

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

Form 990 for the  
Year Ended June 30, 2015

Public Disclosure Copy

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning Jul 1, 2014, and ending Jun 30, 2015

Form header section containing organization name (ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION), EIN (36-3463656), address (225 N. MICHIGAN AVE., CHICAGO, IL 60601-7633), and principal officer (RICHARD H. HOVLAND).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include contributions, program service revenue, total revenue, grants paid, total expenses, and total assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for officer Richard H. Hovland, dated 2/1/16.

Preparer information for BRIDGET T ROCHE, GRANT THORNTON LLP, dated 2/1/16.

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

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

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

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

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

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

- The books are in the care of ▶ RICHARD H. HOVLAND, COO/CFO

Telephone No. ▶ 312-335-5771 Fax No. ▶ 866-699-1246

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9334. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 16, 20 16, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20      or
- ▶  tax year beginning JULY 1, 20 14, and ending JUNE 30, 20 15.

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

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

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

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

Attachment

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

ST	EIN	CHP #	NAME	ADDRESS	CITY	ZIP
CA	94-2897949	20	Northern California and Northern Nevada	2290 North 1st Street, Suite 101	San Jose	95131
CO	84-0908354	24	Colorado	455 Sherman Street, Suite 500	Denver	80203
CT	42-1540769	28	Connecticut	200 Executive Blvd., Suite 4B	Southington	08489
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	115	New Mexico	9500 Montgomery Blvd. NE, Suite 121	Albuquerque	87111
NY	14-1695487	118	Hudson Valley/Rockland/Westchester, NY	2 Jefferson Plaza, Suite 103	Poughkeepsie	12601
NY	16-1159941	123	Rochester	435 East Henrietta Road	Rochester	14620
NY	16-1181599	128	Western New York	2805 Wehrle Drive, Suite 6	Williamsville	14221
OH	34-1454446	135	Greater East Ohio Area	70 West Streetsboro Street, Suite 201	Hudson	44236
OH	34-1311175	139	Cleveland Area	23215 Commerce Park Drive, Suite 300	Beachwood	44122
OH	31-0996236	140	Central Ohio	1379 Dublin Road	Columbus	43215
OH	31-1031867	143	Miami Valley	31 West Whipp Road	Dayton	45459
OH	34-1423768	144	Northwest Ohio	2500 North Reynolds Road	Toledo	43615
OK	73-1183372	147	Oklahoma	2448 East 81st Street, Suite 3000	Tulsa	74137
PA	23-2280056	156	Delaware Valley	399 Market Street, Suite 102	Philadelphia	19106
SC	57-0792592	161	South Carolina	4124 Clemson Blvd., Suite L	Anderson	29621
TX	75-2041194	172	Greater Dallas	3001 Knox Street, Suite 200	Dallas	75205
VA	54-1309570	181	Central and Western Virginia	The Jordan Building, 1160 Pepsi Place, Suite 306	Charlottesville	22901
VA	54-1204329	182	Southeastern Virginia	6350 Center Drive, Suite 102	Norfolk	23502
VA	52-1196162	184	National Capital Area	3701 Pander Drive, Suite 400	Fairfax	22030
VA	54-1263555	185	Greater Richmond	4600 Cox Road, Suite 130	Glen Allen	23080
WV	36-3487172	191	West Virginia	1601 Second Avenue	Charleston	25387
WI	39-1350965	195	Southeastern Wisconsin	620 South 76th Street, Suite 160	Milwaukee	53214
MS	64-0786327	205	Mississippi	196 Charmant Drive, Suite 4	Ridgeland	39157
TN	62-1860364	208	Mid South	4825 Trousdale Drive, Suite 220	Nashville	37220
		31				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code: ) (Expenses \$ 12,659,803. including grants of \$ 5,564. ) (Revenue \$ 47,520. ) PUBLIC AWARENESS -- SEE SCHEDULE O

4b (Code: ) (Expenses \$ 10,137,067. including grants of \$ 121,838. ) (Revenue \$ 175,690. ) INFORMATION AND REFERRAL -- SEE SCHEDULE O

4c (Code: ) (Expenses \$ 8,090,054. including grants of \$ 31,000. ) (Revenue \$ 1,946,897. ) CONSUMER EDUCATION (WORKSHOPS/CONFERENCES/SEMINARS) -- SEE SCHEDULE O

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

(Expenses \$ 16,993,218. including grants of \$ 904,108. ) (Revenue \$ 1,691,990. )

4e Total program service expenses 47,880,142.

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, unrelated business income, prohibited tax shelter transactions, deductible contributions, and 501(c)(7) and (12) organizations.



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

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. EACH CHAPTER FILES IN ITS RESPECTIVE STATE(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) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: RICHARD H. HOWLAND, COO/CFO ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE FL 17 CHICAGO, IL 60601-7633 (312) 335 5771

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEOFF HEREDIA BOARD PRESIDENT	2.50	X		X				0	0	0
(2) HOWARD KIRSCH BOARD VICE PRESIDENT	1.30	X		X				0	0	0
(3) MATHEW RHODES BOARD TREASURER	1.30	X		X				0	0	0
(4) FRANCIE NEWFIELD BOARD SECRETARY	1.30	X		X				0	0	0
(5) PAT BALDRIDGE BOARD DIRECTOR	1.30	X						0	0	0
(6) ROBB FANNO BOARD DIRECTOR	1.30	X						0	0	0
(7) MICHAEL GALLAGHER BOARD DIRECTOR	1.30	X						0	0	0
(8) CHUCK HAAS BOARD DIRECTOR	1.30	X						0	0	0
(9) GEOFFREY KERCHNER BOARD DIRECTOR	1.30	X						0	0	0
(10) JOAN KEZIC BOARD DIRECTOR	1.30	X						0	0	0
(11) MICHAEL KIRKLAND BOARD DIRECTOR	1.30	X						0	0	0
(12) RENU MAHALE BOARD DIRECTOR	1.30	X						0	0	0
(13) DENISE PRINGLE BOARD DIRECTOR	1.30	X						0	0	0
(14) PETER REED BOARD DIRECTOR	1.30	X						0	0	0

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15)	KAREN STEVENSON BOARD DIRECTOR	1.30	X						0	0	0
( 16)	JEFFREY TENG BOARD DIRECTOR	1.30	X						0	0	0
( 17)	ALEX TSAO BOARD DIRECTOR	1.30	X						0	0	0
( 18)	LESLIE WALKER BOARD DIRECTOR	1.30	X						0	0	0
( 19)	TOM HURLEY BOARD CHAIR	8.00	X		X				0	0	0
( 20)	DONALD BECHTER, CFA BOARD VICE CHAIR	6.00	X		X				0	0	0
( 21)	VENETIA MARSHALL, JD BOARD SECRETARY	6.00	X		X				0	0	0
( 22)	DANIEL THOMAS BOARD TREASURER	6.00	X		X				0	0	0
( 23)	CHRISTOPHER BINKLEY BOARD MEMBER	2.00	X						0	0	0
( 24)	FRANCIS BROWN, ESQ BOARD MEMBER	2.00	X						0	0	0
( 25)	TERESA GREGG BOARD MEMBER	2.00	X						0	0	0
<b>1b Sub-total</b> .....									0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> .....									5,619,510.	0	524,867.
<b>d Total (add lines 1b and 1c)</b> .....									5,619,510.	0	524,867.
<b>2</b> 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
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) PERRY HERRMANN BOARD MEMBER	2.00	X					0	0	0	
( 27 ) ED HUT BOARD MEMBER	2.00	X					0	0	0	
( 28 ) BILL JOHNSON BOARD MEMBER	2.00	X					0	0	0	
( 29 ) SARAH JOHNSTON BOARD MEMBER	2.00	X					0	0	0	
( 30 ) SARAH LORANCE BOARD MEMBER	6.00	X					0	0	0	
( 31 ) JAMISON MILLER, DMD BOARD MEMBER	2.00	X					0	0	0	
( 32 ) DONALD OBERNDORF BOARD MEMBER	2.00	X					0	0	0	
( 33 ) THOMAS O'DONNELL BOARD MEMBER	4.00	X					0	0	0	
( 34 ) SIDNEY OKES, JR BOARD MEMBER	2.00	X					0	0	0	
( 35 ) LINDA PEOTTER BOARD MEMBER	2.00	X					0	0	0	
( 36 ) GREG PFAHL BOARD MEMBER	4.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) BERNARD POSKUS, ESQ BOARD MEMBER	2.00	X						0	0	0
( 38) KARLA RIKANSRUD BOARD MEMBER	6.00	X						0	0	0
( 39) KRISTY TOCHIHARA BOARD MEMBER	2.00	X						0	0	0
( 40) MARY TUUK, MD BOARD MEMBER	2.00	X						0	0	0
( 41) JULIE WHAM BOARD MEMBER	2.00	X						0	0	0
( 42) AL GATI BOARD CHAIR	2.00	X		X				0	0	0
( 43) MOLLY REES-GAVIN BOARD VICE CHAIR	1.50	X		X				0	0	0
( 44) DANIEL WOLLMAN BOARD TREASURER	2.00	X		X				0	0	0
( 45) JANE BROWN BOARD SECRETARY	1.50	X		X				0	0	0
( 46) BETTY BRENNAN BOARD DIRECTOR	.80	X						0	0	0
( 47) KATHY BUTLER BOARD DIRECTOR	.80	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

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

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

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

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 70) ELAYNE FORGIE BOARD DIRECTOR	1.00	X						0	0	0
( 71) FERIAL ANDRE BOARD DIRECTOR	1.00	X						0	0	0
( 72) MARA BOTONIS BOARD DIRECTOR	1.00	X						0	0	0
( 73) SATHYA PUTHVEETTIL BOARD DIRECTOR	1.00	X						0	0	0
( 74) RON RADCLIFFE BOARD DIRECTOR	1.00	X						0	0	0
( 75) BARRY REISS BOARD DIRECTOR	1.00	X						0	0	0
( 76) PHILLIP MROZINSKI BOARD MEMBER, ADVISORY	.50	X						0	0	0
( 77) CARL SADOWSKY BOARD MEMBER, ADVISORY	.50	X						0	0	0
( 78) JOSEPH KARP BOARD MEMBER, ADVISORY	.50	X						0	0	0
( 79) KENT JUSTICE BOARD CHAIR	2.00	X		X				0	0	0
( 80) CARLOS HERNANDEZ, CPA BOARD TREASURER	1.00	X		X				0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 81) ADAM RUSTEIN BOARD MEMBER	1.00	X						0	0	0
( 82) ED HANCOCK BOARD MEMBER	1.00	X						0	0	0
( 83) MITCH HUNT BOARD MEMBER	1.00	X						0	0	0
( 84) SETH PHELPS BOARD MEMBER	1.00	X						0	0	0
( 85) WILLIAM PHILLIPS, IV BOARD PRESIDENT	.50	X		X				0	0	0
( 86) THOMAS CALDERA, JR BOARD VICE PRESIDENT	.50	X		X				0	0	0
( 87) KIM SANDERS BOARD SECRETARY	.50	X		X				0	0	0
( 88) ERIK PETTIT BOARD TREASURER	.50	X		X				0	0	0
( 89) JEFFREY BACH BOARD MEMBER	.50	X						0	0	0
( 90) AMANDA CICCARELLI BOARD MEMBER	.50	X						0	0	0
( 91) KEN-ICHIRO FUKUCHI, MD BOARD MEMBER	.50	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 92) BRIAN GRUBER BOARD MEMBER	.50	X					0	0	0	
( 93) JEFFREY JOHNSON BOARD MEMBER	.50	X					0	0	0	
( 94) MAY MEISTER BOARD MEMBER	.50	X					0	0	0	
( 95) MONICA RATCLIFF BOARD MEMBER	.50	X					0	0	0	
( 96) TY ROGERS BOARD MEMBER	.50	X					0	0	0	
( 97) THERESA TAYLOR BOARD MEMBER	.50	X					0	0	0	
( 98) MARIELLEN KATZMAN BOARD PRESIDENT	6.00	X	X				0	0	0	
( 99) PHILIP NICELY BOARD PAST PRESIDENT	6.00	X	X				0	0	0	
(100) RICHARD MOHS BOARD SECRETARY	6.00	X	X				0	0	0	
(101) MAUREEN BECHER-SAGE BOARD TREASURER	6.00	X	X				0	0	0	
(102) DANIEL REXORTH BOARD MISSION & OUTREACH CHAIR	4.30	X					0	0	0	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 22

