 ALZHE Part III Organizations Mainta	IMER'S DISEASE AN				36-34 or Other Similar As		Page
3 Using the organization's acquisitio							1060)
items (check all that apply):	ii, accession, and othe	Er records, check	any or the	iollowing that	are a significant use of t	is collection	
a Public exhibition		d Loan	or exchang	e programs			
b Scholarly research		e Other					
c Preservation for future genera							
 Provide a description of the organi Part XIII. 	zation's collections an	d explain how the	ey further th	ie organizatior	n's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather that	n to be maintained as	part of the organ	ization's co	llection?		Yes	∏No
Part IV Escrow and Custodia	I Arrangements. mount on Form 9	Complete if t 90, Part X, lin	he organi e 21.	ization ansv	wered 'Yes' to Forn	1 990, Part I	V,
1 a ls the organization an agent, truste	ee, custodian, or other	intermediary for	contribution	s or other ass	ets not included		
on Form 990, Part X?	• • • • • • • • • • • •	· · · · · · · ·				Yes	No
b If 'Yes,' explain the arrangement in	г Рап Хигало сотрет	le the following ta	ible:		[·	Amount	
c Beginning balance					. 1c	Amount	
d Additions during the year					L., I		
e Distributions during the year					, ,	 · .	
f Ending balance							
2 a Did the organization include an am	ount on Form 990, Pa	art X, line 21, for e	escrow or co	ustodial accou	ınt liability?	Yes	No
b If 'Yes,' explain the arrangement in							H.,
				,			ш
Part V Endowment Funds. C	omplete if the org	anization ans	wered 'Ye	es' to Form	990. Part IV. line 1	0.	
	(a) Current year	(b) Prior year		Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance	9,188,539.	7,669,3		5,849,215			
b Contributions	94,118.	811,7		661,423		- 	,288.
c Net investment earnings, gains,						+	, 200.
and losses	219,725.	1,011,2	82.	574,411	138,431	. 809	,688.
d Grants or scholarships	20,000.	6	23.	589	0.		554.
e Other expenditures for facilities							
and programs	220,525.	253,1		368,792			,388.
f Administrative expenses	61,708.	50,0		46,346	· · · · · · · · · · · · · · · · · · ·		,665.
g End of year balance	9,200,149.	9,188,5		7,669,322	6,849,215	6,514	<u>,093.</u>
2 Provide the estimated percentage of	•	balance (line 1g	, column (a)) held as:			
a Board designated or quasi-endown		š					
b Permanent endowment	<u> </u>	0					
c Temporarily restricted endowment							
The percentages in lines 2a, 2b, an	•						
3 a Are there endowment funds not in t	he possession of the o	organization that	are held an	d administere	d for the		
organization by:						Yes	No
(i) unrelated organizations						3a(i) X	
(ii) related organizations						. 3a(ii)	X
b If 'Yes' to 3a(ii), are the related orga						. 3b	<u> </u>
4 Describe in Part XIII the intended us		n's endowment fu	ınds.				
Part VI Land, Buildings, and I		– -					
Complete if the organize	ation answered 'Y	es to Form 9	90, Part I	V, line 11a.	. See Form 990, Pa	art X, line 10	
Description of property		or other basis restment)	(b) Cost basis		(c) Accumulated depreciation	(d) Book va	alue
1a Land		6,000.		38,501		44	,501.
b Buildings				86,282.	201,225.	1,085	
c Leasehold improvements				36,218.	613,830.		,388.
d Equipment	,			73,490.	3,224,171.		,319.
e Other				57,399	355,553.		,846.
otal. Add lines 1a through 1e. (Column	(d) must equal Form 9	90, Part X, colun	ın (B), line	10c.)		2,803	
BAA						ule D (Form 99	

	(b) Book value	art IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
(a) Description of security or category (including name of security) (1) Financial derivatives	(b) Cook falle	(C) Method of Variation. Cost of end-of-year Market Value
(2) Closely-held equity interests		
(2) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >		
Part VIII Investments - Program Related.	/as' to Form 990 Pr	art 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
	(b) Book value	(c) Wethod of Valuation. Cost of end-of-year market value
(1)		
(2)		
(4)		
	-	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		e kasta. Ja 1887 (1988) 1975 kali sa kujipo od akanta na kasta kangta nya 1886 kata 2008. 1888 kata 1888 kanga Panganan
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)▶ Part IX: Other Assets.		tti tillikusti. <u>Tanna i tillikusti tillikusti tillikusti tillikusti tillikusti tillikusti tillikusti tillikusti tillikusti til</u>
Complete if the organization answered '\	es to Form 990. Pa	ort IV. line 11d. See Form 990. Part X. line 15
Complete if the organization answered '\ (a) Des		urt IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered '\		
Complete if the organization answered '\ (a) Des		
Complete if the organization answered '\ (a) Des		
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4)		
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5)		
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5)		
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7)		
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8)		
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)		
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	cription	(b) Book value
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), lii	cription	(b) Book value
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), lin Part X Other Liabilities.	ne 15.)	(b) Book value
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), lin Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	ne 15.)	(b) Book value
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), fin Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability	ne 15.)	(b) Book value
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), fine Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes	ne 15.)	(b) Book value or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), fine Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	rm 990, Part IV, line 11e	(b) Book value or 11f. See Form 990, Part X, line 25
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Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), fin Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) DEFERRED RENT (3) DEFERRED COMPENSATION (4) CAPITAL LEASE (5) GIFT ANNUITIES (6) DEFERRED GRANT REVENUE	me 15.)	or 11f. See Form 990, Part X, line 25
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Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), lin Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) DEFERRED COMPENSATION (4) CAPITAL LEASE (5) GIFT ANNUITIES (6) DEFERRED GRANT REVENUE (7) (8) (9) (10)	rm 990, Part IV, line 11e (b) Book value 217, 324 68, 422 38, 743 21, 446	or 11f. See Form 990, Part X, line 25

GOIGGGIS D (1 GIII 990) FOLA APPUINTER, 2 DISEASE WAND REPUTED DISORDERS ASSOCIATION	3b-34b3b5b	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er 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 (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	71-71	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	11.11.201.2 11.12.201.2	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	37,750	
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	F. 10 (10)	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
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:	FARMANI SISSEAN	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	Anny Carlos	
b Other (Describe in Part XIII.)		
C Add lines 4a and 4b		
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

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

36-3463656

NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER

100% PERMANENT ENDOWMENT

THE ENDOWMENT FUND IS USED TO PARTIALLY FUND RESPITE AND PROGRAM SERVICES IN MARIN AND MONTEREY COUNTIES.

SOUTHEAST FLORIDA CHAPTER

100% PERMANENT ENDOWMENT

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT IS TO FUND PROGRAMS, SERVICES AND OPERATIONS

CENTRAL AND NORTH FLORIDA CHAPTER

100% PERMANENT ENDOWMENT

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

NEW MEXICO CHAPTER

100% PERMANENT ENDOWMENT

THE INTENDED USE OF THE ENDOWMENT IS FOR CHARITABLE PURPOSES TO AID A PERSON OR FAMILY AFFLICTED WITH ALZHEIMER'S DISEASE.

ROCHESTER CHAPTER

47% BOARD DESIGNATED OR QUASI-ENDOWMENT

29% PERMANENT ENDOWMENT

24% TEMPORARILY RESTRICTED ENDOWMENT

THE BOARD DESIGNATED FUND WILL BE 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 DONATION IS HELD AS A PERMANENT ENDOWMENT FOR THE FORESEEABLE FUTURE. EARNINGS ARE NOT TO BE ADDED TO ENDOWMENT; EARNINGS ARE DESIGNATED TO BE USED FOR OPERATING EXPENSES. EARNINGS ON THE ENDOWMENT MOVE DIRECTLY INTO REVENUE FOR IMMEDIATE USE. THE CHAPTER DOES NOT ADJUST THE ORIGINAL ENDOWMENT. FOLLOW UP MONIES ARE CO-MINGLED IN INVESTMENTS AND AUDITORS DO NOT REQUIRE SEGREGATION.

