ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Form 990 for the Year Ended June 30, 2013

Public Disclosure Copy

Form **990**

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For the	2012 calen	dar year, or tax	year begi	nning Jul	1	, 201	2, and	endin	J Jun	30	1	2013	
В	Check if a	pplicable;	C Name of organiz	ation ALZ	HEIMER'S DISI	EASE AND R	ELATED DIS	SORDER	RS ASSO	CIATION	D Emp	loyer identifi	ication Number	
	Addr	ress change	Doing Business	As							36	-34636	56	
	Nam	e change			ox if mail is not delive	ered to street ac	ddr)		Room/s	uite	E Telep	ohone numbe	1	
	\vdash	ıl return	225 N. MIC	THICAN	AVE				17TH	FLOOR	(3	121 33	5-8700	
	\vdash	ninated	City, town or cou		AVD.		Stat	e ZIP	code + 4	1 DOOR	(3	12, 55	3 0.00	
	\vdash	nded return	l '	•			77	60	1601	7633	G Gross	e receipte S	77,439,00	10
	H		CHICAGO F Name and addre	an of mulanina	A efficaci		II	1 60	-			urn for affiliat		
	Appi	ication pending				arr as a		FT (8//						17.7
-	T		RICHARD H. HOVLAN	7					01-7633			cluded? I. (see instruc	ctions)	
÷		empt status	X 501(c)(3)	501(c) () ▼ (ins	sert no.)	4947(a)(1)	or	527			Stmt	0004	
J			W.ALZ.ORG	T	T T		т.			H(c) Group			9334	
K		f organization:	X Corporation	Trust	Association	Other -		_ Year o	f Formati	on:	11/	State of leg	al domicile:	
Pa		Summar												
		•	e the organization		-		_					MER'S	DISEASE	
9			THE ADVANC											
Governance	AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH.													
ē	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net ass													
ုင္က်	3 N	neck this bo	ting members of	rganizatio	n discontinued	VI line 1a)	ns or aispos	sea or a	more u	ian 25% (n its net	3		636
•প্			lependent voting											635
Activities &			of individuals em		•	• , ,						_		1,007
Ξ			of volunteers (es			•								28,253
ğ			d business rever											3,850.
			business taxable											2,074.
_											rior Yea		Current	Year
_	8 0	Contributions	and grants (Part	VIII, line 1	(h)					65	3,382	775.	62,26	2,835.
Revenue			ice revenue (Pari								948			9,662.
	10 lr	nvestment in	come (Part VIII, d	column (A)), lines 3, 4, and	d 7d)					.,097		1,20	9,223.
ď	11 C	Other revenue	e (Part VIII, coluп	nn (A), line	es 5, 6d, 8c, 9c	, 10c, and 1	1e)					,396.		8,267.
	12 T	otal revenue	- add lines 8 th	rough 11	(must equal Pa	rt VIII, colur	nn (A), line	12) .		70	742		67,74	9,987.
	13 0	arants and si	milar amounts pa	id (Part IX	(, column (A), li	ines 1-3) .				2	2,090	,522.	1,58	3,396.
	14 B	Benefits paid	to or for member	s (Part IX,	column (A), lin	ne 4)								177
	15 S	Salaries, othe	r compensation,	employee	benefits (Part	IX, column ((A), lines 5-	10)		4.3	,998	.863.	43,91	7,374.
Expenses	16a P		undraising fees (•		0.00	2000
ě	L T		ing expenses (Pa			•						SOURCE STATE	No. of Contract of	
ă			• .		, ,	_			441.		81 U.S. (II) 1111	PARTICIPATE IN		
		•	es (Part IX, colur			-					,671			4,223.
			s. Add lines 13-								761			4,993.
- 8		Revenue less	expenses. Subti	ract line 18	3 from line 12		· · · · · ·	• • •				,187.		5,006.
anc.	l"											rent Year	End of	
Bal	20 T		Part X, line 16)								3,909			2,697.
Net Assets of	21 T	otal liabilities	(Part X, line 26)	• • • • •						9	9,921	,721.	9,81	3,721.
	22	let assets or	fund balances. S	Subtract lin	e 21 from line :	20				68	3,987	622.	64,56	8,976.
Pa	ırt II 🖼	Signatur	e Block											
Unde	er penaltie:	s of perjury, I dec	lare that I have exami er (other than officer) is	ned this return	n, including accomp	anying schedule	es and statemer	nts, and I	to the bes	it of my know	ledge and	belief, it is tru	e, correct, and	
com	nete Deci	aration of prepare	er (other than onicer) is	s based on al	i information of which	n preparer nas	any knowledge	U.,				100	. 4	
			S-2		old	<u> </u>						1311	14	
Sig	Sign	Signatu	re of officer							Ų:	ale			
He	re		HARD H. HO	VLAND						C00/	CFO			
			print name and title.											
	-		reparer's name		Preparer's signa	sture		Dat			Check	ii i	PTIN	
Pa	id	BRIDG	ET ROCHE		Qualat	Koc	.hv	0	1/27	/2014	self-empl	layed	P006668	331
	.a eparer	Firm's name	GRANT	THORN	TON LLP()									
	e Only				ON BLVD.	STE. 2	000				Firm's El	N► 36-	60555 <u>58</u>	
			CHICAG		60604		20001				Phone no	s. (312)	856-02	00
Ma	y the IR:	S discuss this	s return with the			see instruct	ions)						X Yes	No

Form 8868

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

> File a separate application for each return.

OMB No. 1545-1709

Internal Revenue Service												
 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-Mo	onth Exten	sion, complete oni	y Part II (on page 2 of	this form).							
Do not con	n plete Part II unless you have already been g	ranted an	automatic 3-month	extension on a previou	usly filed Form	8868.						
a corporation 8868 to require Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the f Transfers Associated With Certain Personal). For more details on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month extended in Part II contracts, which me	ension of time. You ca with the exception o ust be sent to the IF	an electronical f Form 8870, I RS in paper f	ly file Form Information ormat (see						
Part I	Automatic 3-Month Extension of Time											
•	on required to file Form 990-T and reques	•			s box and co	omplete						
	All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time											
	ne tax returns.	, -,										
Enter filer's Identifying number, see instructions												
Type or	Name of exempt organization or other filer, see in	structions.		Employer identification	number (EIN) or	,						
print	ALZHEIMER'S ASSOCIATION				3463656							
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instr	uctions.	Social security number	(SSN)							
due date for	225 N. MICHIGAN AVENUE, 17TH FLOOR											
filing your return. See	City, town or post office, state, and ZiP code. For	r a foreign a	ddress, see instruction	3.								
instructions.	CHICAGO, IL 60601-7633			·								
Enter the Re	eturn code for the return that this application i	s for (file a	separate application	n for each return) .		0 1						
						Return						
Applicatio	FI .	Return Code	Application Is For			Code						
				· · · · · · · · · · · · · · · · · · ·		07						
Form 990-	or Form 990-EZ	01	Form 990-T (corpo	oradon)		08						
		02	Form 1041-A			09						
	(individual)	03	Form 4720			10						
Form 990-I		04 05	Form 5227 Form 6069			11						
	T (sec. 401(a) or 408(a) trust) T (trust other than above)	06	Form 8870		12							
- Oill 330-	(trust other than above)		FOITH BOY									
Telephone If the orga	e No. ► 312-335-5771 nization does not have an office or place of br	F.	the United States, cl	866-699-1246 heck this box		. ▶□						
• If this is fo	r a Group Return, enter the organization's fou	r digit Grot	up Exemption Numb	oer (GEN) 9344	4 If thi	s is						
for the whole	e group, check this box 👚 🕨 🔲 . If i	t is for part	t of the group, check	k this box	and att	ach						
	e names and EINs of all members the extensi											
until for th	uest an automatic 3-month (6 months for a co FEBRUARY 15 , 20 14 , to file the exen ne organization's return for:					ension is						
-	calendar year 20 or											
	► tax year beginning											
Charles and the Children and the Childre	nange in accounting period											
	s application is for Form 990-BL, 990-PF, 990 efundable credits. See instructions.)-T, 4720, d	or 6069, enter the te	entative tax, less any	3a \$							
	s application is for Form 990-PF, 990-T, 4	720. or 6	069, enter any refu	undable credits and								
	nated tax payments made. Include any prior y				3b \$							
	nce due. Subtract line 3b from line 3a. Includ			if required, by using								
	S (Electronic Federal Tax Payment System).			2 EO and E 2070 C	3c \$	acha esticaca						
Caution, if yo	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.											