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) GREGORY MURRAY BOARD RESOURCE MGMT CHAIR	4.30	X						0	0	0
(104) MICHAEL BARTH BOARD MEMBER	4.30	X						0	0	0
(105) BRUCE BAUDE BOARD MEMBER	4.30	X						0	0	0
(106) JIM BOYERS BOARD MEMBER	4.30	X						0	0	0
(107) NED BROADWATER BOARD MEMBER	4.30	X						0	0	0
(108) KEN CROOK BOARD MEMBER	4.30	X						0	0	0
(109) CAROLYN CUNNINGHAM BOARD MEMBER	4.30	X						0	0	0
(110) SHERRI DAVIES BOARD MEMBER	4.30	X						0	0	0
(111) JEFF EDWARDS BOARD MEMBER	4.30	X						0	0	0
(112) ANITA GALLIARD BOARD MEMBER	4.30	X						0	0	0
(113) BRIAN HEALEY BOARD MEMBER	4.30	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) MICHAEL RUSSELL BOARD MEMBER	4.30	X						0	0	0
(115) ANDREA SMILEY BOARD MEMBER	4.30	X						0	0	0
(116) ARTHUR WACHHOLZ BOARD MEMBER	4.30	X						0	0	0
(117) FRED HERMES BOARD CHAIR	.30	X		X				0	0	0
(118) DAVID HAASE BOARD VICE CHAIR	.30	X		X				0	0	0
(119) MARY CORRIGAN BOARD SECRETARY	.30	X		X				0	0	0
(120) LARRY REGIER BOARD TREASURER	.30	X		X				0	0	0
(121) SUZANNE MEEKER BOARD OFFICER	.30	X						0	0	0
(122) DEBBIE ELMORE BOARD OFFICER	.30	X						0	0	0
(123) DOUG STARK BOARD OFFICER	.30	X						0	0	0
(124) STEPHEN BENSON BOARD OFFICER	.30	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) DEEANNE FAHNESTOCK BOARD OFFICER	.30	X					0	0	0	
(126) CELIA KOUDELE BOARD OFFICER	.30	X					0	0	0	
(127) JEFF EMERSON BOARD OFFICER	.30	X					0	0	0	
(128) CHELSEA POWELL BOARD OFFICER	.30	X					0	0	0	
(129) FELICIA GARANT BOARD PRESIDENT	1.00	X		X			0	0	0	
(130) WILLIAM JENKS BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
(131) MARLENE COSTA BOARD TREASURER	1.00	X		X			0	0	0	
(132) ROBERT O'KEEFE BOARD SECRETARY	1.00	X		X			0	0	0	
(133) DR. RONALD BAILYN BOARD DIRECTOR	1.00	X					0	0	0	
(134) CYNTHIA CAVE BOARD DIRECTOR	1.00	X					0	0	0	
(135) ELISABETH PAINE BOARD DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) MICHELLE SANTIAGO BOARD DIRECTOR	1.00	X						0	0	0
(137) PETER VIOLETTE BOARD DIRECTOR	1.00	X						0	0	0
(138) SCOTT BARKER BOARD DIRECTOR	1.00	X						0	0	0
(139) REBECCA NESS BOARD DIRECTOR	1.00	X						0	0	0
(140) CHRIS JONES BOARD PRESIDENT	1.50	X		X				0	0	0
(141) JOSEPH PLATT BOARD TREASURER	1.00	X		X				0	0	0
(142) DEBBIE BIEHL BOARD SECRETARY	1.50	X		X				0	0	0
(143) DAVID MARKS BOARD PAST PRESIDENT	1.50	X		X				0	0	0
(144) CATHY TIVOL MASLAN BOARD MEMBER	1.00	X						0	0	0
(145) JOHN AISENBREY BOARD MEMBER	1.00	X						0	0	0
(146) BENJAMIN BILLER BOARD MEMBER	1.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) JANE DICKINSON KRESS BOARD MEMBER	1.00	X						0	0	0
(148) MIKE LEVITAN BOARD MEMBER	1.00	X						0	0	0
(149) MARTY LORING BOARD MEMBER	1.00	X						0	0	0
(150) DAVID SCHLEE BOARD MEMBER	1.00	X						0	0	0
(151) CHAD STOUT BOARD MEMBER	1.00	X						0	0	0
(152) ROB SWEATT BOARD MEMBER	1.00	X						0	0	0
(153) SUZANNE WILLIAMS BOARD MEMBER	1.00	X						0	0	0
(154) CAROL SCHAFFER BOARD PRESIDENT	3.00	X		X				0	0	0
(155) TRACY AYERS BOARD VICE PRESIDENT	3.00	X		X				0	0	0
(156) BRAD CATES BOARD TREASURER	3.00	X		X				0	0	0
(157) VICTORIA CHOUINARD BOARD SECRETARY	3.00	X		X				0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158)	MARY GALVEZ BOARD MEMBER AT LARGE	2.00	X		X				0	0	0
(159)	CHARLIE BLANCO BOARD DIRECTOR	2.00	X						0	0	0
(160)	MARCY BAYSINGER BOARD DIRECTOR	2.00	X						0	0	0
(161)	LISA LACHMANN BOARD DIRECTOR	2.00	X						0	0	0
(162)	DANIEL FAULKNER BOARD DIRECTOR	2.00	X						0	0	0
(163)	STEVE SHAW BOARD DIRECTOR	2.00	X						0	0	0
(164)	DR. KIRAN BHASKAR, PHD BOARD DIRECTOR	2.00	X						0	0	0
(165)	REBECCA PONDER BOARD DIRECTOR	2.00	X						0	0	0
(166)	BARB MICHELS BOARD DIRECTOR	2.00	X						0	0	0
(167)	NEIL KLAR BOARD CHAIR	4.00	X		X				0	0	0
(168)	KAREN GANIS BOARD 1ST VICE CHAIR	4.00	X		X				0	0	0
<b>1b Sub-total</b>											
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>											

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) JOANNE KORNER 2ND VICE CHAIR (JUL14-MAR15)	4.00	X		X				0	0	0
(170) FRANCES PANTALEO BOARD SECRETARY	4.00	X		X				0	0	0
(171) RICHARD MCGUINNESS BOARD TREASURER	4.00	X		X				0	0	0
(172) DIANE APARISIO BOARD MEMBER	4.00	X						0	0	0
(173) KAREN BURNS BOARD MEMBER (JUL14-NOV14)	4.00	X						0	0	0
(174) WILLIAM CAHN BOARD MEMBER EMERITUS	4.00	X						0	0	0
(175) SHEILA CHERVIN BOARD MEMBER	4.00	X						0	0	0
(176) PETER CLARK BOARD MEMBER	4.00	X						0	0	0
(177) LAWRENCE FORCE BOARD MEMBER (JUL14-NOV14)	4.00	X						0	0	0
(178) KRISTEN GEORGI BOARD MEMBER	4.00	X						0	0	0
(179) TOM GOVERNALE BOARD MEMBER (JUL14-NOV14)	4.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) DOZENE GUISHARD BOARD MEMBER	4.00	X					0	0	0	
(181) LORI HOFFMAN BOARD MEMBER (JUL14-NOV14)	4.00	X					0	0	0	
(182) BARRY MEISELMAN BOARD MEMBER	4.00	X					0	0	0	
(183) NANCY O'CONNOR BOARD MEMBER	4.00	X					0	0	0	
(184) RON STANTON BOARD MEMBER	4.00	X					0	0	0	
(185) BRIAN HEPPARD BOARD CHAIR	1.00	X	X				0	0	0	
(186) TODD BUTLER BOARD VICE CHAIR	1.00	X	X				0	0	0	
(187) SUSAN HALPERN BOARD TREASURER	1.00	X	X				0	0	0	
(188) TARA GERMANO BOARD SECRETARY	1.00	X	X				0	0	0	
(189) A. JOHN BARTHOLOMEW BOARD DIRECTOR	1.00	X					0	0	0	
(190) MARY DAIN BOARD DIRECTOR	1.00	X					0	0	0	

<b>1b Sub-total</b> . . . . .									
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>d Total (add lines 1b and 1c)</b> . . . . .									

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) BRENDEN DONNELLY BOARD DIRECTOR	1.00	X						0	0	0
(192) DAVID GILL, MD BOARD DIRECTOR	1.00	X						0	0	0
(193) KATHLEEN GOOD BOARD DIRECTOR	1.00	X						0	0	0
(194) CARY GREENBERG BOARD DIRECTOR	1.00	X						0	0	0
(195) KATHY GRIMES BOARD DIRECTOR	1.00	X						0	0	0
(196) NORMA HOLLAND BOARD DIRECTOR	1.00	X						0	0	0
(197) RAYMOND JACOBI, CPA BOARD DIRECTOR	1.00	X						0	0	0
(198) MILDRED REYNOLDS BOARD DIRECTOR	1.00	X						0	0	0
(199) BILL RYAN BOARD DIRECTOR	1.00	X						0	0	0
(200) TOM SANTOBIANCO BOARD DIRECTOR	1.00	X						0	0	0
(201) JUSTIN VIGDOR, ESQ BOARD DIRECTOR	1.00	X						0	0	0