CLEVELAND AREA CHAPTER

89% BOARD DESIGNATED OR QUASI-ENDOWMENT

11% TEMPORARILY RESTRICTED ENDOWMENT

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

CENTRAL OHIO CHAPTER

100% PERMANENT ENDOWMENT

THE CHAPTER 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 RELEASED TO THE CHAPTER. THE FUNDS WILL BE USED FOR OPERATING COSTS.

MIAMI VALLEY CHAPTER

100% BOARD DESIGNATED OR QUASI-ENDOWMENT

THE ENDOWMENT USE IS UNRESTRICTED AND UNSPECIFIED AT THIS TIME.

OKLAHOMA CHAPTER

100% PERMANENT ENDOWMENT

ALL EARNINGS FROM THE ENDOWMENT FUND ARE UNRESTRICTED, WHICH ARE USED TO FUND PROGRAMS, SERVICES AND OPERATIONS.

DELAWARE VALLEY CHAPTER

100% PERMANENT ENDOWMENT

THE ENDOWMENT INCOME SUPPORTS GENERAL OPERATIONS AND ADVOCACY EFFORTS.

SOUTH CAROLINA CHAPTER

100% BOARD DESIGNATED OR QUASI-ENDOWMENT

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

GREATER DALLAS CHAPTER

83% PERMANENT ENDOWMENT

17% TEMPORARILY RESTRICTED ENDOWMENT

THE INTENDED USE OF THE ENDOWMENT IS 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.

SOUTHEASTERN WISCONSIN CHAPTER

100% PERMANENT 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 BE INVESTED IN LONGER-TERM INVESTMENTS TO ACHIEVE HIGHER RATES OF RETURN. THE EARNINGS FROM THE FUND'S INVESTMENTS MAY, AT THE DISCRETION OF THE FINANCE COMMITTEE, BE USED TO HELP FUND CURRENT PROGRAMS AND EXPENSES OR RETAINED WITHIN THE ENDOWMENT FUND.

Pt V, Line 4

PT X, LINE 2

FIN 48 FOOTNOTE

THE CHAPTERS IN THE NETWORK ARE EXEMPT FROM INCOME TAX UNDER INTERNAL CONTROL CODE ("IRC") SECTION 501(C)(3), EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE CHAPTER NETWORK ADOPTED THIS GUIDANCE AS OF JULY 1, 2009. THE ADOPTION OF THIS GUIDANCE DID NOT HAVE ANY IMPACT ON THE CHAPTER'S FINANCIAL STATEMENTS. ASIDE FROM THE CURRENT YEAR, THE TAX YEARS ENDED 2012, 2013 AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE CHAPTERS RECEIVE INDIVIDUAL AUDITS AND 22 CHAPTERS INCLUDED A FOOTNOTE THAT ADDRESSES THE LIABILITY FOR UNCERTAIN TAX POSÍTIONS.

Pt X, Line 2

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) 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 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to (or retained by) (v) Amount paid to (iii) Did fundraiser or entity (fundraiser) ave custody or control of contributions? (or retained by) fundraiser listed in from activity organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2014 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 P

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 grea				
			(a) Event #1 GALA (S)	(b) Event #2 GOLF TOURNAMENT(S)	(c) Other events	(d) Total events (add column (a) through column (c))
R E			(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts	4,799,312.	941,596.	1,788,926.	7,529,834.
E	2	Less: Contributions	4,359,894.	641,435.	1,350,739.	6,352,068
	3	Gross income (line 1 minus line 2)	439,418.	300,161.	438,187.	1,177,766.
	4	Cash prizes	1,595.	1,300.		2,895.
D	5	Noncash prizes	762.	1,362.		2,124.
I R C T	6	Rent/facility costs	239,124.	90,039.	53,066.	382,229.
	7	Food and beverages	353,952.	60,562.	208,792.	623,306.
X P E	8	Entertainment	81,431.	0.	44,927.	126,358.
EXPERSES	9	Other direct expenses	441,089.	117,795.	118,546.	677,430.
S	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				1,814,342. -636,576.
Par	1	Gaming. Complete if the organization	on answered 'Yes' t	to Form 990 Part IV	/ line 19 or reporte	d 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))
E U	1	Gross revenue			90,331.	90,331.
E	2	Cash prizes				
D-RECT	3	Noncash prizes			29,365.	29,365.
C S T E S	4	Rent/facility costs				
	5	Other direct expenses			975.	975.
	6	Volunteer labor	Yes %	Yes %	X Yes %	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			30,340.
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			59,991.
9	Ente	r the state(s) in which the organization condu	cts gaming activities:	See Part III, Line 9 (c	ontinued)	
	If 'No	e organization licensed to conduct gaming act p,' explain:		states?		
	CLE	EVELAND AREA CHAPTER - OHIO	DOES NOT REQU	IRE THAT 501(C)	(3)	
40-	ODC	GANIZATIONS BE LICENSED TO DEPART AND ADDRESSED TO DEPART OF THE PROPERTY OF T	HOLD & DARRED			~ =
		e any of the organization's gaming licenses rees,' explain:				
						·

	edule G (Form 990 or 990-EZ) 2014 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-346		Page 3
11	,	· X 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	ΧNο
13	Indicate the percentage of gaming activity conducted in:	1	
	a The organization's facility		olo
	b An outside facility		oło O
	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 >		
b	a Does the organization have a contact with a third party from whom the organization receives gaming revenue? of if 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If 'Yes,' enter name and address of the third party:		XNo
	Name •		
	Address •		
16	Gaming manager information:		
	Name ► SEE PART IV SUPPLEMENTARY SCHEDULE		
	Gaming manager compensation ► \$		
	Description of services provided 🕒		
	Director/officer X Employee X Independent contractor		
17	Mandatory distributions		
а	ls the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	XYes	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 \$ 7,704.		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii 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 CHAPTER - 80% VOLUNTEER		
	SOUTHEASTERN VIRGINIA CHAPTER - 100% VOLUNTEER SOUTHEASTERN WISCONSIN CHAPTER - 80% VOLUNTEER		
	PART III, LINE 11 THE CHAPTERS OPERATE GAMING ACTIVITIES WITH NONMEMBERS.		
	THE ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION NOT MEMBERSHIP ORGANIZATIONS AS DESCRIBED BY THE IRS. THE THEREFORE, DO NOT CONSIDER ITS DONORS MEMBERS. THEREFORE,	CHAPTERS,	,

NETWORK HAS CHECKED BOX 11 IN PART III OF SCHEDULE G, "YES".

PART III, LINE 13
GAMING ACTIVITY OPERATING IN CHAPTER'S/OUTSIDE FACILITY

CLEVELAND AREA CHAPTER -100% OUTSIDE FACILITY SOUTHEASTERN VIRGINIA 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

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

SOUTHEASTER VIRGINIA CHAPTER - INDEPENDENT CONTRACTOR
MARY ANN MOREAU, \$0.00 COMPENSATION, MANAGED RAFFLE TICKET INVENTORY

SOUTHEASTERN WISCONSIN CHAPTER - EMPLOYEE
MARYANN VANCE, \$300.00 COMPENSATION, MANAGED RAFFLE ITEMS, 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)

Department of the Treasury Internal Revenue Service

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

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

2014

OMB No. 1545-0047

Open to Public Inspection

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

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Part General Information on Grants and Assistance Name of the organization 36-3463656 Employer identification number

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (8) (5) SENIOR SOURCE_____ (4) MV_STATE_HEALTH_DEPT____ (3) CHARLESTON PARKINSONS 225 N MICHIGAN AVE FL17 (1) ALZHEIMER'S ASSOCIATION (6) SUNCREST UNITED METHODIST (2) UNIV. OF ROCHESTER Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to 350 CAPITOL STREET RM165 _601_ELMWOOD_AVENUE _3910_HARRY_HINES_BLVD__ MORGANTOWN WV 26505 479 VAN VOORHIS ROAD CHARLESTON WV 25301 CHARLESTON WV 25301 222_CAPITOL ST STE 400 ROCHESTER NY 14642 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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? (a) Name and address of organization or government 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 55-6000810 <u>55-0393632</u> 47-2339983 75-1085555 6-0743209 3-3039601 (b) EIN 501 (C) 3 GOVI 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 (c) IRC section if applicable (d) Amount of cash grant 13,869 15 12,000 5,252 8,898 ,000 000 (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, (g) Description of non-cash assistance WV BRSS SURVEY RESPITE SUPPORT GROUPS RESPITE RESEARCH ×Yes ESEARCH (h) Purpose of grant or assistance No

TEEA3901 06/19/14

Schedule I (Form 990) (2014)

Page 2

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

Double W. Complemental late	7	G	5	4	3 SCHOLARSHIPS/CONFERENCES	2 SAFE RETURN/CAREGIVER PROGRAM 542	1 RESPITE - VARIOUS 1,641	(a) Type of grant or assistance (b) Number of recipients
					33 41,964.	145,317.	750,938.	(c) Amount of cash grant
				100	;			(d) Amount of non-cash assistance
								(e) Method of valuation (book, FMV, appraisal, other)
								(f) Description of non-cash assistance

כסיסיייי (בי), מיום מיוץ טנופי מטטונטוומו וווטווומנוטוו.