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

ST	EIN	CHP (NAME	ADDRESS	city	(ZIP
CA	94-2897949	20	Northern California and Nevada	1060 La Avenida	Mountain View	94043
co	84-0908354	24	Colorado	455 Sherman Street, Suite 500	Denver	80203-3532
CT	42-1540769	28	Connecticut	2075 Silas Deane Highway, Suite 100	Rocky Hill	06067
FL	59-2008883	33	Southeast Florida	3333 Forest Hill Blvd.	West Palm Beach	33406
FL	36-3487166	37	Central and North Florida	378 Center Pointe Circle, Suite 1280	Altamonte Springs	32701
HI	99-0212360	53	Aloha	1050 Ala Moana Bivd., Suite 2610	Honolutu	96814-4908
TL.	37-1224417	58	Centrat Illinois	606 W. Glen Avenue	Peoria	61614
IL.	36-3102348	59	Greater Illinois	8430 West Bryn Mawr, Suite 800	Chicago	60631
IN	35-1747836	67	Greater Indiana	50 East 91st Street, Suite 100	Indianapolis	46240
IA	42-1333384	73	East Central Iowa	317 Seventh Avenue, SE, Suite 402	Cedar Rapids	52401
KS	20-5107941	75	Central and Western Kansas	1820 E. Douglas Avenue	Witchita	67214
ME	01-0428502	82	Maine	383 U.S. Roule 1, Suite 2C	Scarborough	04074
KS	48-0934474	100	Heart of America	3846 West 75th Street	Prairie Village	66208
NE	47-0648438	109	Midlands	1941 South 42nd Street, Suite 205	Omaha	68105
NY	14-1695487	118	Hudson Valley/Rockland/Westchester, NY	2 Jefferson Plaza, Suite 103	Poughkeepsia	12601-4027
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
ОН	34-1454446	135	Greater East Ohio Area	70 W. Streetsboro St., Suite 201	Hudson	44236
ОН	34-1311175	139	Cleveland Area	23215 Commerce Park Drive, Suite 300	Beachwood	44122
ОН	31-0996236	140	Central Ohio	1379 Dublin Road	Columbus	43215
ОН	31-1031867	143	Miami Valley	31 W. Whipp Rd.	Dayton	45459
ОН	34-1423768	144	Northwest Ohio	2500 North Reynolds Road	Toledo	43615-2820
OK	73-1183372	147	Oklahoma/Arkansas	2448 E. 81st Street, Suite 3000	Tulsa	74137
OR	93-0813252	148	Oregon	1650 Northwest Nalto Parkway, Suite 190	Portland	97209
PA	23-2280056	156	Delaware Valley	399 Market Street, Suite 102	Philadelphia	19106
SC	57-0792592	161	South Carolina	4124 Clemson Blvd., Suite L	Anderson	29621
SD	32-0151779	162	South Dakota	1000 North West Avenue, # 250	Sioux Falls	57104
TX	75-2041194	172	Greater Dallas	4144 North Central Expressway, Suite 750	Dallas	75204
VA	54-1309570	181	Central and Western Virginia	The Jordan Building, 1160 Pepsi Place, Suite 306	Charlottesville	22901
VA	54-1204329	182	Southeastern Virginia	6350 Center Drive, Suite 102	Norfolk	23502
VA	52-1196162	184	National Capital Area	3701 Pender Drive, Suite 400	Fairlax	22030
VA	54-1263555	185	Greater Richmond	4600 Cox Road, Suite 130	Glen Allen	23060
WA	91-1075926	190	Western & Central Washington State	100 W. Harrison Street, North Tower, N200	Seattle	98119
WV	36-3487172	191	West Virginia	1601 Second Avenue	Charleston	25387
WI	39-1493227	194	Greater Wisconsin	2900 Curry Lane, Suite A	Green Bay	54311
WI	39-1350965	195	Southeastern Wisconsin	620 South 76th Street, Suite 160	Milwaukee	53214
MŞ	64-0786327	205	Mississippi Chapter	196 Charmant Drive, Suite 4	Ridgeland	39157
TN	62-1860364	208	Mid South	4825 Trousdale Drive, Suite 220	Nashville	37220
IA	42-1520582	232	Greater Iowa	1730 28th Street	West Des Moines	50266
		39				

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

FORM 990 (2012) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	36-3463656 Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response to any question in this Part III	
Briefly describe the organization's mission:	
THE ALZHEIMER'S ASSOCIATION IS THE LEADING VOLUNTARY HEALTH OR ALZHEIMER CARE, SUPPORT, AND RESEARCH. OUR MISSION IS TO ELIMI See Form 990, Page 2, Part III, Line 1 (continued)	NATE ALZHEIMER'S DISEASE
2 Did the organization undertake any significant program services during the year which were not listed on a Form 990 or 990-EZ?	
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 serv If 'Yes,' describe these changes on Schedule O.	ices? Yes X No
4 Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the section 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the section 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the section 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the section 501(c)(4) organizations and section 501(c)(4) organization 501(c)(4) organiza	es, as measured by expenses. ount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 12,692,505. including grants of \$ 7,500.) (Revenue \$ 67,783.)
INFORMATION AND REFERRAL SEE SCHEDULE O	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
~~=====================================	
4 b (Code: ) (Expenses \$ 11,505,190. including grants of \$ 0.  CONSUMER EDUCATION (WORKSHOPS/CONFERENCES/SEMINARS) SEE SCH	(Revenue \$ 2,527,536.)
**	
4 c (Code:) (Expenses \$5,238,748. including grants of \$665.	) (Revenue \$ 218,303.)
CARE CONSULTATION SEE SCHEDULE O	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Ad Other program services (Describe in Schedule O.)	
4 d Other program services. (Describe in Schedule O.)	* 2 (05 200)
(Expenses \$ 23,764,481. including grants of \$ 1,575,231.) (Revenue	\$ 1,605,380.)

Form 990 (2012) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION Page 3 36-3463656 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X X 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 Х Х 4 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 . Х 5 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, Х 6 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 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 Х services? If 'Yes,' complete Schedule D, Part IV 9 10 Х 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. Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b Х 11 c 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 Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11 e 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 . . . Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV....... Х 15 Х 16 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) Х 17 Х 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If Yes, Х 19

Х

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

Part IV Checklist of Required Schedules (continued) Yes No X 21 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Х 24a 24h c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. X 26 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х X 28b Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X and V, line 1 34 35a Х 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 35b Х 36 X 37 38 38

	HI 990 (2012) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463650	,	. г	aye
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			×
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		300	SEE.
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			100
		2.6	х	1822
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	1111200010	A Service
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	Mark St	1000	1935
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	_
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	Х	_
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	APTENDS	х
	b If 'Yes,' enter the name of the foreign country: ►	NEW Y	BN2	1000
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		N. W.	
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			7,
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	6 a		X
7	not tax deductible?	6 b	12.000	00000
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a	Х	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		Х
-	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		x
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	255	1000	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	250005005	Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		-	t
	as required?	7 g		_
1	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Cirks	HE COM	J=23
	a Did the organization make any taxable distributions under section 4966?	9 a	NEC CHICA	-
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		-
	Section 501(c)(7) organizations. Enter:	170 TO	ercessia.	1010250
	1.7.7	1333		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			130
	Section 501(c)(12) organizations. Enter:			1
	a Gross income from members or shareholders			盤
ı	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
128	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
1	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	1500		COS.
	Section 501(c)(29) qualified nonprofit health insurance issuers.			NAME
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	PART THE IN	11000
•	Note. See the instructions for additional information the organization must report on Schedule O.	NAME OF THE OWNER, OWNE	Z10040	lgbs:
	· · · · · · · · · · · · · · · · · · ·	VE S		200
•	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	100		
•	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	of Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	7	
_				_

For	n 990 (2012) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656		F	age (
Pa	TTVI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
	Check if Schedule O contains a response to any question in this Part VI			. X
Se	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year			
	b Enter the number of voting members included in line 1a, above, who are independent 1b 635			TIES V
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents	\vdash		
	since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
	b Are any governance decisions of the organization reserved to (or subject to approval by) members	7 a		Х
8	stockholders, or other persons other than the governing body?	7 b		X
	the following:			
	a The governing body? · · · · · · · · · · · · · · · · · · ·	8 a	X	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	iue C	ode.)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10a		Х
١	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	52Y30	2000	8500
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	Х	
	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	調整		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Х	DE LO
	Other officers of key employees of the organization	15b	X	\vdash
•	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130	A.	dillo
		1900		
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	CARS TO	Х
ŀ	off 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
		COULT	E CM	a mra c
18	List the states with which a copy of this Form 990 is required to be filed <u>EACH CHAPTER FILES IN THEIR RESPE</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			VI ES
	inspection. Indicate how you make these available. Check all that apply. Own website Another's website W Upon request Other (explain in Schedule O)			
19		ole to		
20		on:		
		 12) 3	335-	5771

BAA

Form 990 (2012) Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	
	Independent Contractors Check if Schedule O contains a response to any question in this Part VII	
	Officers Directors Trustees Key Employees and Highest Compensated Employees	_