**1b Sub-total** . . . . . ▶

**c Total from continuation sheets to Part VII, Section A** . . . . . ▶

**d Total (add lines 1b and 1c)** . . . . . ▶

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) LOIS WILLIAMS-NORMAN BOARD DIRECTOR	1.00	X						0	0	0
(203) MILES ZATKOWSKY, ESQ BOARD DIRECTOR	1.00	X						0	0	0
(204) BARBARA TSCHAMLER BOARD PRESIDENT	1.00	X		X				0	0	0
(205) LINDA STEEG, DNP, RN, ANP-BC BOARD VICE PRESIDENT	1.00	X		X				0	0	0
(206) KYLE ROOKEY, CPA BOARD TREASURER	1.00	X		X				0	0	0
(207) PAM PERKINS BOARD SECRETARY	1.00	X		X				0	0	0
(208) ERIC WIEDEMANN BOARD PRESIDENT (JUL14-NOV14)	1.00	X		X				0	0	0
(209) RICHARD GEHRING BOARD VICE PRES (JUL14-NOV14)	1.00	X		X				0	0	0
(210) MICHELLE RAINKA BOARD SECRETARY (JUL14-NOV14)	1.00	X		X				0	0	0
(211) ESTELLE BRICKNER, MSW BOARD DIRECTOR	1.00	X						0	0	0
(212) HORACIO CAPOTE, MD BOARD DIRECTOR	1.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) KRISTEN CRANDALL, LPN BOARD DIRECTOR	1.00	X						0	0	0
(214) CYNTHIA LUDWIG, ESQ BOARD DIRECTOR	1.00	X						0	0	0
(215) LAURIE MENZIES, ESQ BOARD DIRECTOR	1.00	X						0	0	0
(216) JEFF NIXON BOARD DIRECTOR	1.00	X						0	0	0
(217) SHERYL SCHECHTER, LMSW BOARD DIRECTOR	1.00	X						0	0	0
(218) JOSHUA ROGERS, CPA BOARD DIRECTOR	1.00	X						0	0	0
(219) MARK STEVENS BOARD DIRECTOR	1.00	X						0	0	0
(220) DAVID CASCIO, RN BOARD DIRECTOR	1.00	X						0	0	0
(221) COLIN COSTELLO, CPA BOARD DIRECTOR	1.00	X						0	0	0
(222) JOHN DI SCIULLO BOARD DIRECTOR	1.00	X						0	0	0
(223) JUDY HUTSON, MSW BOARD DIRECTOR	1.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) DAVID ZAPFEL BOARD DIRECTOR (JUL14-NOV14)	1.00	X						0	0	0
(225) SUE STIEGER BOARD PRESIDENT	.50	X		X				0	0	0
(226) ELIZABETH KOZENKO BOARD VICE PRESIDENT	.50	X		X				0	0	0
(227) DEBORA GUILLERMO BOARD TREASURER	.50	X		X				0	0	0
(228) JENNIFER LILE BOARD SECRETARY	.50	X		X				0	0	0
(229) MICHELLE HENRY BOARD TRUSTEE	.50	X						0	0	0
(230) LAURA GRONOWSKI BOARD TRUSTEE	.50	X						0	0	0
(231) CARLA SPEARS BOARD TRUSTEE	.50	X						0	0	0
(232) DR. DAN VANDUSSEN BOARD TRUSTEE	.50	X						0	0	0
(233) STEVEN OSGOOD BOARD CHAIR	1.40	X		X				0	0	0
(234) LEWIS BAUM BOARD TREASURER	.70	X		X				0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) MARSHA SPITZ BOARD SECRETARY	.50	X		X				0	0	0
(236) ROBERT BAZZARELLI BOARD DIRECTOR	1.00	X						0	0	0
(237) ANTONY BONAVITA BOARD DIRECTOR	.10	X						0	0	0
(238) CHRISTINE BRANCHE BOARD DIRECTOR	.10	X						0	0	0
(239) PABLO CASTRO, III BOARD DIRECTOR	.10	X						0	0	0
(240) BONNIE DICK BOARD DIRECTOR	.30	X						0	0	0
(241) ROBERT DURHAM BOARD DIRECTOR	.10	X						0	0	0
(242) KEITH FEICKS BOARD DIRECTOR	.50	X						0	0	0
(243) JOHN FOWLER BOARD DIRECTOR	.30	X						0	0	0
(244) RUSSELL GRINDON BOARD DIRECTOR	.60	X						0	0	0
(245) BETSY JOHNSON BOARD DIRECTOR	.40	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) BRUCE LAMB BOARD DIRECTOR	.20	X						0	0	0
(247) LESLIE LEVINE BOARD DIRECTOR	2.40	X						0	0	0
(248) CYNTHIA MOORE-HARDY BOARD DIRECTOR	.30	X						0	0	0
(249) DANIELLE MORRIS BOARD DIRECTOR	.40	X						0	0	0
(250) CHRIS NELSON BOARD DIRECTOR	.20	X						0	0	0
(251) PATRICK PAOLETTA BOARD DIRECTOR	.20	X						0	0	0
(252) KIM PESSES BOARD DIRECTOR	.70	X						0	0	0
(253) ESTHER POTASH BOARD DIRECTOR	.50	X						0	0	0
(254) MARK QUARM BOARD DIRECTOR	.40	X						0	0	0
(255) MARY ANN SHAMIS BOARD DIRECTOR	.50	X						0	0	0
(256) DICK STAGER BOARD DIRECTOR	.40	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) RONALD STANSBURY BOARD DIRECTOR	1.30	X					0	0	0	
(258) CYNTHIA TOMASCH BOARD DIRECTOR	.40	X					0	0	0	
(259) JILL WHELAN BOARD DIRECTOR	.10	X					0	0	0	
(260) ROBERT WHITE BOARD DIRECTOR	.10	X					0	0	0	
(261) JOHN PETRO BOARD PRESIDENT	1.00	X		X			0	0	0	
(262) PATRICK KELLY BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
(263) JEANNY SIMAITIS BOARD SECRETARY	1.00	X		X			0	0	0	
(264) JIM KEIM BOARD TREASURER	1.00	X		X			0	0	0	
(265) JOHN BURKHART, MD BOARD MEMBER	1.00	X					0	0	0	
(266) PETER BURY BOARD MEMBER	1.00	X					0	0	0	
(267) JUDY CHESTER BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268)	SCOTT CLAUNCH BOARD MEMBER	1.00	X						0	0	0
(269)	CAROL DRESKA BOARD MEMBER	1.00	X						0	0	0
(270)	GLORIA GROAT BOARD MEMBER	1.00	X						0	0	0
(271)	JOANIE JOHNSON BOARD MEMBER	1.00	X						0	0	0
(272)	CHRIS JOOS BOARD MEMBER	1.00	X						0	0	0
(273)	RON KELLER BOARD MEMBER	1.00	X						0	0	0
(274)	PAM LIEBERT BOARD MEMBER	1.00	X						0	0	0
(275)	JEFFREY MILKS BOARD MEMBER	1.00	X						0	0	0
(276)	DENISE MIRMAN BOARD MEMBER	1.00	X						0	0	0
(277)	SUE RENINGER BOARD MEMBER	1.00	X						0	0	0
(278)	CHARLIE SMITH BOARD MEMBER	1.00	X						0	0	0

<b>1b Sub-total</b> . . . . .	▶			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) CHUCK WHITE BOARD MEMBER	1.00	X						0	0	0
(280) JOHN WISEMAN BOARD MEMBER	1.00	X						0	0	0
(281) MIKE ZIEG BOARD MEMBER	1.00	X						0	0	0
(282) DAVID DUDON BOARD PRESIDENT	4.00	X		X				0	0	0
(283) JOEL SIEFERT BOARD TREAS & VP FINANCE	2.00	X		X				0	0	0
(284) MIKE EMOFF BOARD SECRETARY	3.00	X		X				0	0	0
(285) VICKIE CARRAHER BOARD VP PUB POL (JUL14-MAR15)	2.00	X						0	0	0
(286) JOE STEWART BOARD VP CHAPTER PROGRAMS	3.00	X						0	0	0
(287) MARK LEVY BOARD VP DEVELOPMENT	2.00	X						0	0	0
(288) WARD ALLEN BOARD MEMBER	2.00	X						0	0	0
(289) LARRY LAWHORNE BOARD MEMBER	2.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) LINDA SMITH BOARD MEMBER	3.00	X					0	0	0	
(291) DENNIS STAUFFER BOARD MEMBER	2.00	X					0	0	0	
(292) JULIA WALLACE BOARD MEMBER	2.00	X					0	0	0	
(293) CHERYL WHEELER BOARD MEMBER	3.00	X					0	0	0	
(294) JUDY WYATT BOARD MEMBER	2.00	X					0	0	0	
(295) MARGE MURPHY BOARD MEMBER (JUL14-MAY15)	2.00	X					0	0	0	
(296) WILLIAM MESSER, PHD BOARD PRESIDENT	2.00	X		X			0	0	0	
(297) BARBARA KOPP MILLER, PHD BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
(298) MATT LANGHAM BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
(299) DAVID KOENIG BOARD TREASURER	2.00	X		X			0	0	0	
(300) ALEX CATCHINGS BOARD SECRETARY	1.00	X		X			0	0	0	

**1b Sub-total** . . . . .

**c Total from continuation sheets to Part VII, Section A** . . . . .

**d Total (add lines 1b and 1c)** . . . . .

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) RICHARD BAKER BOARD MEMBER	.50	X					0	0	0	
(302) FARLEY BANKS BOARD MEMBER	.50	X					0	0	0	
(303) WILLIAM CONLISK BOARD MEMBER	.50	X					0	0	0	
(304) DAVID DIMMER BOARD MEMBER	.50	X					0	0	0	
(305) ERIC GOLUS BOARD MEMBER	.50	X					0	0	0	
(306) J. CRAIG GRIFFIS BOARD MEMBER	.50	X					0	0	0	
(307) RICHARD KENNY BOARD MEMBER	.50	X					0	0	0	
(308) MICHAEL MALONE BOARD MEMBER	.50	X					0	0	0	
(309) REV. TIMOTHY STORMS BOARD MEMBER	.50	X					0	0	0	
(310) DIANE WINGER, MA, OTR/L BOARD MEMBER	.50	X					0	0	0	
(311) EMILY YARK BOARD MEMBER	.50	X					0	0	0	