Line N

THE PROCEDURES FOR MONITORING THE USE 얶 GRANT FUNDS FOR 24 CHAPTERS:

NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER -

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

CONNECTICUT CHAPTER -

THEN REVIEWED EACH REQUEST AND MADE THE PAYMENT. REVIEWED THEM FOR ACCURACY AND COMPLIANCE AND THEN APPROVED THEM FOR PAYMENT. THE FINANCE DEPARTMENT THE CHAPTER'S REGIONAL PROGRAM DIRECTOR TOOK IN APPLICATIONS FOR RESPITE CARE AND SAFE RETURN*,

CENTRAL AND NORTH FLORIDA CHAPTER -

GRANT WAS EARMARKED FOR VOLUSIA COUNTY RESIDENTS. WORK PAPERS WERE PART OF THE ANNUAL AUDIT. SAFE WERE MAINTAINED FOR EACH INDIVIDUAL TO MONITOR PAYMENTS NOT TO EXCEED A MAXIMUM OF \$1,500. THIS DIRECTOR; THE FINANCE DIRECTOR APPROVED TOGETHER WITH THE CEO FOR FINAL APPROVAL. RECONCILIATIONS EDUCATION. THE DIRECTOR OF PROGRAMS AND EDUCATION SUBMITTED PAYMENT REQUESTS TO THE FINANCE RESIDENCY; SUBMISSION OF COPIES OF INVOICES; AND PROOF OF PAYMENT TO THE DIRECTOR OF PROGRAMS AND MEET GRANT CRITERIA GUIDELINES, INCLUDING BUT NOT LIMITED TO: A DOCTOR'S CONFIRMATION; PROOF OF THE RECIPIENTS WERE REIMBURSED FOR ACTUAL OUT-OF-POCKET EXPENSES FOR RESPITE CARE. RECIPIENTS HAD TO RESPITE GRANTS HAVE UP TO A MAXIMUM OF \$1,500 PER PERSON FOR REIMBURSEMENT OF RESPITE CARE EXPENSES.

Schedule I (Form 990) (2014)

BAA

PROGRAMS AND EDUCATION FOR APPROVAL. THE CEO APPROVED AND THE FINANCE DIRECTOR ISSUED A CHECK PAYABLE A SCHOLARSHIP FOR THE IDENTIFICATION PROGRAM TOGETHER WITH THE SAFE RETURN* APPLICATION. THEY WERE ALERT+SAFE RETURN*. COPIES WERE KEPT ON FILE AND RECONCILIATIONS WERE PROVIDED FOR THE ANNUAL AUDIT SUBMITTED A COMPLETED SAFE RETURN* APPLICATION TOGETHER WITH THE "VOUCHER" RECEIVED FROM THE CHAPTER. PROVIDED TO RECIPIENTS THROUGH HELPLINE CONTACTS AND/OR PROGRAM PRESENTATIONS. THE CAREGIVER RECIPIENTS IS BASED ON ACTUAL DISBURSEMENTS. PROGRAM STAFF PROVIDED "VOUCHERS" TO CAREGIVERS ALLOWING TO MEDIC ALERT+SAFE RETURN* SIGNED BY THE CEO. THE APPLICATION AND CHECK WERE FORWARDED TO MEDIC THE CHAPTER PROGRAM STAFF SUBMITTED A CHECK REQUEST TOGETHER WITH THE APPLICATION TO THE DIRECTOR OF RETURN* SCHOLARSHIPS WERE RECEIVED AS RESTRICTED GRANTS TO PROVIDE SAFE RETURN*. THE NUMBER OF

GREATER INDIANA CHAPTER -

RESEARCH PROJECTS, AND A GROUP FROM THE CHAPTER'S MEDICAL SCIENCE COMMITTEE CHOSE THE PERSONS TO WHOM SCHOLARSHIP PROGRAM. STUDENTS ENROLLED IN INDIANA ACADEMIC INSTITUTIONS WERE ELIGIBLE TO SUBMIT DEMENTIAS, WHO CANNOT AFFORD THE PROGRAM ON THEIR OWN. ALSO, THE CHAPTER ACCEPTED SUBMISSIONS FOR ORGANIZATION'S MEDIC ALERT+SAFE RETURN* PROGRAM FOR PERSONS WITH ALZHEIMER'S DISEASE OR OTHER WAS ELIGIBLE TO RECEIVE GRANT SERVICES. THE GRANT PROVIDES FUNDS FOR ENROLLMENT INTO THE THE ANNUAL AWARDS WERE GIVEN. EACH AWARD WAS \$2,500 AND TRACKED BY THE MEDICAL SCIENCE COMMITTEE. RESEARCH PROJECTS IN ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIAS CALLED THE EARLY INVESTIGATORS CARE CONSULTANT, A MASTERS LEVEL SOCIAL WORKER, SCREENED POTENTIAL SUBJECTS TO VERIFY THAT EACH

CENTRAL AND WESTERN KANSAS CHAPTER -

DOES NOT HAVE A LIMIT AND THE NUMBER OF GRANTS REMAINS AT APPROXIMATALEY 4 TO 5. PATIENT. FURTHERMORE, THE SAFE RETURN* SCHOLARSHIPS WERE GRANTED WHEN A CAREGIVER INQUIRES ABOUT THE DAYCARE OR HOURS OF IN-HOME RESPITE. THE REQUIREMENTS WERE 1) THE PERSON MUST LIVE IN SEDGWICK, MEDIC ALERT* PROGRAM AND CANNOT AFFORD THE COST TO SIGN UP (\$65 PER PERSON). AT THIS TIME THE CHAPTER ARE APPLYING; AND 3) THE CAREGIVER HAS A SERVICE NEED THAT IS DIRECTLY RELATED TO THE CARE OF THE WERE 1) MUST LIVE IN ONE OF OUR 68 COUNTIES SERVED; 2) THE PATIENT NEEDS THE SERVICE OF WHICH THEY EACH PERSON WAS AWARDED A REIMBURSEMENT FOR RESPITE CARE UP TO \$500 FOR THE YEAR. THE REQUIREMENTS OR RELATED DISORDER; AND 3) PERSON NEEDING CARE MUST BE 65+ YEARS OLD. FOR THE MEMORIAL (GOLF) GRANT, BUTLER, OR HARVEY COUNTY; 2) DOCUMENTATION FROM PHYSICIAN STATING A DIAGNOSIS OF ALZHEIMER'S DISEASE THE GRANTS AWARDED WERE RESPITE GRANTS. FOR THE IIIE GRANT THE CHAPTER AWARDED SO MANY DAYS OF

MAINE CHAPTER -

APPROVAL OF INVOICES TO BE PAID. THE CHAPTER RECEIVED REQUESTS FOR THE MEDIC ALERT+SAFE RETURN* PROGRAM AND MONITORED THIS BASED ON

HEART OF AMERICA CHAPTER -

SERVICES, PURCHASES OF INCONTINENCE PRODUCTS, MEDICINES TO TREAT DISEASE). THE CHAPTER USED A REIMBURSEMENT MODEL. THE GRANTEE PRESENTED PAID RECEIPTS FOR SERVICES (RESPITE