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GEOFF HEREDIA	.80									
BOARD PRESIDENT	·†	х		х				0	o	0
(2) LUCY ROMOLI	.80									
BOARD VICE PRESIDENT		Х		Х		:		0	О	0
(3) HOWARD KIRSCH	. 80									
BOARD VICE PRESIDENT		Х		Χ				0	0	0
(4) JOE COONEY	. 80									
BOARD TREASURER		Х		Х				. 0	0	0
(5) PAT SIPPEL	. 80									
BOARD SECRETARY		Х		Х	_			0	0	0
(6) PAT BALDLRIDGE	.80									
BOARD DIRECTOR		Х		Щ	$oxed{}$		Ш	0	0	0
(7) KERRY DE BENEDETTI	. 80							_		
BOARD DIRECTOR	ļ	Х			_				0	0
(8) ROB FANNO	. 80									
BOARD DIRECTOR		Х						0	0	0
(9) CHUCK HAAS	. 80									
BOARD DIRECTOR	- 00	Х	\dashv	-			\vdash	0	0	0
(10) GEOFFREY KERCHNER BOARD DIRECTOR	. 80	x								0
(11) JOAN KERZIC	.80						\vdash	0	0	
BOARD DIRECTOR		x						0	0	0
(12)MICHAEL KIRKLAND	. 80				\vdash			0	· · · · · · · · · · · · · · · · · · ·	
BOARD DIRECTOR		x						0	0	0
(13) RENU MAHALE	.80	Δ.	\dashv		\vdash		\vdash			
BOARD DIRECTOR	t -	x						0	o	0
(14) FRANCIE NEWFIELD	.80	- ^ -	\dashv	\dashv	\vdash		\vdash		Ĭ	
BOARD DIRECTOR	† 	х						0	ol	0

	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe	rson lirect	than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Eslimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		from the organization and related organizations
15)	DENISE PRINGLE BOARD DIRECTOR	. 80	Х						C			(
16)	MATTHEW RHODES	. 80	 			-						
17)	BOARD DIRECTOR JEFFREY TENG	.80	Х						C		0	
= -/-	BOARD DIRECTOR		Х) c		0	(
18)	ALEX TSAO	.80		П								
1.01	BOARD DIRECTOR LESLIE WALKER	.80	Х	Н	-			_	<u>C</u>		0	(
==/	BOARD DIRECTOR		X						C)	0	(
20)	SARAH LORANCE	6.00										*
21)	BOARD CHAIRMAN TOM HURLEY	6.00	Х		Х			L	C)	0	(
211	BOARD VICE CHAIRMAN	8.00	Х		х						0	
22)	PHILLIP HEATH	6.00						Г				
	BOARD SECRETARY		X		Χ				C		0	(
23)	DANIEL THOMAS BOARD TREASURER	4.00	x		х						n	
24)	DON BECHTER, C.F.A.	2.00									·	
	BOARD MEMBER		Х								0	(
25)	CHRIS BINKLEY BOARD MEMBER	6.00	х						, ا		٥	(
1b	Sub-total								7		0	(
	Total from continuation sheets to Part VII, So							•	6,243,639.		0	602,395.
	Total (add lines 1b and 1c)							<u> </u>	6,243,639.	*100.000 (0	602,395.
2	Total number of individuals (including but not reportable compensation from the organization		nose I 24		d at	DOVE	e) who	ге	ceived more than	\$100,000 01		
_												Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru ividu	istei Jal	e, 1	key e	mp	loyee, or highes	t compensat	ed	3 X
4	For any individual listed on line 1a, is the											
	organization and related organizations gre	eater than	\$15	0,00	00?	. If	"Yes	," (complete Schedu	le J for su	ch	
5	individual											4 X
	for services rendered to the organization? If "Ye	es," complet	te Sch	edu.	le J	for	such	per	son			5 X
	ction B. Independent Contractors											
1	Complete this table for your five highest com compensation from the organization. Report c year.											
	(A) Name and business add	ress							(B) Description of se	ervices	C	(C) Compensation
_												
								\vdash				

(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	rson lirect	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportab compensation related organization (W-2/1099-M	n from I ons	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1. 2.1000		organization and related organizations
26) FRANCIS BROWN, ESQ. BOARD MEMBER	2.00	х						С	H	0	
27) MARGY CHRISTIAN BOARD MEMBER	2.00	Х						C		0	
28) ADAM DUERR BOARD MEMBER	2.00	х								0	
29) PERRY HERRMANN BOARD MEMBER	2.00	х									
30) MARK IORIO BOARD MEMBER	1.00									,	
31) J.J. JORDAN	6.00	Х						<u> </u>		U	
BOARD MEMBER 32) VENETIA MARSHALL, J.D. BOARD MEMBER	2.00	X						0		0	
33) DONALD OBERNDORF BOARD MEMBER	2.00	x								0 	
34) LINDA PEOTTER BOARD MEMBER	2.00	х									
35) GREG PFAHL BOARD MEMBER	2.00	×								0	
36) BERNARD POSKUS, ESQ. BOARD MEMBER	3.00	X									
1b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	I, Section A . oot limited to the	hose	iste				▶ ▶ re	ceived more than	\$100,000 of		
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch.	fficer, directo	2.4 or, or oh ind	tru	iste	e, I	key e	mp	oloyee, or highes	t compensa	ted	Yes No
 4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15 	0,0	00?		"Yes	," (complete Schedu	le J for si	uch • •	4 X
for services rendered to the organization? If Section B. Independent Contractors	"Yes," complet	te Sch	edu	le J	for	such	per	son		· ·	5 X
Complete this table for your five highest compensation from the organization. Repoyear.											
(A) Name and business	address							(B) Description of se	ervices	C	(C) compensation
2 Total number of independent contractors	(including by	ıt not	lim	itec	1 to	thos	-	atad abaya) who	received	3510314	

Part VII Section A. Officers, Directors, Tru (A)	(B)	, <u></u>	ıpı		C)	and i	ng	(D)	(E)		(F)
Name and title	Average hours per week (list any	box,	unle	Pos heck ss pe	ition mor	e than o	an	Reportable compensation from	Reporta compensati relate	able ion from	Estimated amount of other
	hours for related organizations below dotted line)	of or director	institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		compensation from the organization and related organizations
37) KELLY ROGERS BOARD MEMBER	2.00	Х						(
38) MICHAEL TODD, M.D. BOARD MEMBER	1.00	Х					Г				
39) CHIP WATSON BOARD MEMBER	1.00	x									
40) HARRY WHITE, M.D. BOARD MEMBER	1.00	X					-				
41) MARISSA CREAN BOARD CHAIR	2.00			х			-				
42) WILLIAM KOWALEWSKI BOARD VICE CHAIRMAN	1.50	X		x	-						
43) AL GATI BOARD TREASURER	1.50	x		X						0	
44) MOLLY REESE-GAVIN BOARD SECRETARY	1.50										
45) PATRICIA GIBBS	1.00	X		X 							1
BOARD PAST CHAIR 46) JULIETTA GUARINO	.80	X		Х						0	(
BOARD DIRECTOR 47) GREGORY SMITH BOARD DIRECTOR	. 80	X	-							0	
1b Sub-total	limited to t	 hose	liste				> >	eceived more than	\$100,000	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or oth ind	tru	ıste ual	e,	key e	emp	oloyee, or highes	t compens	sated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15 	50,0 • •	00? · ·		"Yes	s," (complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors											5 X
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	lress							(B) Description of se	ervices	C	(C) Compensation
							上				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos	e li	isted above) who	received		

	Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	yees (c	(continued)			
	(A) Name and title	(B) Average hours per week (list any			Pos heck		e than d		(D) Reportable compensation from	(E) Reporta compensati relate	on from	Estii amo	(F) maled ount of ther	
		hours for related organizations below dotted line)		rani			Highest compensated employee		the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	compe fror orgar and	ensation m the nization related nizations	
(48) CATHY BUTLER BOARD DIRECTOR	.80	Х						o		0			0
(49) RICHARD MEISENHEIMER BOARD DIRECTOR	.80	Х						o		0			0
(50) CRAIG JOHNSON BOARD DIRECTOR	. 80	Х						0		0			0
(51) MIKR MARINACCIO BOARD DIRECTOR	.80	Х						0		0			0
(52) RICHARD FISHER BOARD DIRECTOR	.80	Х						0					0
(53) SOWMYA KURTAKOTI BOARD DIRECTOR	.80	Х						0		0			0
(54) ENRIQUE PINEIRO BOARD CHAIR	4.00	X	-	х				C		0			0
(55) ELLIOTT STARMAN BOARD VICE CHAIR	2.00	Х		х				C		0)		0
(56) MONIKA KRUMBOCK BOARD TREASURER	2.00	Х		х				c		0)		0
(57) JOYCE MCLENDON BOARD DIRECTOR	1.00	Х						c		0)		0
(58) WILLIAM SUSSMAN, ESQ BOARD DIRECTOR	1.00	X						C		0			0
	Sub-total C Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to t		liste	<u> </u>	<u></u>		o re	eceived more than	\$100,000	of			
	Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, directo	or, or	tru								3	Yes N	(
	4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15 	60,0 	00?		"Ye	5,"	complete Schedu	le J for	such	4	Х	
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors	es," comple	mpen te Sci	sau nedu	on ile J	l for	such	per	related organization			5		<u> </u>
	Complete this table for your five highest com- compensation from the organization. Report of year.													
	(A) Name and business add	dress						I	(B) Description of se	ervices	((C) Compensa	ation	
								1						_
	2 Total number of independent contractors (in	ncluding by	ut not	lin	nite	d te	thos	1	isted above) who	received		· # 95	<u> </u>	400
	more than \$100,000 in compensation from th				انهدد	٠. د			45010, 11110	. 5501104				