**1b Sub-total** . . . . . ▶

**c Total from continuation sheets to Part VII, Section A** . . . . . ▶

**d Total (add lines 1b and 1c)** . . . . . ▶

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) JEFF COPE BOARD CHAIR	5.00	X		X				0	0	0
(313) DAVID MURLETTE BOARD VICE CHAIR	4.00	X		X				0	0	0
(314) JIM HOLMAN BOARD TREASURER	4.00	X		X				0	0	0
(315) GREG SHAW BOARD SECRETARY (JUL14-JUN15)	4.00	X		X				0	0	0
(316) GALE BOLLINGER BOARD DIRECTOR	3.00	X						0	0	0
(317) JUSTIN BROWN BOARD DIRECTOR	3.00	X						0	0	0
(318) DENNIS CAMERON BOARD DIRECTOR	3.00	X						0	0	0
(319) ALICE DAHLGREN BOARD DIRECTOR	3.00	X						0	0	0
(320) SUSAN DORNBLASER BOARD DIRECTOR	3.00	X						0	0	0
(321) RICK HADRAVA BOARD DIRECTOR (JUL14-MAY15)	3.00	X						0	0	0
(322) DAVID HUDIBURG BOARD DIRECTOR	3.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) LETITIA JACKSON BOARD DIRECTOR	3.00	X						0	0	0
(324) CHRISTIAN LEIKAM BOARD DIRECTOR	3.00	X						0	0	0
(325) HERB MAGLEY BOARD DIRECTOR	3.00	X						0	0	0
(326) DR. WILLIAM ORR BOARD DIRECTOR	3.00	X						0	0	0
(327) ERIN PETERS BOARD DIRECTOR	3.00	X						0	0	0
(328) DR. CALIN PRODAN BOARD DIRECTOR	3.00	X						0	0	0
(329) JOE RAY BOARD DIRECTOR	3.00	X						0	0	0
(330) DR. CHANDINI SHARMA BOARD DIRECTOR (JUL14-MAR15)	3.00	X						0	0	0
(331) JULIE SLOAN BOARD DIRECTOR (JUL14-MAR15)	3.00	X						0	0	0
(332) ROY SMITH BOARD DIRECTOR	3.00	X						0	0	0
(333) LEE SWARTHOUT BOARD DIRECTOR	3.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) SUSAN WALKER BOARD DIRECTOR	3.00	X						0	0	0
(335) JIM WEBB BOARD DIRECTOR	3.00	X						0	0	0
(336) PAUL WILLIAMS BOARD DIRECTOR	3.00	X						0	0	0
(337) MATT WILSON BOARD DIRECTOR	3.00	X						0	0	0
(338) GREG TIGANI BOARD CHAIR	1.00	X		X				0	0	0
(339) ANDREW HUNT BOARD VICE CHAIR	1.00	X		X				0	0	0
(340) CHRIS GRUBER BOARD VICE CHAIR	1.00	X		X				0	0	0
(341) DOUG CHAET BOARD SECRETARY	1.00	X		X				0	0	0
(342) CHAD DEHART BOARD TREASURER	1.00	X		X				0	0	0
(343) CHRISTOPHER BIEBERBACH BOARD MEMBER	1.00	X						0	0	0
(344) ADEAN BRIDGES BOARD MEMBER	1.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(345) GEORGE CHAMBERLAIN BOARD MEMBER	1.00	X						0	0	0
(346) ANDREA CLEARKIN BOARD MEMBER	1.00	X						0	0	0
(347) CYNTHIA EISEN BOARD MEMBER	1.00	X						0	0	0
(348) STEVE FELDMAN BOARD MEMBER	1.00	X						0	0	0
(349) CAROL LIPPA BOARD MEMBER	1.00	X						0	0	0
(350) KAREN GURSKI BOARD MEMBER	1.00	X						0	0	0
(351) GEORGE HAGER BOARD MEMBER	1.00	X						0	0	0
(352) DEB HAUGH BOARD MEMBER	1.00	X						0	0	0
(353) ILENE WARNER-MARONE BOARD MEMBER	1.00	X						0	0	0
(354) GORDON WASE BOARD MEMBER	1.00	X						0	0	0
(355) CATHY ROSSI BOARD MEMBER	1.00	X						0	0	0

**1b Sub-total** . . . . .

**c Total from continuation sheets to Part VII, Section A** . . . . .

**d Total (add lines 1b and 1c)** . . . . .

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(356) ROBERT MARINO BOARD MEMBER	1.00	X						0	0	0
(357) C. PATRICK MCKOY BOARD MEMBER	1.00	X						0	0	0
(358) VAL NUNNENKAMP BOARD MEMBER	1.00	X						0	0	0
(359) MICHAEL RUSSOMANO BOARD MEMBER	1.00	X						0	0	0
(360) THOMAS SIBSON BOARD MEMBER	1.00	X						0	0	0
(361) JON RUNYAN BOARD MEMBER	1.00	X						0	0	0
(362) CHARLIE WILLIAMS BOARD CHAIR	8.00	X		X				0	0	0
(363) GERALD HUSKAMP BOARD VICE CHAIR	6.00	X		X				0	0	0
(364) SETH ZAMEK BOARD TREASURER	6.00	X		X				0	0	0
(365) DEB LEWIS BOARD SECRETARY	4.00	X		X				0	0	0
(366) JOHN ABSHER BOARD MEMBER	1.00	X						0	0	0

<b>1b Sub-total</b> . . . . .	▶			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(367) JOHN BELISSARY BOARD MEMBER	3.00	X						0	0	0
(368) CHARLES BROWN BOARD MEMBER	3.00	X						0	0	0
(369) CHERYL DYE BOARD MEMBER	3.00	X						0	0	0
(370) LOTTA GRANHOLM BOARD MEMBER	3.00	X						0	0	0
(371) BOB JENNINGS BOARD MEMBER	2.00	X						0	0	0
(372) VAN MATTHEWS BOARD MEMBER	4.00	X						0	0	0
(373) BARBARA MCCAHILL BOARD MEMBER	2.00	X						0	0	0
(374) WALTON MCLEOD BOARD MEMBER	2.00	X						0	0	0
(375) JACOBO MINTZER BOARD MEMBER	3.00	X						0	0	0
(376) STEPHEN MOORE BOARD MEMBER	1.00	X						0	0	0
(377) PAUL OKEN BOARD MEMBER	2.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(378) LUCIEN RICHARDSON BOARD MEMBER	4.00	X					0	0	0	
(379) ELLEN STEINBERG BOARD MEMBER	2.00	X					0	0	0	
(380) DIANA KERWIN, MD BOARD CHAIR	2.00	X		X			0	0	0	
(381) ROBERT TOBEY, PC BOARD VICE CHAIR	2.00	X		X			0	0	0	
(382) ROSLYN THIBODEAUX-GOODALL BOARD SECRETARY	2.00	X		X			0	0	0	
(383) LYNN PRUDE BOARD TREASURER	2.00	X		X			0	0	0	
(384) PAUL MAJORS, CPA BOARD MEMBER	1.00	X					0	0	0	
(385) DAVID DEALY BOARD MEMBER	1.00	X					0	0	0	
(386) ANNE STARK, PC BOARD MEMBER	1.00	X					0	0	0	
(387) MARY QUICENO, MD BOARD MEMBER	1.00	X					0	0	0	
(388) KATHY CLEMENTS BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(389) MOLLY MIDDLETON-MEYER BOARD MEMBER	1.00	X						0	0	0
(390) TARA ARANCIBIA BOARD MEMBER	1.00	X						0	0	0
(391) MICHAEL COHEN BOARD MEMBER	1.00	X						0	0	0
(392) ROBERT KIDDER BOARD MEMBER	1.00	X						0	0	0
(393) JULES RUSHING BOARD MEMBER	1.00	X						0	0	0
(394) STEPHEN WOODFIN BOARD MEMBER	1.00	X						0	0	0
(395) CAROL MANNING, PHD BOARD CHAIR	1.00	X		X				0	0	0
(396) ROGER BOLES BOARD VICE CHAIR (JUL14-JUN15)	1.00	X		X				0	0	0
(397) MONIQUE SHOLES, MA, LHNA BOARD SECRETARY & VICE CHAIR	1.00	X		X				0	0	0
(398) BRIAN PHELPS BOARD TREASURER	1.00	X		X				0	0	0
(399) E. RAY DINSTEL BOARD DIRECTOR	1.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(400) JEFFREY ULMER, CPA BOARD DIRECTOR	1.00	X						0	0	0
(401) VINCENT CIBBARELLI, PHD BOARD DIRECTOR	1.00	X						0	0	0
(402) LEON HILL BOARD DIRECTOR	1.00	X						0	0	0
(403) BARRY MOORE, PHD BOARD DIRECTOR	1.00	X						0	0	0
(404) DELORES OVERSTREET BOARD DIRECTOR	1.00	X						0	0	0
(405) MARGIE SHAVER BOARD DIRECTOR	1.00	X						0	0	0
(406) MATTHEW SUNDERLIN BOARD DIRECTOR	1.00	X						0	0	0
(407) LISA TILLEY, CPA BOARD DIRECTOR	1.00	X						0	0	0
(408) DAVID STEPHENS BOARD CHAIR	6.00	X		X				0	0	0
(409) MARION BACKUS BOARD VICE CHAIR	8.00	X		X				0	0	0
(410) GLENN JENNER BOARD TREASURER	2.00	X		X				0	0	0
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(411) SHANNON KANE BOARD SECRETARY	1.00	X		X				0	0	0
(412) JAMIE ALBANO BOARD DIRECTOR	1.00	X						0	0	0
(413) SCOTT ALPERIN BOARD DIRECTOR	1.00	X						0	0	0
(414) LISA DECOSTE BOARD DIRECTOR	2.00	X						0	0	0
(415) LINDA DYER BOARD DIRECTOR	2.00	X						0	0	0
(416) KIMBERLEY GREEN BOARD DIRECTOR	1.00	X						0	0	0
(417) LEE JAMERSON BOARD DIRECTOR	2.00	X						0	0	0
(418) KATRINA PARKER BOARD DIRECTOR	2.00	X						0	0	0
(419) HEATHER PASKO BOARD DIRECTOR	1.00	X						0	0	0
(420) KELLEY PEARSON BOARD DIRECTOR	1.00	X						0	0	0
(421) RANDY THOMPSON BOARD DIRECTOR	2.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(422) JORDAN SMYTH, JR BOARD CHAIR	2.00	X		X				0	0	0
(423) ERIC STEINMILLER BOARD VICE CHAIR	2.00	X		X				0	0	0
(424) JODI LYONS BOARD SECRETARY, DIRECTOR	2.00	X		X				0	0	0
(425) JULIE PANGELINAN BOARD FINANCE CHAIR	2.00	X						0	0	0
(426) MICHAEL HERRINTON BOARD AUDIT CHAIR, DIRECTOR	2.00	X						0	0	0
(427) JEAN MARTIN BOARD DIRECTOR	2.00	X						0	0	0
(428) MARK BIERBOWER BOARD DIRECTOR	2.00	X						0	0	0
(429) TOM WIITHMAN BOARD DIRECTOR	2.00	X						0	0	0
(430) TIMOTHY BELANGER BOARD DIRECTOR	2.00	X						0	0	0
(431) SUSAN KELLER PASCOCELLO BOARD DIRECTOR	2.00	X						0	0	0
(432) VENESSA FORSYTHE BOARD DIRECTOR	2.00	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 22