NEW MEXICO CHAPTER -

DONATED TO A PROJECT WERE VALUED IN ACCORDANCE WITH MARKET COST PRINCIPLES. FINANCE DIRECTOR. ACCOUNTING RECORDS WERE MAINTAINED ON A CURRENT BASIS AND BALANCED MONTHLY. COSTS FINANCIAL TRANSACTIONS RELATED TO EACH GRANT PROJECT. GRANT EXPENDITURE RECORDS WERE DETAILED ENOUGH OF ACCOUNTS THAT WAS STRUCTURED IN A MANNER THAT PROVIDED ACCURATE AND COMPLETE INFORMATION ABOUT ALL PERIODIC BILLINGS TO THE GRANTOR AGENCY. REVENUES AND EXPENDITURES UTILIZED THE ASSOCIATION'S CHART ASSOCIATION'S PROGRESS IN MEETING THE REQUIREMENT OF THE GRANTS AND ASSURED TIMELY SUBMISSION OF ALLOWABILITY AND ALLOCABILITY OF COSTS. CONTRIBUTIONS SUCH AS PROPERTY, SPACE, OR SERVICES THAT WERE AND THE TERMS AND CONDITIONS OF THE GRANT AWARD WERE FOLLOWED IN DETERMINING THE REASONABLENESS, REPORTS AND PERSONNEL ACTIVITY REPORTS. THE SAME COSTS COULD NOT BE CLAIMED AND REPORTED ON MORE THAN SUCH AS CANCELLED CHECKS, INVOICES, CONTRACTS, TRAVEL REPORTS, DONOR LETTERS, IN-KIND CONTRIBUTION PRESCRIBED PERIOD ALLOWED BY THE GRANTOR AGENCY. THE RECORDS WERE SUPPORTED BY SOURCE DOCUMENTATION WERE INCURRED ONLY DURING THE GRANT PERIOD AND ALL OBLIGATIONS WERE LIQUIDATED NO LATER THAN THE THAT WERE CHARGED TO THE PROJECT). ACTUAL EXPENDITURES WERE COMPARED WITH BUDGETED AMOUNTS, BY THE TO BE ALLOCATED TO THE COST CATEGORIES INDICATED IN THE APPROVED BUDGET (INCLUDING INDIRECT COSTS THE BOARD OF DIRECTORS. THE FINANCE DIRECTOR AND THE EXECUTIVE DIRECTOR REGULARLY EVALUATED THE EACH GRANT AND CORRESPONDING BUDGET THAT EXCEEDED FIFTY THOUSAND DOLLARS (\$50,000) WAS APPROVED GRANT. FOR EVERY EMPLOYEE WHOSE SALARY WAS CHARGED, IN WHOLE OR IN PART, TO A GRANT, A RECORD OF YEARS FOLLOWING SUBMISSION OF THE FINAL FINANCIAL STATUS REPORT. THE APPLICABLE COST PRINCIPLES ALLOCATION METHODOLOGY USED WAS KEPT BY THE FINANCE DIRECTOR. RECORDS WERE PRESERVED FOR SEVEN ВY

HUDSON VALLEY CHAPTER -

MONITORED THE USE OF THE GRANT IN ORDER TO ENSURE THE FULL AMOUNT WAS USED. AN AGREEMENT WAS ALSO PUT APPLICATION HAD BEEN APPROVED BY THE DIRECTOR OF PROGRAMS AND SERVICES. THE CARE CONSULTANTS CONSULTANT THEN WORKED WITH THE FAMILY TO PUT IN PLACE THE APPROPRIATE RESPITE INTERVENTION ONCE THE AN APPLICATION WAS COMPLETED BY THE CAREGIVER IN ORDER TO RECEIVE A TIME AWAY GRANT. THE CARE TOOK PLACE IN PLACE BETWEEN THE ALZHEIMER'S ASSOCIATION AND THE AGENCY THE FAMILY CHOSE SO THAT PROPER BILLING

ROCHESTER CHAPTER -

DIRECTORS APPROVED A MATCHING CHAPTER GRANT TO THE PROGRAM. RECIPIENTS WAS BASED ON ACTUALS. RESEARCH GRANTS TO THE NATIONAL ALZHEIMER'S ASSOCIATION ARE APPROVED STATEMENTS WERE REVIEWED MONTHLY AND PARTICIPANT UTILIZATION WAS ADJUSTED AS NECESSARY, THE NUMBER OF WERE MADE DIRECTLY BY THE CHAPTER TO THIRD PARTIES TO PROVIDE ASSISTANCE TO INDIVIDUALS. FINANCIAL THE CHAPTER DETERMINED WHO RECEIVED RESPITE AND MEDIC ALERT+SAFE RETURN* ASSISTANCE. THE PAYMENTS RESEARCH GIFT WAS RECEIVED AND DESIGNATED TO A LOCAL PHYSICIAN'S RESEARCH PROGRAM. THE BOARD OF BY THE BOARD OF DIRECTORS WHEN THE CHAPTER IS FISCALLY ABLE TO DO SO. DURING THIS FISCAL YEAR, A

WESTERN NEW YORK CHAPTER -

AWARDED A SMALL GRANT FOR EMERGENCY RESPITE. TWO GRANTS WERE DISTRIBUTED GRANTS WERE ADMINISTERED IN STRICT ACCORDANCE WITH THE TERMS THE FUNDS WERE RECEIVED AND PASSED THROUGH. INDIVIDUALS THAT MET THE ESTABLISHED CRITERIA WERE OF THE NEW YORK STATE GRANT FROM WHICH

CLEVELAND AREA CHAPTER -

CARE CONSULTANT AND INCLUDE DOCUMENTATION TO SUPPORT HIS OR HER REQUEST INDIVIDUALS COMPLETED AN APPLICATION TO QUALIFY FOR EMERGENCY RESPITE, WHICH MUST BE APPROVED BY THE

MIAMI VALLEY CHAPTER -

WERE PAID DIRECTLY TO THE CARE PROVIDER. MEDIC ALERT+SAFE RETURN* PAYMENTS WERE MADE ON BEHALF OF THE AGENCIES, NURSING HOMES, AND ASSISTED LIVING PROVIDERS HAD TO COMPLETE A PROVIDER APPLICATION. FUNDS FAMILIES HAD TO APPLY FOR FUNDS THROUGH THE CHAPTER AND COMPLETE A CARE CONSULTATION. HOME HEALTH CLIENT AFTER A CARE CONSULTATION.

NORTHWEST OHIO CHAPTER -

THE CHAPTER PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS WAS TO REIMBURSE AN ORGANIZATION AND/OR INDIVIDUALS AFTER AN INVOICE WAS RECEIVED FOR SERVICES PROVIDED OR A CHECK REQUEST WAS RECEIVED FOR

OKLAHOMA CHAPTER -

MEMBERSHIP FEE. THE CHAPTER KEPT RECORDS OF ALL OF THE INDIVIDUALS IT SUPPLIED WITH MEMBERSHIPS IN REGISTERING INDIVIDUALS WHO APPLIED DIRECTLY TO THE CHAPTER FOR THE PROGRAM AND PAID FOR THEIR THE GRANTS LISTED WERE FOR MEMBERSHIPS FOR THE MEDIC ALERT+SAFE RETURN* PROGRAM. THE CHAPTER WORKED

DELAWARE VALLEY CHAPTER -

THE EXECUTIVE DIRECTORS, SOUTH JERSEY AND DELAWARE, KEPT DETAILED RECORDS FOR THEIR RESPITE PROGRAMS. SAFE RETURN* SCHOLARSHIPS FOR THEIR AREAS. COMMUNITY OUTREACH SPECIALIST AND THE GEORGETOWN OFFICE BRANCH COORDINATOR KEPT THE RECORDS FOR

SOUTH CAROLINA CHAPTER -

FROM CARE PROVIDERS WERE REVIEWED AND APPROVED BY THE CHAPTER EXECUTIVE DIRECTOR. PUBLIC POLICY OUTSTANDING. THE RESPITE GRANT PROGRAM WAS MONITORED BY CHAPTER PERSONNEL AND ALL INVOICES RECEIVED DETERMINE ELIGIBILITY. ELIGIBLE FAMILIES WERE SENT PACKAGES WITH \$500 VOUCHERS AND A LISTING OF REPORT FOR THE GRANTEE THAT ATTENDED THE ADVOCACY FORUM IN WASHINGTON D.C. GRANTS WERE RECEIVED DIRECTLY FROM THE NATIONAL ORGANIZATION, WHICH WERE MATCHED WITH THE EXPENSE MAINTAINED TO TRACK GRANTEE INFORMATION, ISSUE DATE OF VOUCHER, AMOUNT REDEEMED AND AMOUNT PRE-APPROVED THIRD PARTY CARE PROVIDERS AND FACILITY CARE PROVIDERS. A SEPARATE DATABASE WAS APPLICATIONS RECEIVED FROM FAMILY MEMBERS AND CAREGIVERS OF THOSE AFFLICTED WERE EVALUATED TO