_	eart VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not cl unles	Pos heck	C) sition more	than of is both or/trust Highest compensated	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensation relate organizat (W-2/1099-	ble on from d ions	(F) Estimated amount of other compensation from the organization and related organizations
(59	DOEL LEVY BOARD DIRECTOR	1.00	x								0	0
(60	DOARD DIRECTOR BOARD DIRECTOR	1.00	X						0		0	0
(61) MARK TODD	1.00										
1 63	BOARD DIRECTOR SAMUEL FERRERI	1.00	X			-		H	<u>C</u>		0	0
\ 02	BOARD DIRECTOR	1.00	Х						c		0	0
(63) PHILLIP MROZINSKI	1.00				Г						
, =	BOARD MEMBER-ADVISORY	1 00	Х		_	_		L	C		0	0
1 64	BOARD MEMBER-ADVISORY	1.00	×								0	0
(65) STUART GAINES	2.00	<u> </u>									
_	BOARD CHAIR		Х		Х				C		0	0
(66) PAMELA GHEZZI BOARD TREASURER	1.00	Х		Х				C	·	0	0
(67) JAMIE GLAVICH	1.00	. ,		v						0	0
(68	BOARD VICE CHAIR/SECRETARY) RANDY C. BRYAN	1.00	X		Х							0
	BOARD MEMBER		Х						c		0	0
(69) SALLIE DREYER BOARD MEMBER	1.00	x						,		n	0
_	b Sub-total c Total from continuation sheets to Part VII, Sid Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to the		liste	• •			b b o re	eceived more than	\$100,000	of	
3		er, directo	r, or	tru								Yes No
5	organization and related organizations greindividual	eater than	\$15 • • • •	50,0 • •	00?) <i>If</i>	"Yes	5,"	complete Schedu	le J for	such · · ·	4 X
	for services rendered to the organization? If "Ye ection B. Independent Contractors	es," comple	te Sch	nedu	ile J	l for	such	per	son	<u> </u>		5 X
1												
<u>-</u>	(A) Name and business add	lress							(B) Description of se	ervices	((C) Compensation
_												
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se l	isted above) who	received	le de	11 7 30

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ											yees (c	continued)		
	(A)	(B)			(C)			(D)	(E)		(F)		
	Name and title	Average	1			sition			Reportable	Reporta		Estimated		
		hours per					e than o is both		compensation	compensati		amount of other		
		week (list any hours for					or/trust		from	relate		compensation		
		related	9 5			1		77	the organization	organiza (W-2/1099		from the		
		organizations	유를	stitu	Officer	y e	ghe	Ĭ	(W-2/1099-MISC)	(44-2/1099	-IVIISC)	organization		
		below dolled	ecto	l io	٦	를	st c	4	(17 27 1000 111100)			and related		
		line)	ੈਂ ਵੋ	nal t		Key employee	mp					organizations		
			Individual trustee or director	nstitutional trustee		0	Highest compensate employee							
	,		~	ee			iale e							
,	70) BRANDY GREGG	1.00	\vdash		\vdash	⊢				 				
`	BOARD MEMBER	1.00								1	0	0		
,		1 00	Х			┢			-	-		1		
(71) CARLOS HERNANDEZ	1.00	١											
	BOARD MEMBER		X	_	_	ļ <u>-</u>		_	U		0	0		
(72) KENT JUSTICE	1.00	Į.								_	_		
	BOARD MEMBER		X			<u> </u>			0	1	0	0		
(73) KENYATTA RIVERS	1.00	[
	BOARD MEMBER		Х						0	·	0	0		
(74) ROBERT MORGAN	1.00												
	BOARD MEMBER		Х	i					0	,	0	0		
(75) TONY PESARE	1.00			Г	П								
•	BOARD MEMBER		x						1	,	n	0		
,	76) ADAM RUTSTEIN	1.00		-	\vdash			-				Ť		
`	BOARD MEMBER		×						_	J	ď	0		
,	77) TRICIA MEDEIROS	1 00		\vdash		⊢	\vdash	\vdash	· · · · · · · · · · · · · · · · · · ·	 	- 0			
(1.00	١,,							J	į			
	BOARD CHAIR		Х		Х				U			0		
(78) WENDY TAKESHITA WONG	1.00									ļ			
	BOARD VICE CHAIR		X		Х				0	4	0	0		
(79) MICHAEL F.K. (MIKE) BUCK	1.00									ļ			
	BOARD TREASURER		Х		Х				0	,	0	0		
(80) SUZIE NEUFELDT	1.00												
	BOARD SECRETARY		Х		Х				0	1	0	0		
	1b Sub-total							▶						
	c Total from continuation sheets to Part VII, Se	ection A		• •	• •	• •		•						
	d Total (add lines 1b and 1c)	•						•						
	2 Total number of individuals (including but not I							n re	ceived more than	\$100,000	of	I		
	reportable compensation from the organization		24				J) 11111		ocaree more man	ψ100,000	01			
				•								Yes No		
	2 Did the executes list and former officers			A		_			.1			assa con tan		
	3 Did the organization list any former office											2		
	employee on line 1a? If "Yes," complete Schedu	ile J for suc	on ina	iviai	uai	• •		• •			• • •	3 X		
	4 For any individual listed on line 1a, is the s													
	organization and related organizations gre													
	individual											4 X		
	5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or indivi	idual			
	for services rendered to the organization? If "Ye	es," comple	te Sch	edu	ile J	for	such	per	rson			5 X		
	Section B. Independent Contractors													
	1 Complete this table for your five highest comp	pensated in	ndepe	ende	ent	con	tracto	rs t	that received more	than \$100	0,000 c	of		
	compensation from the organization. Report co	ompensati	on for	the	ca	lend	lar ye	ar e	ending with or with	nin the orga	anizatio	n's tax		
	year.													
	(A)							Т	(B)			(C)		
	Name and business add	ress							Description of se	ervices	(Compensation		
	Name and business address Compensation													
								\vdash						
												PARTITION		
	2 Total number of independent contractors (in				nite	d to	thos	ie li	isted above) who	received				
	more than \$100,000 in compensation from the	e organizat	ion 🕨	-										

	Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Employees	(continued)		
	(A)	(B)			(0	C)			(D)	(E)	(F)		
	Name and title	Average	l			ition			Reportable	Reportable	Estimated		
		hours per	ı '				e than q is both		compensation	compensation fro	amount of other		
		week (list any hours for					or/trust		from the	related organizations	compensation		
		related	욕률	Ins	9	S.	e E	F	organization	(W-2/1099-MISC	1 , , , , ,		
		organizations	물품	鼍	Officer	yer	phes	∄	(W-2/1099-MISC)	1 (11 27.000 11.100	organization		
		below dotted	S E	ğ		팋	yee cc	~	,		and related organizations		
		line)	Individual trustee or director	불		Key employee	ğ				organizations		
			ée	Institutional trustee		-	Highest compensated employee						
				Ò			lted						
(81) CRAIG K. NAKAMOTO	1.00									-		
	BOARD DIRECTOR		X					ĺ			0 0		
(82) ALENKA REMEC	1.00				Т			·				
•	BOARD DIRECTOR		x			ĺ					0		
1	83) ADELE RUGG	1.00	 "					\vdash			1		
`	BOARD DIRECTOR		x			ľ					0 0		
,	84) CHAD YOUNG	1.00	1						1		9		
١.	BOARD DIRECTOR		۱.,										
,	85) SUSAN DAWSON-TIBBITS	5.0	X					 	-		<u> </u>		
•		.50			١,,								
,	BOARD PRESIDENT	5.0	X	H	Х	<u> </u>		<u> </u>	U		0 0		
(86) NICK ESSER	. 50											
	BOARD VICE PRESIDENT		X		Х	ļ		<u> </u>	0		0 0		
(87) KIM SANDERS	. 50											
	BOARD SECRETARY		X		Х			_	0		0 0		
(88) ERIK PETTIT	. 50											
	BOARD TREASURER		X	<u> </u>	Х				0		0 0		
(89) LISA BALRAJ	.50									•		
	BOARD MEMBER AT-LARGE		Х		Х				0		0 0		
(90) CHRIS BLAKEMAN	.50											
	BOARD MEMBER AT-LARGE		Х		Х				0		0 0		
(91) DOUGLAS ALLEN	. 50											
	BOARD MEMBER		x						0		0 0		
	1b Sub-total							_					
	c Total from continuation sheets to Part VII, Se	ection A			• • •	• •		-					
	d Total (add lines 1b and 1c)												
	2 Total number of individuals (including but not I								ceived more than	\$100,000 of			
	reportable compensation from the organization		24				,		John Carlott	\$100,000 01			
											Yes No		
	3 Did the organization list any former office	ar diracto	r or	tes	eto		kov. c	mn	lavos or biobos	componented			
	employee on line 1a? If "Yes," complete Schedu	er, unecco de l'for cu	n, oi ch ind	u u ividi	iste iial	Ε,	key e	mh	hoyee, or highes	compensateu	3 X		
											United Bloom Voltage		
	4 For any individual listed on line 1a, is the s	sum of rep	ortab	le c	com	pen	sation	າ a≀	nd other compens	sation from the			
	organization and related organizations gre	eater than	\$15	0,0	00?	II	"Yes	," (complete Schedu	le J for such	4 X		
	individual										# A		
	5 Did any person listed on line 1a receive or										SCHOOL STATE OF THE PARTY OF TH		
	for services rendered to the organization? If "Ye Section B. Independent Contractors	es, compre	te Scri	ieau	ile J	ior	sucn	per.	son	· · · · · · · · · · · · · · · · · · ·	5 X		
				. 1				4	h. 4	45 #400 000			
	1 Complete this table for your five highest com- compensation from the organization. Report or												
	year.	ompensati	011 101	uie	Cai	enc	iai ye	aı e	straing with or with	iiii tile organiza	IIONS LAX		
				_				_					
	(A) Name and business add								(B) Description of se	mánna	(C) Compensation		
	Traille and busilless add	1699						+	Description of Se	1 11000	Compensation		
								+					
	2 Total number of independent contractors (in	ıcludina bı	ıt not	lim	nited	i to	thos	e li	isted above) who	received	Minima de la liera de la liera		
	more than \$100,000 in compensation from the												

i i	art VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any	(do i	not cl	((Pos heck	C) sition more	and I	one	(D) Reportable compensation from	(E) Reportable compensation related	:	(F) Estimated amount of other	
		hours for related organizations below dotted line)					Highest compensated employee		the organization (W-2/1099-MISC)	organizatior (W-2/1099-M		compensation from the organization and related organizations	
(92) THOMAS CALDERA JR. BOARD MEMBER	.50	х						0		0	0	
(93) KATHY CHAMBERLAIN BOARD MEMBER	.50	x						0		0	0	
(94) AMANDA CICCIARELLI BOARD MEMBER	. 50	x						0		0	0	
(95) JEFFERY JOHNSON BOARD MEMBER	. 50	x						0			0	
(96) WILLIAMS PHILLIPS IV	.50											
(97	BOARD MEMBER) THERESA TAYLOR	.50	Х						0			0	
(98	BOARD MEMBER) TERESA TUCKER	. 50	Х						0	<u> </u>	0	0	
(99	BOARD MEMBER) MELODY YUTAKIS	.50	Х						0		0	0	
(100	BOARD MEMBER) PAUL CAPONIGRI	5.00	Х				St		0		0	0	
(101	BOARD CHAIR) MIKE O'BRIEN	5.00	X		Х				<u> </u>		0	0	
(102	BOARD TREASURER) BRYAN SELANDER	5.00	Х		Х			_	0		0	0	
1	BOARD SECRETARY b Sub-total		Х		Х	<u> </u>		<u> </u>	0		0	0	
	c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)	-						*					
	Total number of individuals (including but not reportable compensation from the organization	limited to the		iste				o re	eceived more than	\$100,000 of			
3		er, directo	r, or	tru	ıste ual	e,	key e	emp	oloyee, or highes	t compensate	ed ,	Yes No	
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	' If	"Yes	s, "	complete Schedu	le J for su	ch	4 X	
5	for services rendered to the organization? If "Ye											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 add	ress							(B) Description of se	ervices	((C) Compensation	
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos	e l	isted above) who	received			

Part VII Section A. Officers, Directors, Ti (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not ch unles	Pos heck ss pe	C) ition more rson	e than the street of the stree	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-M	e from	(F) Estimated amount of other compensation from the organization and related organizations		
(103) SCOTT PERRY	2.00	ļ.,		٦,									
BOARD VICE CHAIR (104) JOAN BARRIS	2.00	X		Х	-		\vdash	0		U	0		
BOARD MEMBER		×						0		0	0		
(105) KARA CAMPBELL	2.00										-		
BOARD MEMBER		Х			<u> </u>		L	0		0	0		
(106) JOSEPH HARRINGTON	2.00									0	0		
BOARD MEMBER (107) DANI JACINO	2.00	X		_	⊢						0		
BOARD MEMBER		0	0										
(108) TOM MAZUR													
BOARD MEMBER													
(109) SHELIA MCCLENDON	2.00								, i				
BOARD MEMBER		X		_	<u> </u>		_	0		0	0		
(110) KERRY PECK	2.00	.,								0	0		
BOARD MEMBER (111) ANGELA RILEY	2.00	X	-	-				· · · · · · · · · · · · · · · · · · ·					
BOARD MEMBER		×						1 0		0	0		
(112) RAJ SHAH	2.00	 											
BOARD MEMBER		Х						0		0	0		
(113) SHERI SUPENA	2.00										_		
BOARD MEMBER		Х	ļ			<u> </u>	_	C		0	0		
Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	t limited to t		 liste				o re	eceived more than	\$100,000 of				
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scheen	icer, directo	or, oi ch ind	tru Iividi	ual							Yes No		
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15 mper	50,0 • • sati	00? on :) <i>If</i> fron	"Yes · · · n any	s," • • • • un	complete Schedu related organization	le J for su on or individu	ch ual	4 X		
for services rendered to the organization? If " Section B. Independent Contractors	res," comple	te Sci	nedu	iie J	ı tor	such	per	son		•	5 X		
Complete this table for your five highest corcompensation from the organization. Report year.													
(A) Name and business address (B) Description of services Compensation													
							-						
Total number of independent contractors (more than \$100,000 in compensation from t				nite	d to	thos	se I	isted above) who	received				

(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe	rson	e than c	an ee)	(D) Reportable compensation from the	(E) Reportable compensation t related organization		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization and related organizations
(114) JANIS TRATNIK BOARD MEMBER	2.00	х						C		0	(
(115) MARY WASIK BOARD MEMBER	2.00	х						C		0	
(116) MAUREEN BECHER SAGE BOARD TREASURER	6.00	х		х					<u>-</u>	0	
117) DEE DEE KATZMAN BOARD SECRETARY	6.00	x	_	х						ŭ	
(118) AURTHUR WACHHOLZ	4.30									٥	
BOARD RESOURCE MGMT CHAIR 119) PHIL NICELY	6.00	X		X						0	•
BOARD PRESIDENT 120) DANIEL REXROTH	4.30	X		X			_			0	
BOARD MISSION & OUTREACH CHAIR 121) CAROLYN CUNNINGHAM	5.00	Х		Х							
BOARD PAST PRESIDENT 122) MICHAEL BARTH	4.30	X								0	
BOARD MEMBER 123) JIM BOYERS	4.30	X					-			0	
BOARD MEMBER 124) TOM CYRUS BOARD MEMBER	4.30	X								0	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A limited to t	hose	iste	· ·			▶ ▶ o re	eceived more than	\$100,000 of		
Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	er, directo		tru								Yes No
 4 For any individual listed on line 1a, is the energanization and related organizations graindividual	eater than	\$15 	0,0	00? 	' If	"Yes	3,"	complete Schedu	le J for suc	:h ·	4 X
for services rendered to the organization? If "You Section B. Independent Contractors											5 X
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) Compensation
							+				
							+				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	e li	isted above) who	received		

(A) Name and ti	tle	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	more rson	n both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organization (W-2/1099-M	n from ons	(F) Estimated amount of other compensation from the organization and related organizations
125) SHERRI DAVIES BOARD MEMBER		4.30	x								0	
126) ERIC EASTER BOARD MEMBER		4.30	X						C		0	(
127) JEFF EDWARDS BOARD MEMBER		4.30	,									
128) ANITA GALLIARD BOARD MEMBER		4.30	X						0		0	
129) BRIAN HEALEY		4.30										
BOARD MEMBER 130) STEVEN MANNING BOARD MEMBER		4.30	X						0		U A	
131) RICHARD MOHS BOARD MEMBER		4.30	x								0	
132) RICK RHODES BOARD MEMBER		4.30	х						C		0	(
133) ANDREA SMILEY BOARD MEMBER		4.30	Х						C		0	
134) JIM STONE BOARD MEMBER		4.30	x						C		0	I
135) PATRICK ALLEN BOARD PRESIDENT		1.00	Х		Х				C		0	
to Sub-total c Total from continuation of Total (add lines 1b and 1) Total number of individual reportable compensation	c)	imited to t		liste				b b o re	ceived more than	\$100,000 o	f	
3 Did the organization lis employee on line 1a? If "Y												Yes No
4 For any individual listed organization and relate individual	on line 1a, is the s d organizations gre	um of repeater than	ortab \$15	le c	om 00?	pen	satio	n ai	nd other compens	sation from le J for s	the uch	4 X
5 Did any person listed on for services rendered to the Section B. Independent Con	ne organization? If "Ye											5 X
Complete this table for you compensation from the or year.	our five highest comp											
	(A) Name and business add	ress							(B) Description of se	ervices	С	(C) ompensation
		•••						-				
2 Total number of indeper								+-				