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(433) GREG WHITE BOARD DIRECTOR	2.00	X						0	0	0
(434) PETER ABRAHAMS BOARD DIRECTOR	2.00	X						0	0	0
(435) ALEX BOURELLY BOARD DIRECTOR	2.00	X						0	0	0
(436) LAINIE BUXTON MULLER BOARD DIRECTOR	2.00	X						0	0	0
(437) HARRY KLAFF BOARD DIRECTOR	2.00	X						0	0	0
(438) BRAD ROSE BOARD DIRECTOR	2.00	X						0	0	0
(439) FLOYD "SKIP" DAVIS, III BOARD DIRECTOR	2.00	X						0	0	0
(440) ANDREA YOAK BOARD PRESIDENT	3.00	X		X				0	0	0
(441) EUGENE JOHNSON BOARD TREASURER	2.00	X		X				0	0	0
(442) BRENDA MITCHELL BOARD SECRETARY	1.00	X		X				0	0	0
(443) HATTIE BARLEY BOARD MEMBER	1.00	X						0	0	0
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(444) DIANA BRIGHT BOARD MEMBER	1.00	X					0	0	0	
(445) NORA CROUCH BOARD MEMBER	1.00	X					0	0	0	
(446) KATIE HAMANN BOARD MEMBER	1.00	X					0	0	0	
(447) MATT HARPER BOARD MEMBER	1.00	X					0	0	0	
(448) JEAN LINNENBRINGER BOARD MEMBER	1.00	X					0	0	0	
(449) FRANK MCCARTHY BOARD MEMBER	2.00	X					0	0	0	
(450) JAMES ASA SHIELD, JR, MD BOARD MEMBER	1.00	X					0	0	0	
(451) MYRA SMITH BOARD MEMBER	1.00	X					0	0	0	
(452) CHRISTY WALSH-SMITH BOARD MEMBER	1.00	X					0	0	0	
(453) FRANCES ZEHMER BOARD MEMBER	1.00	X					0	0	0	
(454) TERESA MILLER BOARD PRESIDENT	2.00	X	X				0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(455) WALLACE SUTTLE BOARD 1ST VICE PRESIDENT	1.00	X		X				0	0	0
(456) LAURA BOONE BOARD 2ND VICE PRESIDENT	1.00	X		X				0	0	0
(457) DAVID HIGGINS BOARD SECRETARY	1.00	X		X				0	0	0
(458) BARRY DOBSON BOARD TREASURER	1.00	X		X				0	0	0
(459) EDWARD MARTIN BOARD ASSEMBLY DELEGATE	.50	X						0	0	0
(460) CHAD BROADWATER BOARD DIRECTOR	.50	X						0	0	0
(461) DEBORAH CURRY BOARD DIRECTOR	.50	X						0	0	0
(462) MARK DAVIS BOARD DIRECTOR	.50	X						0	0	0
(463) NANCY DODSON BOARD DIRECTOR	.50	X						0	0	0
(464) SONIA GIBSON BOARD DIRECTOR	.50	X						0	0	0
(465) ROBERTA GREEN BOARD DIRECTOR	.50	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(466) ANGELA VANCE BOARD DIRECTOR	.50	X					0	0	0	
(467) SANDRA VANIN BOARD DIRECTOR	.50	X					0	0	0	
(468) JERRY WALKER BOARD DIRECTOR	.50	X					0	0	0	
(469) RANDALL WRIGHT BOARD DIRECTOR	.50	X					0	0	0	
(470) ANNETTE ZAVAREEI BOARD DIRECTOR	.50	X					0	0	0	
(471) MARK STENZEL BOARD PRESIDENT	1.00	X		X			0	0	0	
(472) BRIAN HENNING BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
(473) SUE COLEGROVE BOARD SECRETARY	1.00	X		X			0	0	0	
(474) DAVID SCHULZ BOARD TREASURER	1.00	X		X			0	0	0	
(475) ANNE KIRSCHLING BOARD DIRECTOR	1.00	X					0	0	0	
(476) RICHARD LONDON, MD BOARD DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(477) ANNE DORN BOARD DIRECTOR	1.00	X						0	0	0
(478) JAMES MADLON BOARD DIRECTOR	1.00	X						0	0	0
(479) ELLEN DIZARD BOARD DIRECTOR	1.00	X						0	0	0
(480) MARIA MONREAL-CAMERON BOARD DIRECTOR	1.00	X						0	0	0
(481) REBECCA EMMONS BOARD DIRECTOR	1.00	X						0	0	0
(482) KATHY PERTL BOARD DIRECTOR	1.00	X						0	0	0
(483) GINA GREEN-HARRIS BOARD DIRECTOR	1.00	X						0	0	0
(484) CAROL WESSELS BOARD DIRECTOR	1.00	X						0	0	0
(485) MARSHALL BELAGA BOARD PRESIDENT	2.00	X		X				0	0	0
(486) CELIA MANLEY BOARD VICE PRESIDENT	2.00	X		X				0	0	0
(487) SUSAN GRAVES BOARD TREASURER	2.00	X		X				0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(488) PAMALA WILSON BOARD SECRETARY	2.00	X		X				0	0	0
(489) JANICE KNIGHT BOARD ASSISTANT SECRETARY	1.00	X		X				0	0	0
(490) JANET BUTTS BOARD DIRECTOR	2.00	X						0	0	0
(491) NIKKI BEVON BOARD DIRECTOR	2.00	X						0	0	0
(492) CYNTHIA LUTHER BOARD DIRECTOR	2.00	X						0	0	0
(493) GAIL HARGROVE MARSHALL BROWN BOARD DIRECTOR	2.00	X						0	0	0
(494) WILLIAM MEEKS BOARD DIRECTOR	2.00	X						0	0	0
(495) MELANIE FORTENBERRY BOARD DIRECTOR	2.00	X						0	0	0
(496) CLAYTON BULLOCK BOARD DIRECTOR	2.00	X						0	0	0
(497) SHAUN STAUFFER BOARD CHAIR	1.00	X		X				0	0	0
(498) CONNIE LATTA BOARD VICE CHAIR	1.00	X		X				0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(499) JONATHON HAWKINS BOARD TREASURER	1.00	X		X				0	0	0
(500) FAYE WEAVER BOARD SECRETARY	1.00	X		X				0	0	0
(501) BRUCE DUNCAN BOARD PAST CHAIR	1.00	X		X				0	0	0
(502) ROBERT HENDRICK BOARD MEMBER	1.00	X						0	0	0
(503) PATRICIA OLENICK BOARD MEMBER	1.00	X						0	0	0
(504) MARK MCCARTER BOARD MEMBER	1.00	X						0	0	0
(505) SHERRI JONES BOARD MEMBER	1.00	X						0	0	0
(506) ANGEL DURR BOARD MEMBER	1.00	X						0	0	0
(507) ELIZABETH MASIC BOARD MEMBER	1.00	X						0	0	0
(508) LARRY COMBS BOARD MEMBER	1.00	X						0	0	0
(509) RAY GUZMAN BOARD MEMBER	1.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(510) LUCY ROMOLI BOARD VICE PRESIDENT	1.30	X		X			0	0	0
(511) WILLIAM FISHER CEO	40.00			X			255,237.	0	36,062.
(512) JAN WILLIAMS FINANCE DIRECTOR	40.00			X			100,022.	0	8,909.
(513) LINDA MITCHELL PRESIDENT & CEO	50.00			X			166,231.	0	4,792.
(514) KEITH SWANSON VP, FINANCE	40.00			X			107,672.	0	13,730.
(515) ELEONORA TORNATORE-MIKESH PRESIDENT	45.00			X			153,877.	0	7,194.
(516) JAMES VUMBACO CFO	45.00			X			92,022.	0	16,107.
(517) CAROL MAY CEO	40.00			X			92,745.	0	6,379.
(518) GRACE GRANT-BROWN COO	40.00			X			95,989.	0	7,637.
(519) KATHRYN REDINGTON CEO	40.00			X			93,128.	0	5,528.
(520) JESSICA FEAZELL FINANCE & OPERATIONS DIRECTOR	40.00			X			62,118.	0	5,528.
<b>1b Sub-total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(521) NIKKI VULGARIS-RODRIGUEZ EXECUTIVE DIRECTOR	40.00			X			86,001.	0	1,945.	
(522) HEATHER HERSHBERGER EXECUTIVE DIRECTOR	40.00			X			159,795.	0	26,318.	
(523) WANDA LEW FINANCE & OPERATIONS DIRECTOR	40.00			X			111,383.	0	3,802.	
(524) MARSHA HILLS EXECUTIVE DIRECTOR	40.00			X			60,500.	0	0	
(525) DYANA SCHAEFER FINANCE DIRECTOR	40.00			X			46,554.	0	0	
(526) LAURIE TRENHOLM EXECUTIVE DIRECTOR	40.00			X			90,589.	0	5,785.	
(527) DEBRA BROOK EXECUTIVE DIRECTOR	50.00			X			135,522.	0	9,131.	
(528) JANET HORN FINANCE & OPERATIONS DIRECTOR	50.00			X			67,653.	0	9,131.	
(529) GARY GIRON EXEC DIRECTOR (JAN15-JUN15)	40.00			X			0	0	0	
(530) GEORGE MILES FINANCE DIRECTOR (JUL14-MAY15)	32.00			X			50,002.	0	1,659.	
(531) KATHLEEN SUE BRANSON FINANCE DIRECTOR (MAY15-JUN15)	40.00			X			0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(532) ELAINE SPROAT PRESIDENT & CEO	35.00			X			99,436.	0	7,402.	
(533) JENNIFER SCHEUERMANN VP, FINANCE & OPERATIONS	35.00			X			72,086.	0	6,696.	
(534) TERESA GALBIER PRESIDENT & CEO	40.00			X			74,316.	0	4,000.	
(535) HANNELORE STEVENS CONTROLLER	40.00			X			61,209.	0	6,736.	
(536) LEILANI PELLETIER, MB EXECUTIVE DIRECTOR	40.00			X			72,020.	0	6,610.	
(537) COLLEEN WENZEL FINANCE DIRECTOR	40.00			X			48,121.	0	6,330.	
(538) PAMELA SCHUELLERMAN EXECUTIVE DIRECTOR	40.00			X			98,123.	0	4,781.	
(539) JOAN SILLASEN FINANCE DIRECTOR	40.00			X			58,515.	0	9,159.	
(540) NANCY UDELSON PRESIDENT & CEO	45.00			X			115,216.	0	13,801.	
(541) CHRIS CHELINE VP, FINANCE & HUMAN RESOURCES	45.00			X			68,327.	0	11,388.	
(542) VINCE MCGRAIL EXECUTIVE DIRECTOR	40.00			X			63,468.	0	6,960.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(543) NANETTE MANN ARRIAGA FINANCE DIRECTOR	40.00			X			72,422.	0	0	
(544) ERIC VANVLYMEN EXECUTIVE DIRECTOR	37.50			X			77,808.	0	12,975.	
(545) JUDITH FOWLER FINANCE DIRECTOR (JUL14-MAR15)	37.50			X			73,419.	0	8,167.	
(546) SALLI BOLLIN EXECUTIVE DIRECTOR	50.00			X			79,658.	0	19,363.	
(547) MARK FRIED PRESIDENT & CEO	45.00			X			115,566.	0	3,374.	
(548) KATE SCRUGGS FINANCE DIRECTOR	45.00			X			49,336.	0	5,181.	
(549) WENDY CAMPBELL PRESIDENT & CEO	37.50			X			150,611.	0	18,238.	
(550) REGINA BRADSON VP, FINANCE & OPERATIONS	37.50			X			79,696.	0	12,429.	
(551) CYNTHIA ALEWINE PRESIDENT & CEO	50.00			X			102,146.	0	8,992.	
(552) BECKY PRINCE PRESIDENT & CEO	50.00			X			143,679.	0	8,116.	
(553) STEVE KROLL FINANCE DIRECTOR	50.00			X			67,347.	0	10,977.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(554) SUE FRIEDMAN PRESIDENT & CEO	40.00			X			87,322.	0	2,548.	
(555) GINO COLOMBARA PRESIDENT & CEO	40.00			X			67,813.	0	8,099.	
(556) PATRICIA LACEY COO	40.00			X			52,493.	0	7,047.	
(557) SUSAN KUDLA FINN PRESIDENT & CEO	40.00			X			230,646.	0	26,401.	
(558) BEN KORDESTANI SVP & CFO	40.00			X			138,741.	0	20,389.	
(559) SHARON PETERSON CEO	40.00			X			94,245.	0	2,470.	
(560) KEVIN NORTHROP FINANCE DIRECTOR	40.00			X			72,605.	0	2,112.	
(561) LAUREL KIRKSEY EXECUTIVE DIRECTOR	40.00			X			60,712.	0	4,485.	
(562) NAQMI BAYS FIN & OPS DIR (APR15-JUN15)	20.00			X			0	0	0	
(563) THOMAS HLAVACEK EXECUTIVE DIRECTOR	40.00			X			108,461.	0	8,821.	
(564) CHRISTINA PACKARD FINANCE & HR DIRECTOR	40.00			X			72,817.	0	7,728.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 22