GREATER DALLAS CHAPTER -

PROJECT NUMBER TO EACH GRANT. WHEN FUNDS WERE SPENT THEY WERE CODED WITH THE UNIQUE PROJECT NUMBER. PROCESSING PAYMENT. GRANT FUNDS SPENDING WAS TRACKED IN THE ACCOUNTING SYSTEM BY ASSIGNING A UNIQUE PARTICIPANT AND REIMBURSEMENT DATA. REPORTS WERE REVIEWED BY PROGRAM SERVICE MANAGER PRIOR ORGANIZATIONS AND INDIVIDUALS WERE REQUIRED TO SUBMIT RESPITE REPORTS FOR PAYMENT. THE REPORT THE MEDIC ALERT* FOUNDATION INVOICES LISTED THE INDIVIDUALS WHO GOT SAFE RETURN* BRACELETS HAD

CENTRAL AND WESTERN VIRGINIA CHAPTER -

THIS WAS A ONE-TIME GRANT TO PAY FOR A DELEGATE'S EXPENSES TO THE DELEGATE ASSEMBLY

SOUTHEASTERN VIRGINIA CHAPTER -

PRIOR TO PROCESSING PAYMENT PARTICIPANT AND REIMBURSEMENT DATA. REPORTS WERE REVIEWED AND DATA WAS UPDATED TO THE GRANT WORKBOOK ORGANIZATIONS WERE REQUIRED TO SUBMIT STANDARDIZED RESPITE REPORTS FOR PAYMENT. THE REPORT HAD

GREATER RICHMOND CHAPTER -

PRIMARY CAREGIVER. THE APPLICATION WAS REVIEWED BY PROGRAM STAFF FOR APPROVAL. RECIPIENTS WERE SOME FORM OF DEMENTIA. THROUGH HOME VISITS THE CONSULTANT CONFIRMED THE APPLICANT'S STATUS AS THE FUNDS WERE PAID DIRECTLY TO THE FACILITY, IN-HOME PROVIDER OR ADULT DAY CARE UPON RECEIPT OF AN RURAL AREAS. FUNDS WERE PAID DIRECTLY TO PROVIDERS. REQUIRED TO USE RESPITE PROVIDERS LICENSED BY THE STATE EXCEPT FOR SPECIAL CIRCUMSTANCES IN VERY INVOICE. CAREGIVERS SUBMITTED AN APPLICATION INCLUDING A PHYSICIAN'S STATEMENT THAT THE PATIENT HAD

SOUTHEASTERN WISCONSIN CHAPTER -

WERE FUNDED BY PRIVATE RESTRICTED DONATIONS. APPROVING THE INDIVIDUALS NEEDS, THE CHAPTER DETERMINED THE TRAVEL ASSISTANT MAXIMUM FOR EACH TRAVEL ARRANGEMENTS FOR EARLY STAGE PARTICIPANTS TO THE ADVOCACY FORUM IN WASHINGTON D.C. UPON CHAPTER PAID FOR THE SERVICES DIRECTLY TO THE VENDOR. THE CHAPTER ALSO PROVIDED GRANTS TO ASSIST THE CHAPTER PROVIDED GRANTS FOR MEDIC ALERT* SERVICES. UPON APPROVING THE INDIVIDUALS NEEDS, THE INDIVIDUAL, IN WHICH THE PARTICIPANT SUBMITTED THEIR TRAVEL RECEIPTS TO BE REIMBURSED. THE PROGRAMS

MID SOUTH CHAPTER -

PARTICIPANT AND REIMBURSEMENT DATA. REPORTS WERE REVIEWED BY THE PROGRAM SERVICE MANAGER PRIOR TO ORGANIZATIONS AND INDIVIDUALS WERE REQUIRED TO SUBMIT RESPITE REPORTS FOR PAYMENT. THE REPORT HAD PROCESSING PAYMENT.

^{*}THESE ARE NAMES THAT ARE TRADEMARKS OF THE ALZHEIMER'S ASSOCIATION

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Pt III, col (b) Th

THE NUMBER OF RECIPIENTS LISTED WAS BASED ON THE DATA COLLECTED ON THE CHAPTER RECORDS OF INDIVIDUALS SERVED.

SCHEDULE J (Form 990)

Compensation Information

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.

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

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization Employer Identification number ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Part | Questions Regarding Compensation 36-3463656

Part	Questions Regarding Compensation					
1 a (theck the appropriate box(es) if the organization provided any o	f the	e following to or for a person listed in Form 990. Part		Yes	No
	theck the appropriate box(es) if the organization provided any o' II, Section A, line 1a. Complete Part III to provide any refevant i	infoi	rmation regarding these items.		22.55	
	First-class or charter travel		Housing allowance or residence for personal use	1000	200	2002
	Travel for companions	Г	Payments for business use of personal residence	1.112.00.00 1.112.00.00	35. 5. 19. 3. 17. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	
ĺ	Tax indemnification and gross-up payments	Γ	Health or social club dues or initiation fees	Per ex exect	110 JUNE 110 1	
	Discretionary spending account	Ė	Personal services (e.g., maid, chauffeur, chef)	730,000	194 0.771.W	
	any of the boxes on line 1a are checked, did the organization for eimbursement or provision of all of the expenses described above.			. 1 b		
_	id the organization require substantiation prior to reimbursing or ustees, and officers, including the CEO/Executive Director, rega		•	. 2		
(ndicate which, if any, of the following the filing organization used EO/Executive Director. Check all that apply. Do not check any k stablish compensation of the CEO/Executive Director, but expla	boxe	es for methods used by a related organization to	Send of the send o	Bana Bana	
[X Compensation committee	Γ	Written employment contract			
İ	Independent compensation consultant	х	Compensation survey or study	2.20.22		
[Form 990 of other organizations	X		ARVIE		27722
a F	uring the year, did any person listed in Form 990, Part VII, Sect r a related organization: eceive a severance payment or change-of-control payment?			4 a	X	100000000000000000000000000000000000000
	articipate in, or receive payment from, a supplemental nonqualif			4 b		X
	articipate in, or receive payment from, an equity-based compen		•	4 c	1771-217-1-1	Х
li	'Yes' to any of lines 4a-c, list the persons and provide the applic	cabl	e amounts for each item in Part III.			
C	nly section 501(c)(3) 501(c)(4), and 501(c)(29) organizations	s mı	ust complete lines 5-9.			
C	or persons listed in Form 990, Part VII, Section A, line 1a, did th ontingent on the revenues of:		, , , , ,	200 (1) 200 (1) 200 (1) 200 (1)		
	he organization?			5 a		Х
	ny related organization?			5 b	5004.000.000	X
lf	'Yes' to line 5a or 5b, describe in Part III.			1 590 7 7		
C	or persons listed in Form 990, Part VII, Section A, line 1a, did th ontingent on the net earnings of:					32.1C
	ne organization?			6 a		Х
	ny related organization?	٠.		6 b		Х
łf	'Yes' to line 6a or 6b, describe in Part III.					Pagasi.
7 F	or persons listed in Form 990, Part VII, Section A, line 1a, did th ayments not described in lines 5 and 6? If 'Yes,' describe in Part	ie oi t III	rganization provide any non-fixed	7		Х
to	ere any amounts reported in Form 990, Part VII, paid or accrue the initial contract exception described in Regulations section 5 'Yes,' describe in Part III	53.4	958-4(a)(3)?	8		Х
	Yes' to line 8, did the organization also follow the rebuttable prection 53.4958-6(c)?			9		<u></u>
	or Donorwark Bodystian Ast Nation, one the Instructions for	-	000	<i>i</i> =	0001.1	

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 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 column (D) and (E) amounts for that individual.