Part	VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employ	/ees (c	ontinued)	
	(A) Name and title	(B) Average hours per week (list any	1 '		Pos heck		e than c		(D) Reportable compensation from	(E) Reporta compensation relate	on from	(F) Estimated amount of other	
		hours for related organizations below dotted line)					Highest compensated employee		the organization (W-2/1099-MISC)	organizat (W-2/1099-	tions	compensation from the organization and related organizations	
	SARY WICKLUND	1.00											
	BOARD VICE-PRESIDENT	1 00	X		Х	⊢		_	0		0	(
`	JEREMY MEAD BOARD TREASURER	1.00	X		х				0		o	(
	DEBBIE CRAIG	1.00	,		х								
	BOARD SECRETARY HAROLD GETTY	1.00	Х	┝	Λ	├		├					
	BOARD DIRECTOR		×						0		o		
(1 <u>40)</u> [OOUG JONTZ	1.00										. (
	MONA KNOLL	1.00	Х		-	╫		H					
·	BOARD DIRECTOR		×						1 0		o	(
(142) A	ANNE LENZEN	1.00		П	_	1							
Ē	BOARD DIRECTOR		Х						0		0	(
	CLORIA GIBSON	1.00											
	BOARD DIRECTOR		X			_			0		0		
·	ATHY GOOD	1.00											
	NO HAUGLAND	1.00	X		\vdash	┡		-					
	BOARD DIRECTOR	1.00	X								o	(
(146) E	CRIC JOHNSON	1.00	X										
1b St c To d To	ub-total otal from continuation sheets to Part VII, So otal (add lines 1b and 1c)				<u> </u>			* *					
	otal number of individuals (including but not portable compensation from the organization		hose 2		d a	bov	e) who	o re	eceived more than	\$100,000	1 0		
3 Di	d the organization list any former offic	er, directo										Yes No	
or	or any individual listed on line 1a, is the significant granization and related organizations gradividual	eater than	\$15	50,0	00?	2 11	"Yes	3, "	complete Schedu	le J for .		4 X	
	d any person listed on line 1a receive or r services rendered to the organization? If "Ye											5 X	
	on B. Independent Contractors								<u> </u>				
cc	omplete this table for your five highest com impensation from the organization. Report c ear.												
	(A) (B) (C) Name and business address Description of services Compensation												
								\pm					
2 To	otal number of independent contractors (in	ncluding bu	ut no	t lin	nite	d to	o thos	se I	isted above) who	received	15-146		
	ore than \$100,000 in compensation from the								•			WEST BEING	

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not ch	Pos neck ss pe	ition more	n than the street compensated entry Highest compensated employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reports compensati relate organiza (W-2/1099	able ion from ed itions	(F) Estimated amount of other compensation from the organization and related organizations
(147) KENT ROEDER BOARD DIRECTOR	1.00	x									0
(148) JOEL SCHMIDT BOARD DIRECTOR	1.00										0
(149) MICHAEL T. (TIM) SYMOUR	1.00	X						0			
BOARD DIRECTOR (150) LAURIE JOHNSON	1.00	X						- 0		0	0
BOARD DIRECTOR (151) ALFRED (AL) WILLETT	1.00	X	<u> </u>					0		0	
BOARD DIRECTOR (152) WAYNE WINN	1.00	X						0		0	0
BOARD DIRECTOR (153) CAROLYN BARKO	1.00	Х						0		0	C
BOARD DIRECTOR (154) DEBBI ELMORE	. 30	Х						0		0	C
BOARD CHAIR (155) FRED HERMES	. 30	X		Х				0		0	<u> </u>
BOARD VICE CHAIR (156) MARY CORRIGAN	.30	X		Х				0		0	<u>C</u>
BOARD SECRETARY (157) LARRY REGIER	.30	Х		Х				0		0	C
BOARD TREASURER 1b Sub-total		<u>х</u>	Ш 	X	 			0		0	0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>	<u> </u>		· ·	· ·		<u>></u>				
Total number of individuals (including but not reportable compensation from the organization)		nose 24		a at		e) wno	o re	eceived more than	\$100,000	01	
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede 4 For any individual listed on line 1a, is the organization and related organizations greater 	ule J for suc sum of rep eater than	ch ind oortab \$15	<i>ividu</i> ile c i0,0	<i>ial</i> :om 00?	 per	sation	n ai	nd other compens	sation from le <i>J for</i>	· · · i the such	Yes No
individual	accrue con	mpen	satio	on f	ron	any	un	related organization	on or indiv	idual	4 X 5 X
Section B. Independent Contractors Complete this table for your five highest component compensation from the organization. Report of year.											
(A) Name and business add	iress							(B) Description of se	rvices	((C) Compensation
							+				
							F				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	d to	thos	e li	isted above) who	received	11	

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	Part V	II Section A. Officers, Directors, Tru	istees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employe	es (c	ontinued)	
Security		• •				Pos	ition			1 ' '	Reportable		Estimated	
Suzanne Neeker Susan Sus											'	from		
retering the participation of the grantization of the properties o										1		ns		
1561 SUZANNE MESKER 30 30 30 30 30 30 30 3			related	ord	Insi	Offi	κ _e y	emp	For	1				
159) SUZANNE MERKER BOARD OFFICER SUZANNE MERKER 30			_	irec		Se .	em_	hest	mer	(W-2/1099-MISC)				
159) SUZANNE MERKER BOARD OFFICER SUZANNE MERKER 30				학교	กล		ρος	e con				1	1	
159) SUZANNE MERKER BOARD OFFICER SUZANNE MERKER 30				uste	Į į		8	ned						
159) SUZANNE MERKER BOARD OFFICER SUZANNE MERKER 30					ê			sated						
159) DAVID HAASE BOARD OFFICER SOURCE BOARD OFFICER SOUR HASSON BOARD OFFICER SOURCE SOURC	(158) SU	JZANNE MEEKER	. 30											
SOARD OFFICER	ВС	DARD OFFICER		Х						0		0		
160) DUIS MATSON BOARD OFFICER X 611 RICHARD ZABEL BOARD OFFICER X 0 0 0 0 0 0 0 0 0 0 0 0	(159) DA	AVID HAASE	. 30											
SOABD OFFICER	BC	DARD OFFICER		Х				L		_0		0		
161) RICHARD LABEL SOARD OFFICER S	(160) DO	OUG WATSON	. 30											
SOARD OFFICER				X						0		0	(
BOARD OFFICER			. 30											
BOARD OFFICER				Х					_	0		0		
BOARD OFFICER STEPHEN BENSON 30 0 0 0	`		. 30											
SOARD OFFICER				X			_		_	0		0		
BOARD OFFICER	`		. 30								ļ			
BOARD OFFICER STATE STATE			20	X	-	-			L	0				
BOARD OFFICER			. 30	,,								0		
BOARD OFFICER 100			20	X			-			U			-	
BOARD PRESIDENT 1.00 BOARD TREASURER 1.00 BOARD TREASURER 1.00 BOARD TREASURER 1.00 BOARD SECRETARY 1.00 BOARD SECRETARY 1.00 BOARD SECRETARY 1.00 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total from continuation from the organization 24 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received				U						,		0		
BOARD PRESIDENT 100 167) FELICIA GARANT 100 BOARD TREASURER 100 BOARD SECRETARY 100 100 101 102 103 104 105 105 105 105 105 105 105			1 00	_^	-		-		1				·	
BOARD TREASURER 1.00						v			ł			n		
BOARD TREASURER 1.00 BOARD SECRETARY 1.00 BOARD SECRETARY 1.00 C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received			1 00	Λ	\vdash	^	\vdash					$\overset{\smile}{-}$		
BOARD SECRETARY 1b Sub-total Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total inumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 24 Yes, N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received				v		v						C		
BOARD SECRETARY X 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 24 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			1 00		\vdash	_	-							
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 24 Yes N Joid 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 employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received				x		х				c		0		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 24 Yes N Joid 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 employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	1b Suk	o-total			_									
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Programment of independent contractors (including but not limited to those listed above) who received Yes N Yes Complete the checkeded of the organization or hidded organization or individual organization or i	d Tot	al (add lines 1b and 1c)											L	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Tot	al number of individuals (including but not	limited to t	hose	liste	d a	bov	e) wh	о ге	eceived more than	\$100,000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	rep	ortable compensation from the organization	n 🕨	24	1						<u> </u>			
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received													Yes No	
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													(C)	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	em	ployee on line 1a? If "Yes," complete Schedu	ule J for su	ch ina	livid	ual						•	3 X	
individual	4 For	any individual listed on line 1a, is the	sum of rep	ortat	ole d	com	per	nsatio	n a	nd other compen-	sation from t	he		
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												ch	THE REAL PLANS	
for services rendered to the organization? If "Yes," complete Schedule J for such person													7/4/C/S ACCOUNT GARD	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received													-	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received			es, compie	te Sci	neat	iie J	i toi	sucn	per	rson		* *	5 ^	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received			noncated i	ndone	ande	ant	000	tracto	re 1	that received more	than \$100 (100 4	of.	
year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received														
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received		· ·						,						
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received														
more than \$100,000 in compensation from the organization ▶						nite	d to	tho:	se I	isted above) who	received			