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(565) MARY PATTY DUNN EXECUTIVE DIRECTOR	40.00			X			62,878.	0	6,180.	
(566) JIM WARD PRESIDENT & CEO	37.50			X			110,000.	0	0	
(567) ELIZABETH EDGERLY CHIEF PROGRAM OFFICER	40.00				X		120,293.	0	13,963.	
(568) DAGMAR SCHILDWACH CHIEF DEVELOPMENT OFFICER	40.00				X		117,984.	0	17,742.	
(569) THERESA SULLIVAN FIELD OPERATIONS DIRECTOR	40.00				X		111,515.	0	14,931.	
(570) ROBYN MOORE CHIEF DEVELOPMENT OFFICER	40.00				X		115,843.	0	8,179.	
(571) ELLIOTT GASKINS VP, DEVELOPMENT	40.00				X		125,577.	0	12,460.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b> 1,684,765.				
	<b>b</b> Membership dues . . . . .	<b>1 b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1 c</b> 6,352,068.				
	<b>d</b> Related organizations . . . . .	<b>1 d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1 e</b> 5,344,313.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . .	<b>1 f</b> 48,720,447.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	299,537.				
	<b>h Total.</b> Add lines 1a-1f . . . . .	▶ 62,101,593.				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b> CONSUMER EDUCATION . . . . .	624100	1,946,897.	1,946,897.	0.	
	<b>b</b> RESPITE PROGRAMS . . . . .	624100	715,712.	715,712.	0.	
	<b>c</b> INFORMATION/REFERRAL . . . . .	624100	175,428.	175,428.	0.	
	<b>d</b> EARLY STAGE PROGRAMMING . . . . .	624100	122,663.	122,663.	0.	
	<b>e</b> CARE CONSULTATION . . . . .	624100	104,663.	104,663.	0.	
	<b>f</b> All other program service revenue . . .		475,816.	475,816.	0.	
<b>g Total.</b> Add lines 2a-2f . . . . .	▶ 3,541,179.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .	▶ 1,192,566.	0.	0.	1,192,566.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . .	▶				
	<b>5</b> Royalties . . . . .	▶ 15,461.	0.	0.	15,461.	
	<b>6 a</b> Gross rents . . . . .	(i) Real	44,336.			
		(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .	44,336.			
		<b>c</b> Rental income or (loss) . . . . .	0.			
	<b>d</b> Net rental income or (loss) . . . . .	▶ 0.	0.	0.	0.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	8,911,889.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	7,287,535.	4,471.		
		<b>c</b> Gain or (loss) . . . . .	1,624,354.	-4,471.		
<b>d</b> Net gain or (loss) . . . . .	▶ 1,619,883.	0.	0.	1,619,883.		
<b>8 a</b> Gross income from fundraising events (not including . . \$ 6,352,068 . . of contributions reported on line 1c). See Part IV, line 18. . . . .	<b>a</b> 1,177,766.					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b> 1,814,342.				
	<b>c</b> Net income or (loss) from fundraising events . . . . .	▶ -636,576.		0.	-636,576.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b> 90,331.					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b> 30,340.				
	<b>c</b> Net income or (loss) from gaming activities . . . . .	▶ 59,991.	0.	0.	59,991.	
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 63,800.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b> 24,087.				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .	▶ 39,713.	10,119.	0.	29,594.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> AFFILIATE REVENUE . . . . .	900099	371,776.	310,799.	0.	60,977.	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue . . . . .		53,618.	0.	53,618.	
	<b>e Total.</b> Add lines 11a-11d . . . . .	▶ 425,394.				
<b>12 Total revenue.</b> See instructions . . . . .	▶ 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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	124,291.	124,291.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	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) . . . . .	641,165.	495,715.	47,538.	97,912.
9 Other employee benefits . . . . .	3,380,979.	2,702,278.	226,829.	451,872.
10 Payroll taxes . . . . .	2,588,454.	2,008,562.	230,305.	349,587.
11 Fees for services (non-employees):				
a Management . . . . .	401,745.	301,833.	44,148.	55,764.
b Legal . . . . .	52,696.	27,580.	16,265.	8,851.
c Accounting . . . . .	696,267.	315,610.	319,584.	61,073.
d Lobbying . . . . .	49,999.	49,999.	0.	0.
e Professional fundraising services. See Part IV, line 17 . . . . .				
f Investment management fees . . . . .	197,084.	79,095.	96,434.	21,555.
g 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.	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.)				
a PLEDGE WRITE-OFF . . . . .	224,223.	76,747.	117,122.	30,354.
b BAD DEBT . . . . .	14,346.	14,346.	0.	0.
c . . . . .				
d . . . . .				
e All other expenses . . . . .	424,337.	308,492.	42,152.	73,693.
25 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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	1,449,644.	797,250.	3,766.	648,628.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash — non-interest-bearing . . . . .	12,306,436.	1	13,376,111.
	2	Savings and temporary cash investments . . . . .	7,910,321.	2	8,226,651.
	3	Pledges and grants receivable, net . . . . .	4,491,457.	3	5,328,707.
	4	Accounts receivable, net . . . . .	6,056,593.	4	7,347,307.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .	53,995.	8	36,621.
	9	Prepaid expenses and deferred charges . . . . .	876,870.	9	981,867.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 7,197,890.		
	b	Less: accumulated depreciation . . . . .	10b 4,394,779.		
	11	Investments — publicly traded securities . . . . .	2,818,576.	10c	2,803,111.
	12	Investments — other securities. See Part IV, line 11 . . . . .	33,909,140.	11	33,632,562.
	13	Investments — program-related. See Part IV, line 11 . . . . .		12	
	14	Intangible assets . . . . .		13	
	15	Other assets. See Part IV, line 11 . . . . .	4,165,358.	14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	72,588,746.	15	3,120,696.	
17	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	72,588,746.	16	74,853,633.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	9,028,183.	17	7,923,571.
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .	466,463.	19	819,716.
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	25,000.	24	25,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	306,777.	25	364,525.
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	9,826,423.	26	9,132,812.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets . . . . .	46,954,004.	27	47,445,972.
	28	Temporarily restricted net assets . . . . .	12,589,074.	28	14,994,981.
	29	Permanently restricted net assets . . . . .	3,219,245.	29	3,279,868.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances.</b> . . . . .	62,762,323.	33	65,720,821.	
34	<b>Total liabilities and net assets/fund balances.</b> . . . . .	72,588,746.	34	74,853,633.	

BAA

Form 990 (2014)



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,359,204.
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,306,902.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,052,302.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,762,323.
5	Net unrealized gains (losses) on investments	5	-1,918,206.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-50.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,175,548.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	65,720,821.

**Part XII Financial Statements and Reporting**

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

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

BAA

Form 990 (2014)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization <b>ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION</b>	Employer identification number <b>36-3463656</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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 . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						276,497,152.

**Section B. Total Support**

Calendar year (or fiscal year beginning 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.	1,142,038.	1,657,927.	1,431,626.	7,762,549.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						289,507,595.
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	17,769,989.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	95.51 %
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	95.30 %
16a <b>33-1/3% support test – 2014.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3% support test – 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11 and 12.)						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33-1/3% support tests – 2014.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33-1/3% support tests – 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV 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.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain . . . . .		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2) . . . . .		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below . . . . .		
<b>b</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 <b>Part VI</b> when and how the organization made the determination . . . . .		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use . . . . .		
<b>4a</b> 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 . . . . .		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations . . . . .		
<b>c</b> 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 <b>Part VI</b> 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 . . . . .		
<b>5a</b> 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 <b>Part VI</b> , 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) . . . . .		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document? . . . . .		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? . . . . .		
<b>6</b> 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 <b>Part VI</b> . . . . .		
<b>7</b> 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) . . . . .		
<b>8</b> 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). . . . .		
<b>9a</b> 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 <b>Part VI</b> . . . . .		
<b>b</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 <b>Part VI</b> . . . . .		
<b>c</b> 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 <b>Part VI</b> . . . . .		
<b>10a</b> 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 . . . . .		
<b>b</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.) . . . . .		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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? . . . . .	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above? . . . . .	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI</i> . . . . .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If 'No,' describe in 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, applied to such powers during the tax year</i> . . . . .	<b>1</b>	
<b>2</b> 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? <i>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 supporting organization</i> . . . . .	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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)</i> . . . . .	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? . . . . .	<b>1</b>	
<b>2</b> 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i> . . . . .	<b>2</b>	
<b>3</b> 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard</i> . . . . .	<b>3</b>	

**Section 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):
- a** The organization satisfied the Activities Test. Complete line 2 below.
  - b** 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 instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> 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? <i>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 substantially all of its activities</i> . . . . .	<b>2a</b>	
<b>b</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? <i>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</i> . . . . .	<b>2b</b>	

**3** Parent of Supported Organizations. Answer (a) and (b) below.

<b>a</b> 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> . . . . .	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard</i> . . . . .	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) . . . . .	8	

Section 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):		
a	Average monthly value of securities . . . . .	1 a	
b	Average monthly cash balances . . . . .	1 b	
c	Fair market value of other non-exempt-use assets . . . . .	1 c	
d	<b>Total</b> (add lines 1a, 1b, and 1c). . . . .	1 d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets . . . . .	2	
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	
6	Multiply line 5 by .035. . . . .	6	
7	Recoveries of prior-year distributions . . . . .	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6) . . . . .	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) . . . . .	6	

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

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes . . . . .	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity . . . . .	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations . . . . .	
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 <b>Total annual distributions.</b> Add lines 1 through 6 . . . . .	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. . . . .	
9 Distributable amount for 2014 from Section C, line 6 . . . . .	
10 Line 8 amount divided by Line 9 amount . . . . .	