(Form 990) 2014	Schedule J	ļ	,		TEEA4102 06/19/14		BAA
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							(0)
	1	1					15 (ii)
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							9 (ii)
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0.			Ĺ		0.	0.	8 SVP & CFO (ii)
0.	159,130.	12,065.	8,324.	0.]	1,750.	136,991	BEN KORDESTANI (i)
0.	0		•	0.	0.	0.	7 PRESIDENT & CEO (ii)
0.	257,047.	12,563.	13,838.	30,000.	6,946.	193,700.	SUSAN KUDLA FINN (i)
0.	0		0.	0.	0.	0.	6 PRESIDENT & CEO (ii)
0.	151,795.	8,116.	0.	0.	0.	143,679.	
0.	0		0.	0.	0.	0.	5 PRESIDENT & CEO (ii)
0.	168,849.	13,443.	4,795.	0.	0.	150,611.	WENDY CAMPBELL
0.		0.	0.	0.	1	0.	4 EXECUTIVE DIRECTOR (ii)
0.	186,113.	21,509.	4,809.	0.	28,885.	130,910.	HEATHER HERSHBERGER (I)
0.	0.	0.	ı	0	i	0.	3 PRESIDENT (ii)
0.	161,071.	0.	7,194.	0.	12,500.	141,377.	ELEONORA TORNATORE-MIKESH
0	0.	0.		0.	0.	0.	2 PRESIDENT & CEO (ii)
0.	171,023.	0.	4,792.	0.	11,407.	154.824.	LINDA MITCHELL (1)
0.	0		0.	0.	0.	0.	1 CEO (ii)
0.	291,299.	13,962	22,100.	0_	25,000.	230,237.	WILLIAM FISHER
reported as deferred in prior Form 990			deferred compensation	(iii) Other reportable compensation	(ii) Bonus and incentive compensation	compensation	(A) Name and time
(F) Compensation in column (B)	(E) Total of columns(B)(i)-(D)	(D) Nontaxable benefits			(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of	(A) Niggraphy Title
	1						Total Control

Schedule J (Form 990) 2014

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

Pt I Line 4a

SUSAN KUDLA FINN RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$30,000.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

► Information about Schedule M (Form 990) and its Instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer identification number

36-3463656

Check Check Check Number of applicable Check Numbe	Pa	rt Types of Property						
2 Art - Historical treasures. 3 Art - Fractional interests. 4 Books and publications. 5 Clothing and household goods 5 Cars and other vehicles 7 Boats and planes. 8 Intellectual property. 9 Securities - Publicly traded 1 19,034. SELLING PRICE 1 19,034. SELLING PRICE 8 Socurities - Publicly traded 1 19,034. SELLING PRICE 9 Socurities - Publicly traded 1 10,472. MARKET VALUE 1 10 Socurities - Publicly traded 1 11 10,472. MARKET VALUE 1 12 Socurities - Publicly traded 1 13 Socurities - Publicly traded 1 14 110,472. MARKET VALUE 1 15 Securities - Publicly traded 1 15 Securities - Publicly traded 1 16 Securities - Publicly traded 1 17 Securities - Publicly traded 1 18 Securities - Publicly traded 1 19 Securities - Publicly traded 1 19 Securities - Publicly traded 1 10 Securities - Publicly traded 1 10 Securities - Publicly traded 1 10 Securities - Publicly traded 1 11 Securities - Publicly traded 1 12 Securities - Publicly traded 1 13 Securities - Publicly traded 1 14 110,472. MARKET VALUE 1 15 Securities - Publicly traded 1 15 Securities - Publicly traded 1 15 Securities - Publicly traded 1 16 Securities - Publicly traded 1 17 Seal estate - Residential 1 18 Real estate - Residential 1 19 Securities - Publicly traded 1 19,034. SELLING PRICE 1 19,034. SELLING PRICE 1 10 Securities - Publicly traded 1 10,472. MARKET VALUE 1 10 Securities - Publicly traded 1 10 Securities - Publicly t			Check if	Number of contributions or	Noncash contribution amounts reported on Form 990,	Method noncash co	of determi	ning amounts
2 Art - Historical treasures:	1	Art - Works of art	Х	1	4.999.	SELLING	PRICE	
A Books and publications	2	Art — Historical treasures			.,,,,,		111100	
S Clothing and household goods	3	Art — Fractional interests						
5 Clothing and household goods	4	Books and publications	Х		702.	SELLING	PRICE	
6 Cars and other vehicles X 41 19,034 SELLING PRICE 7 Boats and planes	5	Clothing and household goods	Х		1,450.			
Intellectual property. Securities — Publicity traded X 14 110,472 MARKET VALUE Securities — Closely held stock	6	Cars and other vehicles	Х	41	19,034.			
Securities — Publicly traded X 14 110,472, MARKET VALUE Securities — Partnership, LLC, or trust interests. Securities — Miscellaneous Janualified conservation contribution — Historic structures 4 Qualified conservation contribution — Other Real estate — Residential Real estate — Commercial The real estate — Other Solientibles Janualified conservation contribution — Other Real estate — Other Janualified conservation contribution — Other Real estate — Other Janualified conservation contribution — Other Real estate — Residential Real estate — Other Janualified conservation contribution Real estate — Other Janualified conservation contribution Real estate — Other Janualified conservation contribution Real estate — Other Janualified conservation contribution Real estate — Other Janualified conservation contribution Real estate — Other Janualified conservation contribution Real estate — Other Janualified conservation contribution Real estate — Other Janualified conservation contribution Janualified conservation contribution Janualified conservation	7	Boats and planes						
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noncash contributions?						0	-	<u> </u>
 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, 	JZđ						_{≥a} l ×	
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	b						The state of the s	(marin)
		If the organization did not report an amount in column	ı (c) for a typ	e of property for which c	olumn (a) is checked,			

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656

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

COLORADO CHAPTER -

CAR DONATIONS ARE PICKED UP AND AUCTIONED BY A NUMBER OF THIRD PARTY

(Form 990 or 990-EZ) SCHEDULE N

Department of the Treasury internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

2014

OMB No. 1545-0047

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 ► Attach certified copies of any articles of dissolution, resolutions, or plans.
 ► Attach to Form 990 or 990-EZ.
 ► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization ACCOUNTS PAYABLE FIXED ASSETS OTHER LIABILITIES ACCOUNTS RECEIVABLE Part I ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION OTHER ASSETS e If the organization answered 'Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. Did or will any officer, director, trustee, or key employee of the organization: **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ line 36. Part I can be duplicated if additional space is needed. (a) Description of asset(s) distributed or transaction 06/30/15 06/30/15 06/30/15 06/30/15 06/30/15 06/30/15 (b) Date of distribution (c) Fair market value of asset(s) distributed or amount of transaction expenses -491,028970, -29,367 589,282 11,937 ,725 BOOK VALUE BOOK VALUE (d) Method of determining FMV for asset(s) distributed or transaction expenses BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE 13-3039601 13-3039601 13-3039601 .3-3039601 3-3039601 .3-3039601 (e) EIN of recipient CHICAGO 225 N. MICHIGAN AVE. ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL.17 ALZHEIMER'S ASSOCIATION CHICAGO 225 N. MICHIGAN AVE. FL.17 ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL.17 ALZHEIMER'S ASSOCIATION CHICAGO 225 N. MICHIGAN AVE. ALZHEIMER'S ASSOCIATION CHICAGO 225 N. MICHIGAN AVE. FL.17 ALZHEIMER'S ASSOCIATION (f) Name and address of recipient Employer identification number 36-3463656 FL.17 FL.17 IL 60601 <u>IL 60601</u> IL 60601 IL 60601 IL 60601 60601 2 c 2 d 2ь 2 a (g) IRC section of recipient(s) (if tax-exempt) or type of 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 501 (C) 3 Yes × entity 공 × × \times

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 SOUTHEASTERN VIRGINIA CHAPTER DISSOLVED ON JUNE 30, 2015. ALL ASSETS AND LIABILITIES OF THE SOUTHEASTERN VIRGINIA CHAPTER WERE TRANSFERRED TO THE NATIONAL ALZHEIMER'S ASSOCIATION.