Part VII Section A. Officers, Directors, To (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not cl	Pos neck s pe	ition more rson irect	and the state of t	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportation compensation related organization (W-2/1099-I	ole n from ons	(F) Estimated amount of other compensation from the organization and related organizations		
(169) DR. RONALD BAILYN	1.00												
BOARD DIRECTOR		X			<u> </u>	_			-	Ų	U		
(170) CYNTHIA CAVE BOARD DIRECTOR	1.00	×						c		0	0		
(171) MARLENE COSTA	1.00												
BOARD DIRECTOR		Х						c)	0	.0		
(172) WILLIAM JENKS	1.00]					
BOARD DIRECTOR		X						c		0	0		
(173) ROBERT O'KEEFE													
BOARD DIRECTOR	×	0	0										
(174) ELISABETH PAINE													
BOARD DIRECTOR	ol .	o	0										
(175) MARILYN PAGE	1.00				Т								
BOARD DIRECTOR		Х						0		0	0		
(176) CHRIS JONES	1.50		Т		Г								
BOARD PRESIDENT	-	X		Х				0		0	0		
(177) JOSEPH P. PLATT	1.00	_	\vdash		Т								
BOARD TREASURER		1 x		Х						ol	0		
(178) DEBBIE BIEHL	1.50						\vdash						
BOARD SECRETARY		X		х				(0	0		
(179) DAVID MARKS	1.50		\vdash		 								
BOARD PAST PRESIDENT		\mathbf{x}		х			1	1		0	0		
1b Sub-total		1					<u> </u>						
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	<u> </u>						>	eceived more than	\$100,000 o	of			
reportable compensation from the organizati	on 🕨	2	4							·· -			
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche											Yes No		
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	1 \$15	50,0	00?) 	"Yes	5,"	complete Schedu	le J for s	such • •	4 X		
5 Did any person listed on line 1a receive of for services rendered to the organization? If "											5 X		
Section B. Independent Contractors													
 Complete this table for your five highest co compensation from the organization. Report year. 	mpensated i compensat	indepi ion fo	ende r the	ent e ca	con	tracto dar ye	ors t	that received more ending with or wit	e than \$100 hin the orga	,000 c nizatio	of n's tax		
(A) (B) (C) Name and business address Description of services Compensation													
		_					+						
2 Total number of independent contractors more than \$100,000 in compensation from				nite	d to	thos	se I	listed above) who	received				

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and l	ligi	hest Compensat	ed Employ	ees (d	continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box,	unles r and	Pos heck ss pe	rson lirect	than of is both or/trust employed	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensation related organizati (W-2/1099-	n from I ions	(F) Estimated amount of other compensation from the organization and related	
	line)	1 trustee	Institutional trustee		oyee	Highest compensated employee					organizations	
(180) CATHY TIVOL MASLAN BOARD PAST PRESIDENT	1.00	Х		х				0			0	
(181) JOHN AISENBREY	1.00	<u> </u>		Λ.				Ĭ				
BOARD MEMBER (182) BENJAMIN BILLER	1.00	Х					L	0		0	0	
BOARD MEMBER	1.00	X						0		0	0	
(183) KAY GAFFNEY	1.00								_	_		
BOARD MEMBER (184) JANE DICKINSON KRESS	1.00	X					\vdash	0			<u> </u>	
BOARD MEMBER		х						0		0	0	
(185) MIKE LEVITAN	1.00									0	0	
BOARD MEMBER (186) ERIN MARGOLIN	1.00	X		-			 					
BOARD MEMBER		Х						0		0	0	
(187) DAVID SCHLEE BOARD MEMBER	1.00	x						0		0	0	
(188) MARY STADLER	1.00											
BOARD MEMBER		Х			_			0		0	0	
(189) ROB SWEATT BOARD MEMBER	1.00	X						0		0	0	
(190) RICHARD WETZEL BOARD MEMBER	1.00	Х						0		0	0	
to the sub-total continuation sheets to Part VII, and Total (add lines 1b and 1c)					· ·		▶ ►	ceived more than	\$100,000 6	of		
reportable compensation from the organization		24							· · · · · ·		T I	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo											Yes No	
4 For any individual listed on line 1a, is the organization and related organizations g individual	eater than	\$15	0,0	00?	· If	"Yes	5,"				4 X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "\"											5 X	
Section B. Independent Contractors				4				h . h	th #100	000	-£	
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 ad	dress						lacksquare	(B) Description of se	rvices	((C) Compensation	
							+					
							+					
Total number of independent contractors (more than \$100,000 in compensation from ti				nited	d to	thos	e li	isted above) who	received			

Part VII Section A. Officers, Directors, T		y En	ıplo			and F	lig		L	ees (c	
(A)	(B)				C) sition			(D) Reportable	(E) Reportab	nle	(F) Estimated
Name and title	Average hours per	(do i	not c			e than c	ne	compensation	compensatio	- 1	amount of
	week (list any					is both		from	related	- 1	other
	hours for	-	T		1	or/trust		the	organizati		compensation from the
	related organizations	₫ 💆	ns ii	Officer	eye	夏	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	organization
	below dotted	Individual trustee or director	E	۳	Key employee	st c	e.	(**-2/1055-10150)	ĺ	ļ	and related
	line)	1 E	<u> </u>	1	oye) ag					organizations
		stee	Institutional trustee		"	Highest compensated employee					
			•		L	ted			_		
(191) SUZANNE WILLIAMS	1.00	1								٨	0
BOARD MEMBER	1 200	X	\vdash	-	╀	-	 				
(192) HOLLY HUERTER MORGAN	1.00	x	ĺ	Х						٨	0
BOARD CHAIR (193) ROBIN DONOVAN	1.00	+	\vdash	Ĥ	-	 		1			
BOARD VICE CHAIR		x		Х)	o	0
(194) KIRSTINE SULLIVAN	1.00	-	\vdash		\vdash						
BOARD SECRETARY		X		Х)	0	0
(195) JAKE HOLDENRIED	1.00					l	Г			-	
BOARD TREASURER		Х		Х)	0	0
(196) WILLIAM BURKE	1.00		Г							_	
BOARD MEMBER		X	l _					C		0	0
(197) MATTHEW DRISCOLL	1.00		Π		П						
BOARD MEMBER		X						()	0	0
(198) C. K. DURYEA	1.00										
BOARD MEMBER		Х				<u> </u>		()	0	0
(199) SHARI FLOWERS	1.00]									_
BOARD MEMBER		X		_	╙	<u> </u>	_		<u> </u>	0	C
(200) WAYNE HOUSTON	1.00	-1									
BOARD MEMBER	<u> </u>	X	<u> </u>	╙	\vdash	ļ	<u> </u>	(<u> </u>	0	C
(201) JANE PROCHASKA	1.00	-							,	0	
BOARD MEMBER		X	1	l			Ļ		1		
1b Sub-total			• •			• • •		`		-	
c Total from continuation sheets to Part VII,	=							`. 			
d Total (add lines 1b and 1c)							O re	eceived more than	\$100,000 6	of	<u> </u>
reportable compensation from the organizati		2				٠, ٠٠٠٠			V 100,000		
											Yes No
3 Did the organization list any former of	icer, directe	or, o	r tr	uste	эе,	key (emp	ployee, or highes	t compens	ated	
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ind	livid	lual							3 X
4 For any individual listed on line 1a, is the	sum of re	portal	ble -	con	npe	nsatio	n a	and other compen	sation from	the	
organization and related organizations of	reater than	1 \$1	50,0	000	· 1	f "Ye	s, "	complete Schedu	ile J for s	such	DEN PRESIDENT
individual											4 X
5 Did any person listed on line 1a receive of	r accrue co	mper	nsat	ion	fror	n any	/ ur	nrelated organizati	on or indivi	dual	
for services rendered to the organization? If	Yes," comple	te Sc	hed	ule	J fo	r such	pe	rson			5 X
Section B. Independent Contractors				4				46-4	- than £100	1,000	
Complete this table for your five highest co- compensation from the organization. Report	mpensated	indep ion fo	ena r th	ent	cor alen	ntracto dar ve	ors Par	that received mon	e inan prod hin the orga	nizatic	וכ n's tax
year.	compensat			0 0.	21011	uu. ,	,,,,,	onenig v			
(A)				_			Τ	(B)			(C)
Name and business a	ddress							Description of s	ervices	(Compensation
											