Section 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 . . . . .			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) . . . . .			
3 Excess distributions carryover, if any, to 2014:			
a . . . . .			
b . . . . .			
c . . . . .			
d . . . . .			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e . . . . .			
g Applied to underdistributions of prior years . . . . .			
h Applied to 2014 distributable amount . . . . .			
i Carryover from 2009 not applied (see instructions) . . . . .			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f . . . . .			
4 Distributions for 2014 from Section D, line 7: \$ . . . . .			
a Applied to underdistributions of prior years . . . . .			
b Applied to 2014 distributable amount . . . . .			
c Remainder. Subtract lines 4a and 4b from 4 . . . . .			
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 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c . . . . .			
8 Breakdown of line 7:			
a . . . . .			
b . . . . .			
c . . . . .			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

BAA



**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 of Contributors

2014

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

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 37,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 31,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 96,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 63,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 47,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 197,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 72,299.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ ----- 142,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ ----- 60,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ ----- 128,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ ----- 112,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ ----- 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 209,921.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 11,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 76,112.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 116,144.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 36,945.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 27,732.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ ----- 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ ----- 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ ----- 51,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ ----- 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ ----- 93,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ ----- 48,194.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 19,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ 248,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ 30,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 422,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 155,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 101,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 30,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 207,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	   	\$ 21,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	   	\$ 155,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	   	\$ 44,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	   	\$ 76,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	   	\$ 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	   	\$ 330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	  	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	  	\$ 72,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	  	\$ 126,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	  	\$ 107,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	  	\$ 36,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	  	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ ----- 75,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	----- ----- -----	\$ ----- 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	----- ----- -----	\$ ----- 76,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	----- ----- -----	\$ ----- 52,129.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	----- ----- -----	\$ ----- 40,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	----- ----- -----	\$ ----- 119,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	   	\$ ----- 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	   	\$ ----- 41,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	   	\$ ----- 61,888.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	   	\$ ----- 135,241.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	   	\$ ----- 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	   	\$ ----- 12,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 69,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 21,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 426,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 28,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 102,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 789,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 93,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 91,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 743,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 472,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 26,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	----- ----- -----	\$ ----- 228,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	----- ----- -----	\$ ----- 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	----- ----- -----	\$ ----- 1,021,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	----- ----- -----	\$ ----- 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 122,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 592,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 276,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 60,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 68,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 75,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 32,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 110,368.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 51,529.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 56,224.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
63	STOCK ----- ----- -----	\$ 61,888.	VAR
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2014**

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 its Instructions**  
**is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

- 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .
- b Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .
- c Total lobbying expenditures (add lines 1a and 1b) . . . . .
- d Other exempt purpose expenditures . . . . .
- e Total exempt purpose expenditures (add lines 1c and 1d) . . . . .
- f Lobbying nontaxable amount. Enter the amount from the following table in both columns . . . . .

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 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 expenditures . . . . .					
d Grassroots nontaxable amount . . . . .					
e Grassroots ceiling amount (150% of line 2d, column (e)) . . . . .					
f Grassroots lobbying expenditures . . . . .					

BAA

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

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		32,252.
e Publications, or published or broadcast statements?	X		781.
f Grants to other organizations for lobbying purposes?	X		8,765.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		279,905.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		131,647.
i Other activities?	X		6,792.
j Total. Add lines 1c through 1i.			460,142.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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.

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

**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

**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.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
a Total number of conservation easements . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	9,188,539.	7,669,322.	6,849,215.	6,514,093.	5,674,724.
b Contributions	94,118.	811,762.	661,423.	652,144.	299,288.
c Net investment earnings, gains, and losses	219,725.	1,011,282.	574,411.	138,431.	809,688.
d Grants or scholarships	20,000.	623.	589.	0.	554.
e Other expenditures for facilities and programs	220,525.	253,178.	368,792.	425,675.	254,388.
f Administrative expenses	61,708.	50,026.	46,346.	29,778.	14,665.
g End of year balance	9,200,149.	9,188,539.	7,669,322.	6,849,215.	6,514,093.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	6,000.	38,501.		44,501.
b Buildings		1,286,282.	201,225.	1,085,057.
c Leasehold improvements		1,236,218.	613,830.	622,388.
d Equipment		4,073,490.	3,224,171.	849,319.
e Other		557,399.	355,553.	201,846.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,803,111.

BAA

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.) . . . ▶	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	217,324.
(3) DEFERRED COMPENSATION	68,422.
(4) CAPITAL LEASE	38,743.
(5) GIFT ANNUITIES	21,446.
(6) DEFERRED GRANT REVENUE	18,590.
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	364,525.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

PT V, LINE 4

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.

**Part XIII** Supplemental Information *(continued)*

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



**Part XIII** Supplemental Information (continued)

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 POSITIONS.

Pt X, Line 2

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> 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  No

**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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA (S) (event type)	GOLF TOURNAMENT (S) (event type)	15 (total number)	(add column (a) through column (c))	
1	Gross receipts . . . . .	4,799,312.	941,596.	1,788,926.	7,529,834.	
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.	
DIRECT EXPENSES	4	Cash prizes . . . . .	1,595.	1,300.	2,895.	
	5	Noncash prizes . . . . .	762.	1,362.	2,124.	
	6	Rent/facility costs . . . . .	239,124.	90,039.	53,066.	382,229.
	7	Food and beverages . . . . .	353,952.	60,562.	208,792.	623,306.
	8	Entertainment . . . . .	81,431.	0.	44,927.	126,358.
	9	Other direct expenses . . . . .	441,089.	117,795.	118,546.	677,430.
10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				1,814,342.	
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-636,576.	

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
1	Gross revenue . . . . .			90,331.	90,331.
DIRECT EXPENSES	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .		29,365.	29,365.
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .		975.	975.
	6	Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	X Yes _____ % No _____ %
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				30,340.
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				59,991.

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

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

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

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

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ SEE PART IV SUPPLEMENTARY SCHEDULE

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ SEE PART IV SUPPLEMENTARY SCHEDULE

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer  Employee  Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 7,704.

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

PART III, LINE 6  
 VOLUNTEER LABOR  
 CLEVELAND AREA 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 CHAPTERS ARE NOT MEMBERSHIP ORGANIZATIONS AS DESCRIBED BY THE IRS. THE CHAPTERS, THEREFORE, DO NOT CONSIDER ITS DONORS MEMBERS. THEREFORE, THE CHAPTER

**Continuation of  
Part IV – Supplemental Information**

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)

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2014**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION**  
**Part I General Information on Grants and Assistance**

Employer identification number: 36-3463656

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL17 CHICAGO IL 60601	13-3039601	501 (C) 3	15,000.				RESEARCH
(2) UNIV. OF ROCHESTER 601 ELMWOOD AVENUE ROCHESTER NY 14642	16-0743209	501 (C) 3	15,000.				RESEARCH
(3) CHARLESTON PARKINSONS 222 CAPITOL ST. STE. 400 CHARLESTON WV 25301	47-2339983	501 (C) 3	13,869.				SUPPORT GROUPS
(4) WV STATE HEALTH DEPT 350 CAPITOL STREET, RM1.65 CHARLESTON WV 25301	55-6000810	GOVT	12,000.				WV BRSS SURVEY
(5) SENIOR SOURCE 3910 HARRY HINES BLVD DALLAS TX 75219	75-1085555	501 (C) 3	8,898.				RESPIRE
(6) SUNCREST UNITED METHODIST 479 VAN VOORHIS ROAD MORGANTOWN WV 26505	55-0393632	501 (C) 3	5,252.				RESPIRE
(7) _____							
(8) _____							
(9) _____							

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

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3901 05/19/14 Schedule I (Form 990) (2014)

**Part III** 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RESPITE - VARIOUS	1,641	750,938.			
2 SAFE RETURN/CAREGIVER PROGRAM	542	145,317.			
3 SCHOLARSHIPS/CONFERENCES	33	41,964.			
4					
5					
6					
7					

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

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

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

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

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

**Continuation of  
Part IV - Supplemental Information**

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

**GREATER INDIANA CHAPTER -**

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

**CENTRAL AND WESTERN KANSAS CHAPTER -**

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

**MAINE CHAPTER -**

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

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



**Continuation of  
Part IV — Supplemental Information**

NEW MEXICO CHAPTER -  
EACH GRANT AND CORRESPONDING BUDGET THAT EXCEEDED FIFTY THOUSAND DOLLARS (\$50,000) WAS APPROVED BY THE BOARD OF DIRECTORS. THE FINANCE DIRECTOR AND THE EXECUTIVE DIRECTOR REGULARLY EVALUATED THE ASSOCIATION'S PROGRESS IN MEETING THE REQUIREMENT OF THE GRANTS AND ASSURED TIMELY SUBMISSION OF PERIODIC BILLINGS TO THE GRANTOR AGENCY. REVENUES AND EXPENDITURES UTILIZED THE ASSOCIATION'S CHART OF ACCOUNTS THAT WAS STRUCTURED IN A MANNER THAT PROVIDED ACCURATE AND COMPLETE INFORMATION ABOUT ALL FINANCIAL TRANSACTIONS RELATED TO EACH GRANT PROJECT. GRANT EXPENDITURE RECORDS WERE DETAILED ENOUGH TO BE ALLOCATED TO THE COST CATEGORIES INDICATED IN THE APPROVED BUDGET (INCLUDING INDIRECT COSTS THAT WERE CHARGED TO THE PROJECT). ACTUAL EXPENDITURES WERE COMPARED WITH BUDGETED AMOUNTS, BY THE FINANCE DIRECTOR. ACCOUNTING RECORDS WERE MAINTAINED ON A CURRENT BASIS AND BALANCED MONTHLY. COSTS WERE INCURRED ONLY DURING THE GRANT PERIOD AND ALL OBLIGATIONS WERE LIQUIDATED NO LATER THAN THE PRESCRIBED PERIOD ALLOWED BY THE GRANTOR AGENCY. THE RECORDS WERE SUPPORTED BY SOURCE DOCUMENTATION SUCH AS CANCELLED CHECKS, INVOICES, CONTRACTS, TRAVEL REPORTS, DONOR LETTERS, IN-KIND CONTRIBUTION REPORTS AND PERSONNEL ACTIVITY REPORTS. THE SAME COSTS COULD NOT BE CLAIMED AND REPORTED ON MORE THAN ONE GRANT. FOR EVERY EMPLOYEE WHOSE SALARY WAS CHARGED, IN WHOLE OR IN PART, TO A GRANT, A RECORD OF THE ALLOCATION METHODOLOGY USED WAS KEPT BY THE FINANCE DIRECTOR. RECORDS WERE PRESERVED FOR SEVEN (7) YEARS FOLLOWING SUBMISSION OF THE FINAL FINANCIAL STATUS REPORT. THE APPLICABLE COST PRINCIPLES AND THE TERMS AND CONDITIONS OF THE GRANT AWARD WERE FOLLOWED IN DETERMINING THE REASONABLENESS, ALLOWABILITY AND ALLOCABILITY OF COSTS. CONTRIBUTIONS SUCH AS PROPERTY, SPACE, OR SERVICES THAT WERE DONATED TO A PROJECT WERE VALUED IN ACCORDANCE WITH MARKET COST PRINCIPLES.

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

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

**Continuation of  
Part IV - Supplemental Information**

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

CLEVELAND AREA CHAPTER -  
INDIVIDUALS COMPLETED AN APPLICATION TO QUALIFY FOR EMERGENCY RESPIRE, WHICH MUST BE APPROVED BY THE CARE CONSULTANT AND INCLUDE DOCUMENTATION TO SUPPORT HIS OR HER REQUEST.