PART I, LINE 2e

EMPLOYEE OF TRANSFEREE ORGANIZATION

THE OFFICER OF THE SOUTHEASTERN VIRGINIA CHAPTER, GINO COLOMBARA, BECAME AN EMPLOYEE OF THE NATIONAL ALZHEIMER'S ASSOCIATION AS OF JULY 1, 2015.

SCHEDULE O (Form 990 or 990-EZ)

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. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

PART III, LINE 4

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICES - CHAPTERS PARTICIPATE IN A SET OF COMMON PROGRAMS AND SERVICES:

PUBLIC AWARENESS - ALZHEIMER'S DISEASE 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 THROUGH A 24/7 TOLL FREE HELP LINE AND FACE TO FACE MEETINGS. THE ALZHEIMER'S ASSOCIATION OFFERS 24/7 ACCESS TO INFORMATION AND REFERRAL THROUGH OUR HELPLINE. IN ADDITION, THE ASSOCIATION'S WEBSITE (ALZ.ORG) OFFERS 24/7 ACCESS TO ONLINE PROGRAMS INCLUDING: SELF-SERVICE EDUCATION PROGRAMS, ALZ CONNECTED*, A SOCIAL NETWORKING SUPPORT TOOL, ALZHEIMER'S NAVIGATOR*, AN ACTION PLANNING TOOL, A CAREGIVER CENTER, 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. PROGRAMS INCLUDE: KNOW THE 10 SIGNS, THE BASICS OF ALZHEIMER'S AND RELATED DEMENTIAS, LEGAL AND FINANCIAL PLANNING, LIVING WITH ALZHEIMER'S SERIES, UNDERSTANDING AND RESPONDING TO DEMENTIA RELATED BEHAVIOR, COMMUNICATION STRATEGIES AND HEALTHY LIVING FOR YOUR BRAIN AND BODY: TIPS FROM THE LATEST RESEARCH. WORKSHOPS ARE DELIVERED IN LOCAL COMMUNITIES AND REACH THOUSANDS OF CONSTITUENTS.

CARE CONSULTATION - IMPROVES THE AFFECTED INDIVIDUAL 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 INCLUDING EDUCATION ABOUT THE DISEASE AND SYMPTOM MANAGEMENT; PROBLEM SOLVING; PLANNING FOR FUTURE NEEDS; AND LINKAGES WITH RESOURCES, PARTICULARLY DURING TRANSITIONAL OR CRISIS SITUATIONS. CARE CONSULTATIONS ARE PROVIDED IN PERSON AND ON THE PHONE, DEPENDING ON THE PREFERENCE OF THE CONSTITUENT AND ARE AVAILABLE 24/7 THROUGH THE HELPLINE.

Employer identification number

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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.

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.

SUPPORT GROUPS - CHAPTERS PROVIDE SUPPORT GROUPS FOR CAREGIVERS AND PERSONS WITH THE DISEASE, AND ARE OFFERED IN A VARIETY OF LOCATIONS TO MEET THE NEEDS OF DIVERSE COMMUNITIES. SUPPORT GROUPS ARE FACILITATED BY LEADERS WHO HAVE RECEIVED TRAINING IN ALZHEIMER'S AND RELATED DEMENTIAS AS WELL AS HOW TO EFFECTIVELY SUPPORT INDIVIDUALS LIVING WITH DEMENTIA AND THEIR KEY FAMILY MEMBERS AND FRIENDS.

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.

*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. A CONSOLIDATED AUDIT IS NOT PERFORMED FOR THE CHAPTER NETWORK IN THE GROUP TAX RETURN.

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 CHAPTER 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 CHAPTER BOARD IN MANAGEMENT OF THE

Name of the organization

Pt VI, Line 1a

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

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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 CHAPTER BOARD OF DIRECTORS. THESE COMMITTEES ARE ESTABLISHED BY RESOLUTION OF THE BOARD.

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 7 CHAPTERS:
CENTRAL ILLINOIS CHAPTER
MAINE CHAPTER
MIAMI VALLEY CHAPTER
SOUTH CAROLINA CHAPTER
CENTRAL AND WESTERN VIRGINIA CHAPTER
SOUTHEASTERN VIRGINIA CHAPTER

Pt VI, Line 3

MID SOUTH CHAPTER

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 DATA 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 11b

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 CHAPTER. ALL INTERESTED PARTIES ARE REQUIRED TO FILE WITH THE CHAPTER A DISCLOSURE

Name of the organization

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STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE CHAPTER. THEREAFTER, THE INDIVIDUAL SHALL FILE WITH THE CHAPTER 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 CHAPTER 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

Pt VI, Line 12c

PT VI, LINE 15a

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

COMPENSATION REVIEW & APPROVAL PROCESS- CHAPTER EXECUTIVE OFFICER

COMPENSATION IS ESTABLISHED FOR THE CHAPTER EXECUTIVE OFFICERS BY THE CHAPTER COMPENSATION COMMITTEES AND BOARD OF DIRECTORS AFTER A THOROUGH SALARY/MARKET REVIEW OF REGIONAL AND INDUSTRY STATISTICS. A COMPENSATION REVIEW FOR THE EXECUTIVE OFFICERS WAS LAST DONE IN 2015. 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 15a

PT VI, LINE 15b

COMPENSATION REVIEW & APPROVAL PROCESS-OTHER CHAPTER OFFICERS

THE CHAPTER SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW BY THE EXECUTIVE OFFICERS. THE EVALUATION AND Pt VI, Line 15b COMPENSATION REVIEW FOR THE SENIOR STAFF WAS LAST COMPLETED IN 2015.

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.

Pt VI, Line 19

PT X

BALANCE SHEET

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

Pt X

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

PT XI

RECONCILIATION OF NET ASSETS

"OTHER CHANGES IN NET ASSETS" REPRESENTS (\$1,176,102) IN TRANSFER OF NET ASSETS DUE TO THE DISSOLUTION OF THE SOUTHEASTERN VIRGINIA CHAPTER; (\$11,200) ACCRUAL EXPENSE ACCOUNT FOR FUTURE WRITE-OFFS, CONNECTICUT CHAPTER; AND \$11,754 DONATED INKIND ASSETS, NEW MEXICO CHAPTER.

Pt XI

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public

Name of the organization

ALZHEIMER'S DISEASE & RELATED DISORDERS

Employer Identification number

ASSOCIATION

36-3463656

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

TALMADGE POWELL CREATIVE 211 W. 11TH STREET TULSA, OK 74119 EVENT DESIGN & PLAN

140,919.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 35, or 37. ► Attach to Form 990.

OMB No. 1545-0047

2014

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

(1) COALITION OF NEW YORK STATE ALZHEIMER'S CHAPTERS, INC. 435 E. HENRIETTA ROAD ROCHESTER, NY 14620 (1) Department of the Treasury Internal Revenue Service 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. (3) (2) Part lo Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION Name of the organization (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN (if applicable) of disregarded entity PUBLIC POLICY ACTIVITIES NY (b) Primary activity (b) Primary activity (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) <u>501 (C) 3</u> (d) Exempt Code section (**d)** Total income (e)
Public charity status
(if section 501(c)(3)) 11c, III-FI (e) End-of-year assets N/A (f)
Direct controlling
entity 36-3463656 Employer identification number Open to Public Inspection (f) Direct controlling (g) Sec 512(b)(13) controlled entity? entity Yes ĕ ×

(4)

(3)

Part III. because it had cause address, and EIN of related organization (1) (2)	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 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) (b) (c) (d) (legal domicile (state or bendun) and set of total (state or bendun) assets and EIN of the controlling (state) and set of total (state) and set of	ications 7 ications 7 ications 7 ications 7 ed organiz ed organiz domicile (state or foreign country)	Direct controlling entity	a Partnership (e) Predominant income (related, uncletted, excluded from tax under sections 512-514)	(e) Share of total income streeting streeting the tax subminant income lated, unrelated, cluded from tax ander sections \$12-514)	plete if the organization of the tax y (f) Share of total income	ear. (9) Share of end-of-year assets	answered in the transfer of th	ed 'Yes' on (h) Disproportionate allocations? Yes No	Form 990, Pa (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	30, Part IV, line (i) UBI General or box managing partner? Yes No	34 Rencentage ownership
(t)												
(2)												
(3)							ç E					
Part IV line 34 because	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the or line 34 because it had one or more related organizations treated as a corporation or trust during.	izations T re related	axable as organization	a Corporation	n or Trust a corporati	Complete on or trust		ganization a	nswered	ganization answered 'Yes' on Form 990, Part IV, the tax year.	m 990, Par	t IV,
(a) Name, address, and EIN of related organization	if related organization		activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type of entity (C corp, S corp, or trust)		(f) Share of total income		(g) Share of end-of- year assets	(h) Percentage S ownership co	(i) Sec 512(b)(13) controlled entity?
(1)												
(2)												
(3)								7				