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

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

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

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

**Continuation of  
Part IV - Supplemental Information**

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

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

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

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

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

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

**Continuation of  
Part IV – Supplemental Information**

Pt III, col (b) THE NUMBER OF RECIPIENTS LISTED WAS BASED ON THE DATA COLLECTED ON THE CHAPTER RECORDS OF INDIVIDUALS SERVED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

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](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1 a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>1 b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain . . . . .</p>										
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .</p>										
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p><b>4 a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	X									
<p><b>4 b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>		X								
<p><b>4 c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p>		X								
<p>If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
<p><b>Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p><b>5 a</b> The organization? . . . . .</p>		X								
<p><b>5 b</b> Any related organization? . . . . .</p>		X								
<p>If 'Yes' to line 5a or 5b, describe in Part III.</p>										
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p><b>6 a</b> The organization? . . . . .</p>		X								
<p><b>6 b</b> Any related organization? . . . . .</p>		X								
<p>If 'Yes' to line 6a or 6b, describe in Part III.</p>										
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III . . . . .</p>		X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III . . . . .</p>		X								
<p><b>9</b> If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>										

**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.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	WILLIAM FISHER CEO	(i) 230,237 (ii) 0	(ii) 25,000 (iii) 0	(iii) 0 (iii) 0	(C) 22,100 (C) 0	(D) 13,962 (D) 0	(E) 291,299 (E) 0	(F) 0 (F) 0
2	LINDA MITCHELL PRESIDENT & CEO	(i) 154,824 (ii) 0	(ii) 11,407 (iii) 0	(iii) 0 (iii) 0	(C) 4,792 (C) 0	(D) 0 (D) 0	(E) 171,023 (E) 0	(F) 0 (F) 0
3	ELEONORA TORNATORE-MIKESH PRESIDENT	(i) 141,377 (ii) 0	(ii) 12,500 (iii) 0	(iii) 0 (iii) 0	(C) 7,194 (C) 0	(D) 0 (D) 0	(E) 161,071 (E) 0	(F) 0 (F) 0
4	HEATHER HERSHBERGER EXECUTIVE DIRECTOR	(i) 130,910 (ii) 0	(ii) 28,885 (iii) 0	(iii) 0 (iii) 0	(C) 4,809 (C) 0	(D) 21,509 (D) 0	(E) 186,113 (E) 0	(F) 0 (F) 0
5	WENDY CAMPBELL PRESIDENT & CEO	(i) 150,611 (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iii) 0	(C) 4,795 (C) 0	(D) 13,443 (D) 0	(E) 168,849 (E) 0	(F) 0 (F) 0
6	BECKY PRINCE PRESIDENT & CEO	(i) 143,679 (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iii) 0	(C) 0 (C) 0	(D) 8,116 (D) 0	(E) 151,795 (E) 0	(F) 0 (F) 0
7	SUSAN KUDLA FINN PRESIDENT & CEO	(i) 193,700 (ii) 0	(ii) 6,946 (iii) 0	(iii) 30,000 (iii) 0	(C) 13,838 (C) 0	(D) 12,563 (D) 0	(E) 257,047 (E) 0	(F) 0 (F) 0
8	BEN KORDESTANI SVP & CFO	(i) 136,991 (ii) 0	(ii) 1,750 (iii) 0	(iii) 0 (iii) 0	(C) 8,324 (C) 0	(D) 12,065 (D) 0	(E) 159,130 (E) 0	(F) 0 (F) 0
9		(i) 0 (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iii) 0	(C) 0 (C) 0	(D) 0 (D) 0	(E) 0 (E) 0	(F) 0 (F) 0
10		(i) 0 (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iii) 0	(C) 0 (C) 0	(D) 0 (D) 0	(E) 0 (E) 0	(F) 0 (F) 0
11		(i) 0 (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iii) 0	(C) 0 (C) 0	(D) 0 (D) 0	(E) 0 (E) 0	(F) 0 (F) 0
12		(i) 0 (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iii) 0	(C) 0 (C) 0	(D) 0 (D) 0	(E) 0 (E) 0	(F) 0 (F) 0
13		(i) 0 (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iii) 0	(C) 0 (C) 0	(D) 0 (D) 0	(E) 0 (E) 0	(F) 0 (F) 0
14		(i) 0 (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iii) 0	(C) 0 (C) 0	(D) 0 (D) 0	(E) 0 (E) 0	(F) 0 (F) 0
15		(i) 0 (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iii) 0	(C) 0 (C) 0	(D) 0 (D) 0	(E) 0 (E) 0	(F) 0 (F) 0
16		(i) 0 (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iii) 0	(C) 0 (C) 0	(D) 0 (D) 0	(E) 0 (E) 0	(F) 0 (F) 0

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, 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**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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

**Open To Public  
Inspection**

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art . . . . .	X	1	4,999.	SELLING PRICE
2 Art — Historical treasures . . . . .				
3 Art — Fractional interests . . . . .				
4 Books and publications . . . . .	X		702.	SELLING PRICE
5 Clothing and household goods . . . . .	X		1,450.	SELLING PRICE
6 Cars and other vehicles . . . . .	X	41	19,034.	SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities — Publicly traded . . . . .	X	14	110,472.	MARKET VALUE
10 Securities — Closely held stock . . . . .				
11 Securities — Partnership, LLC, or trust interests . . . . .				
12 Securities — Miscellaneous . . . . .				
13 Qualified conservation contribution — Historic structures . . . . .				
14 Qualified conservation contribution — Other . . . . .				
15 Real estate — Residential . . . . .				
16 Real estate — Commercial . . . . .				
17 Real estate — Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	20,132	75,037.	COST
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (EVENT SUPPLIES ) . . . . .	X	484	87,843.	COST OR MARKET VALUE
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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



**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 PROCESSORS.

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

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

- ▶ Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ 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](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2014**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Employer identification number

36-3463656

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

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

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	06/30/15	589,282.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL. 17 CHICAGO IL 60601	501 (C) 3
	ACCOUNTS RECEIVABLE	06/30/15	111,937.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL. 17 CHICAGO IL 60601	501 (C) 3
	FIXED ASSETS	06/30/15	24,553.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL. 17 CHICAGO IL 60601	501 (C) 3
	OTHER ASSETS	06/30/15	970,725.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL. 17 CHICAGO IL 60601	501 (C) 3
	ACCOUNTS PAYABLE	06/30/15	-491,028.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL. 17 CHICAGO IL 60601	501 (C) 3
	OTHER LIABILITIES	06/30/15	-29,367.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. FL. 17 CHICAGO IL 60601	501 (C) 3

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

- a Become a director or trustee of a successor or transferee organization?  Yes  No
- b Become an employee of, or independent contractor for, a successor or transferee organization?  Yes  No
- c Become a direct or indirect owner of a successor or transferee organization?  Yes  No
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?  Yes  No
- e If the organization answered 'Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. TEEA4701 05/28/14 SEE PART III SUPPLEMENTAL Schedule N (Form 990 or 990-EZ) (2014)



**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)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

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.

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

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 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
---	--

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.

Pt VI, Line 1a

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.

Pt VI, Line 3

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  
MID SOUTH CHAPTER

PT VI, LINE 11b

FORM 990 REVIEW PROCESS

Pt VI, Line 11b

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 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 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
---	--

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 BE.

Pt VI, Line 12c

PT VI, LINE 15a

COMPENSATION REVIEW &amp; 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 &amp; APPROVAL PROCESS-OTHER CHAPTER OFFICERS

THE CHAPTER SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW BY THE EXECUTIVE OFFICERS. THE EVALUATION AND COMPENSATION REVIEW FOR THE SENIOR STAFF WAS LAST COMPLETED IN 2015.

Pt VI, Line 15b

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

Employer identification number

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 O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization  
ASSOCIATION

ALZHEIMER'S DISEASE & RELATED DISORDERS

Employer identification number  
36-3463656

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TALMADGE POWELL CREATIVE 211 W. 11TH STREET TULSA, OK 74119	EVENT DESIGN & PLAN	140,919.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

Employer identification number: **36-3463656**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
(1) COALITION OF NEW YORK STATE ALZHEIMER'S CHAPTERS, INC 435 E. HENRIETTA ROAD ROCHESTER, NY 14620 13-4076596	PUBLIC POLICY ACTIVITIES NY	NY	501 (C) 3	11c, III-FI	N/A	X
(2)						
(3)						
(4)						

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

TEEA5001 09/22/14

Schedule R (Form 990) 2014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b>	Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b>	Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b>	Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b>	Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														

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**Part VII** Supplemental Information

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

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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 . . .		



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
<u>Virginia</u>	<u>7,704.</u>

Form 990, Question H  
**List of Affiliates Included in Return**

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

Form 990, Question H

Continued

## List of Affiliates Included in Return

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
NEW MEXICO Foreign City/Country if applicable . . . .	9500 MONTGOMERY BLVD. NE, SUITE 121 ALBUQUERQUE NM 87111	85-0287820
HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY Foreign City/Country if applicable . . . .	2 JEFFERSON PLAZA, SUITE 103 POUGHKEEPSIE NY 12601-4027	14-1695487
ROCHESTER Foreign City/Country if applicable . . . .	435 EAST HENRIETTA ROAD ROCHESTER NY 14620	16-1159941
WESTERN NEW YORK Foreign City/Country if applicable . . . .	2805 WEHRLE DRIVE, SUITE 6 WILLIAMSVILLE NY 14221	16-1181599
GREATER EAST OHIO AREA Foreign City/Country if applicable . . . .	70 WEST STREETSBORO STREET, SUITE 201 HUDSON OH 44236	34-1454446
CLEVELAND AREA Foreign City/Country if applicable . . . .	23215 COMMERCE PARK DRIVE, SUITE 300 BEACHWOOD OH 44122	34-1311175
CENTRAL OHIO Foreign City/Country if applicable . . . .	1379 DUBLIN ROAD COLUMBUS OH 43215	31-0996236
MIAMI VALLEY Foreign City/Country if applicable . . . .	31 WEST WHIPP ROAD DAYTON OH 45459	31-1031867
NORTHWEST OHIO Foreign City/Country if applicable . . . .	2500 NORTH REYNOLDS ROAD TOLEDO OH 43615-2820	34-1423768
OKLAHOMA Foreign City/Country if applicable . . . .	2448 EAST 81ST STREET, SUITE 3000 TULSA OK 74137	73-1183372
DELAWARE VALLEY Foreign City/Country if applicable . . . .	399 MARKET STREET, SUITE 102 PHILADELPHIA PA 19106	23-2280056
SOUTH CAROLINA Foreign City/Country if applicable . . . .	4124 CLEMSON BLVD., SUITE L ANDERSON SC 29621	57-0792592
GREATER DALLAS Foreign City/Country if applicable . . . .	3001 KNOX STREET, SUITE 200 DALLAS TX 75205	75-2041194
CENTRAL AND WESTERN VIRGINIA Foreign City/Country if applicable . . . .	THE JORDAN BUILDING, 1160 PEPSI PLACE, SUITE 306 CHARLOTTESVILLE VA 22901	54-1309570
SOUTHEASTERN VIRGINIA Foreign City/Country if applicable . . . .	6350 CENTER DRIVE, SUITE 102 NORFOLK VA 23502	54-1204329
NATIONAL CAPITAL AREA Foreign City/Country if applicable . . . .	3701 PENDER DRIVE, SUITE 400 FAIRFAX VA 22030	52-1196162
GREATER RICHMOND Foreign City/Country if applicable . . . .	4600 COX ROAD, SUITE 130 GLEN ALLEN VA 23060	54-1263555

Form 990, Question H

Continued

## List of Affiliates Included in Return

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
WEST VIRGINIA Foreign City/Country if applicable . . . .	1601 SECOND AVENUE CHARLESTON WV 25387	36-3487172
SOUTHEASTERN WISCONSIN Foreign City/Country if applicable . . . .	620 SOUTH 76TH STREET, SUITE 160 MILWAUKEE WI 53214	39-1350965
MISSISSIPPI Foreign City/Country if applicable . . . .	196 CHARMANT DRIVE, SUITE 4 RIDGELAND MS 39157	64-0786327
MID SOUTH Foreign City/Country if applicable . . . .	4825 TROUSDALE DRIVE, SUITE 220 NASHVILLE TN 37220	62-1860364