BAA

TEEA5002 08/22/14

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

R (Form 990) 2014	Schedule		BAA TEEA5003 08/22/14
			(6)
;			(5)
			(4)
			(3)
			(2)
			(1)
(d) Method of determining amount involved	Amount involved Me	(b) Transaction type (a-s)	(a) Name of related organization
	transaction thresholds.	relationships and	2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered
ร			လ
-			r Other transfer of cash or property to related organization(s)
P			4 Transparation band b) totaled bigain calibrita) to expenses
70			p Reimbursement paid to related organization(s) for expenses
10			o Sharing of paid employees with related organization(s)
1 n			n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
1 m			m Performance of services or membership or fundraising solicitations by related organization(s)
			1 Performance of services or membership or fundraising solicitations for related organization(s)
7			k Lease of facilities, equipment, or other assets from related organization(s)
			J Lease of racilities, equipment, or other assets to related organization(s)
= :			
1 h			h Purchase of assets from related organization(s)
19			g Sale of assets to related organization(s)
=			f Dividends from related organization(s)
1 e			e Loans or loan guarantees by related organization(s)
1 d			d Loans or loan guarantees to or for related organization(s)
10			c Gift, grant, or capital contribution from related organization(s)
15			b Gift, grant, or capital contribution to related organization(s)
ໝໍ			a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
\rightarrow		isted in Parts II-IV?	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 4

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.

Schedule R (Form 990) 2014	Schedu	-			TEEA5004 08/22/14	716			BAA
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\dashv					-			•	(1)
Yes No	1003)	Yes No	•		Yes No	section 512-514)			
General or Percentage managing ownership partner?	Code V-UBI amount in box 20 of Schedule K-1 (1005)	Disproportionate allocations?	Share of end-of-year assets	Share of total income	Are all partners section 501(c)(3) organizations?	Predominant income (related, unrelated, unrelated, unrelated, unrelated from the unrelate	Legal domicile (state or foreign country)	Primary activity	Name, address, and EIN of entity
(f)	(i)	(h)	(g)	(f)	(e)	(d)	(c)	(d)	(a)

Schedule R (Form 990) 2014 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-346

Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).

Form 990	
Question H	

List of Affiliates Included in Return

2014

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	200 EXECUTIVE BLVD., SUITE 4B SOUTHINGTON CT 06489	42-1540769
SOUTHEAST FLORIDA Foreign City/Country if applicable	3333 FOREST HILL BLVD. WEST PALM BEACH FL 33406	59-2008883
See List of Affiliates Included in Return Foreign City/Country if applicable		

teew3101.SCR 04/30/15

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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'S MISSION IS TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH. THE VISION OF THE ALZHEIMER'S ASSOCIATION IS 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 81 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 OUR WEB SITE, ALZ.ORG.

AS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN CARE, SUPPORT

AND RESEARCH, SINCE AWARDING THE FIRST GRANTS IN 1982,

THE ASSOCIATION HAS COMMITTED MORE THAN \$350 MILLION TO

APPROXIMATELY 2,300 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 AND DEMENTIA 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. AND LEADS ADVOCACY EFFORTS IN EVERY STATE. 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. THE ASSOCIATION IS

QUALIFIED TO USE THE "BBB TORCH LOGO" AND A NATIONAL CHARITY SEAL

("SEAL").

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
 16,993,218.

 Grants Of
 904,108.

 Revenue.
 1,691,990.

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

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

Ohio Virginia Wisconsin

Schedule G (Form 990 or 990EZ), Part IV Supplemental Information Part III, Line 17a (continued)

State Name Amount
Virginia 7,704.

Form 990, Question H List of Affiliates Included in Return

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
CENTRAL AND NORTH FLORIDA	2180 W. STATE ROAD 434, SUITE 1100	36-3487166
	LONGWOOD FL 32779	
Foreign City/Country if applicable		
CENTRAL ILLINOIS	612 WEST GLEN AVENUE	37-1224417
	PEORIA IL 61614	
Foreign City/Country if applicable		
GREATER INDIANA	50 EAST 91ST STREET, SUITE 100	35-1747836
	INDIANAPOLIS IN 46240	
Foreign City/Country if applicable		
CENTRAL AND WESTERN KANSAS	1820 EAST DOUGLAS AVENUE	20-5107941
	WICHITA KS 67214	
Foreign City/Country if applicable		
MAINE	383 U.S. ROUTE 1, SUITE 2C	01-0428502
	SCARBOROUGH ME 04074	
Foreign City/Country if applicable		
HEART OF AMERICA	3846 WEST 75TH STREET	48-0934474
	PRAIRIE VILLAGE KS 66208	
Foreign City/Country if applicable		

Form 990, Question H List of Affiliates included in Return

Continued

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
NEW MEXICO	9500 MONTGOMERY BLVD. NE, SUITE 121	85-0287820
Foreign City/Country if applicable	ALBUQUERQUE NM 87111	
HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY	2 JEFFERSON PLAZA, SUITE 103	14-1695487
Foreign City/Country if applicable	POUGHKEEPSIE NY 12601-4027	
ROCHESTER	435 EAST HENRIETTA ROAD	16-1159941
	ROCHESTER NY 14620	
Foreign City/Country if applicable		
WESTERN NEW YORK	2805 WEHRLE DRIVE, SUITE 6 WILLIAMSVILLE NY 14221	16-1181599
Foreign City/Country if applicable		
GREATER EAST OHIO AREA	70 WEST STREETSBORO STREET, SUITE 201 HUDSON OH 44236	34-1454446
Foreign City/Country if applicable		
CLEVELAND AREA	23215 COMMERCE PARK DRIVE, SUITE 300 BEACHWOOD OH 44122	34-1311175
Foreign City/Country if applicable	1000	
CENTRAL OHIO	1379 DUBLIN ROAD COLUMBUS OH 43215	31-0996236
Foreign City/Country if applicable MIAMI VALLEY	21 MECE MUTDE PAR	21 1021067
MIAMI VALLEI	31 WEST WHIPP ROAD DAYTON OH 45459	31-1031867
Foreign City/Country if applicable		
NORTHWEST OHIO	2500 NORTH REYNOLDS ROAD	34-1423768
Foreign City/Country if applicable	TOLEDO OH 43615-2820	
OKLAHOMA	2448 EAST 81ST STREET, SUITE 3000	73-1183372
	TULSA OK 74137	
Foreign City/Country if applicable		<u> </u>
DELAWARE VALLEY	399 MARKET STREET, SUITE 102	23-2280056
Foreign City/Country if applicable	PHILADELPHIA PA 19106	
SOUTH CAROLINA	4124 CLEMSON BLVD., SUITE L	57-0792592
	ANDERSON SC 29621	
Foreign City/Country if applicable		
GREATER DALLAS	3001 KNOX STREET, SUITE 200	75-2041194
Foreign City/Country if applicable	<u>DALLAS</u> TX75205	
Foreign City/Country if applicable CENTRAL AND WESTERN VIRGINIA	THE JORDAN BUILDING, 1160 PEPSI PLACE, SUITE 306	54-1309570
CENTRAL AND WESTERN VIRGINIA	CHARLOTTESVILLE VA 22901	341309370
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	52-1196162
	<u>FAIRFAX</u> <u>VA</u> 22030	
Foreign City/Country if applicable	AGOO COV DOAD CUTED 130	E4 1262555
GREATER RICHMOND	4600 COX ROAD, SUITE 130 GLEN ALLEN VA 23060	54-1263555
Foreign City/Country if applicable		
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Form 990, Question H List of Affiliates Included in Return

Continued

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
WEST VIRGINIA	1601 SECOND AVENUE	36-3487172
Foreign City/Country if applicable	CHARLESTON WV 25387	
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		