							+				
							+				
							+	·			
2 Total number of independent contractors	(including h	ut no	t lir	mite	ed t	o tho	 se	listed above) who	received	62 Pr(1)	SI ISULTANI KO
more than \$100,000 in compensation from				,,,,,		0		,			

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	1plc	ye	es,	and I	-lig	hest Compensat	ed Employe	es (c	ontinued)	
(A)	(B)			(6	C)			(D)	(E)	(F)		
Name and title	Average			Pos	sition			Reportable	Reportable	Estimated		
	hours per	'				e than c		compensation	compensation	from	amount of	
	week (list any					is both		from	related		other	
	hours for		$\overline{}$			tor/trus		the	organizatio		compensation from the	
	related organizations	<u>a</u>	nst.	Officer	Key	ag ig	Former	organization	(W-2/1099-M	iisc) i	organization	
	below dotted	re d	Ē	ë	1 3	est	er	(W-2/1099-MISC)		1	and related	
	line)	Individual trustee or director] ž		employee	e co					organizations	
		usi	Įĝ		8) pe						
		ě	Institutional trustee			Highest compensated employee						
	ļ		┡	_	╙	8	L					
(202) JACK RUESCH	1.00	1								إ	0	
BOARD MEMBER	1 00	Х	⊢		⊢			0			U	
(203) JESSIE SITZ	1.00	ł								ر	0	
BOARD MEMBER		X	ļ	<u> </u>	┞	-	<u> </u>	<u> </u>			0	
(204) KATRINA WELLS PARTAIN	1.00	-						1			_	
BOARD MEMBER		Х	<u> </u>		╙			0		0	0	
(205) KATHY TEWHILL	1.00							i				
BOARD MEMBER		Х	-					0		0	0	
(206) STEVE ZUBROD	1.00										·	
BOARD MEMBER	·†	Х						0	i	0	0	
(207) KAREN LESPERANCE	4.00											
BOARD CHAIR	+	X		х				1	1	0	0	
(208) WILLIAM M. CAHN	4.00	-	-	1.	+							
`	+	-		l,				l ,	,	0	0	
BOARD VICE CHAIR	4 00	X	\vdash	Х	\vdash							
(209) NEIL KLAR	4.00			١								
BOARD VICE CHAIR 2ND		X	_	Х	ــــ	ļ					0	
(210) FRANCES PANTALEO	4.00	ļ				1	ŀ	1				
BOARD SECRETARY	ļ	X		Х				0		0	0	
(211) RICHARD MCGUINESS	4.00			1								
BOARD TREASURER	T	Х		Х				0		0	0	
(212) D.A. ABRAMS	2.00											
BOARD MEMBER	+	x						C	,	0	0	
1b Sub-total		•					•					
c Total from continuation sheets to Part VII, S	Section A		• •	• •	• •		•					
d Total (add lines 1b and 1c)	•						•		1			
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
reportable compensation from the organization		2		, 0 4	DOV	C) WIII	0 10	conved more than	4.00,000 0			
			•								Yes No	
3 Did the organization list any former office	cor directo	or or	- te	ieta		kev (am r	olovee or highes	t compensat	ted	AND 188 84	
employee on line 1a? If "Yes," complete Sched	lule I for su	ch inc	livid	นอเซ เมลไ	ъ,	ney i	annþ	hoyee, or inglies	Compensa	ieu	3 X	
											HOUSE SCHOOL STORY	
4 For any individual listed on line 1a, is the												
organization and related organizations gr										ıch	A V	
individual										• •	4 X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "\	'es," comple	te Sci	hedι	ıle .	J for	such	per	rson		• •	5 X	
Section B. Independent Contractors												
1 Complete this table for your five highest con	npensated i	ndepe	ende	ent	con	tracto	rs 1	that received more	than \$100,6	000 c	of	
compensation from the organization. Report	compensati	on for	r the	е са	ilen	dar ye	ar e	ending with or witl	hin the organ	izatio	n's tax	
year.												
(A)							Т	(B)			(C)	
Name and business ad	dress							Description of se	ervices	(Compensation	
							+	,	+			
							+					
							+	,				
							+					
							+					
										0.100	Online water and the later of	
2 Total number of independent contractors (nite	d to	o thos	se l	isted above) who	received			
more than \$100,000 in compensation from the	ne organiza	tion 🕽	>							6816		

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	l ig	hest Compensat	ed Employ	ees (d	continued)
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average				ition			Reportable	Reportal		Estimated
	hours per					e than c is both		compensation	compensatio		amount of other
	week (list any hours for					tor/trust		from the	related organizati		compensation
	related	욾	ins	9	₹ eg	Hig	Fo	organization	(W-2/1099-		from the
	organizations	류현	titu.	Officer	en	hes	mer	(W-2/1099-MISC)	`	•	organization and related
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	ee (cor	ľ				organizations
	,	78.	5		ee	npe					-
		8	stee			Highest compensated employee					
(213) DIANE APARISIO	2.00					Δ.	\vdash				
BOARD MEMBER		Х								0	0
(214) DONNA MARIA BLANCERO	2.00										
BOARD MEMBER	t	Х						c		0	0
(215) KAREN BURNS	2.00						Г				
BOARD MEMBER		Х						c		0	0
(216) DOMINIC CALGI	2.00										
BOARD MEMBER	T	Х						c		0	0
(217) ALAN DILLON	2.00										
BOARD MEMBER		Х						c		0	0
(218) LAWRENCE FORCE	2.00			"							
BOARD MEMBER		Х						C		0	0
(219) KAREN GANIS	2.00										
BOARD MEMBER		Х	L	<u> </u>		<u> </u>	<u> </u>	C		0	0
(220) JOANN KRONER	2.00									_	
BOARD MEMBER		X		_			_	<u> </u>	4	O	0
(221) CAROL MONTELEONI	2.00							_			
BOARD MEMBER		Х		_	_		L	(0	0
(222) NANCY O'CONNOR	2.00	l									
BOARD MEMBER	0.00	X		_		-	<u> </u>	1)		0
(223) RON STANTON	2.00	.,						,			
BOARD MEMBER		X					L				0
1b Sub-total											<u> </u>
c Total from continuation sheets to Part VII, S											<u> </u>
d Total (add lines 1b and 1c)							0.56	L	\$100,000,0	\f	l
reportable compensation from the organization		24		u a	DUV	e) will	0 10	ceived more man	ψ100,000 C	,	
											Yes No
3 Did the organization list any former offic	er. directo	r. or	tru	ıste	e.	kev e	emo	olovee, or highes	t compensa	ated	
employee on line 1a? If "Yes," complete Schede											3 X
4 For any individual listed on line 1a, is the											
organization and related organizations gre											
individual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Ye	es," comple	te Sch	hedu	ile J	l for	such	per	rson	<u></u>		_ 5 X
Section B. Independent Contractors											
1 Complete this table for your five highest com											
compensation from the organization. Report of year.	ompensau	OII IOI	trie	ca	ieni	uar ye	are	enang with or with	iiri iire orga	ınızatıç	IIIS LAX
(A)							Τ	(B)			(C)
Name and business add	iress							Description of se	ervices	(Compensation
							1		1		
							\top				
							T				
							I				
2 Total number of independent contractors (in				nite	d to	thos	se I	isted above) who	received		
more than \$100,000 in compensation from th	e organizat	lion 🕨	>								To 425 30 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinued)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe	rson lirect	e than o	an lee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-l	MISC)	organization and related organizations	
(224) DANIEL KATZ	1.00		П									
BOARD CHAIR		Х		Х				0		0	0	
(225) VICTORIA HINES	1.00										_	
BOARD IMMEDIATE PAST CHAIR		Х		Х				0		0	<u>C</u>	
(226) MOLLIE RICHARDS	1.00	.,		.,						,	_	
BOARD VICE CHAIR	1.00	Х		Х			-			- 0	·	
(227) RANDY TERHO BOARD SECRETARY	1	×		х						٥	ď	
(228) CHARLIE RUNYON	1.00	<u> </u>		h								
BOARD TREASURER	ļ 1	x		Х				0		0	(
(229) LISA BOYLE, M.D., MPH	1.00	 	Н									
BOARD DIRECTOR	1	х						C)	0	(
(230) MARCUS BURRELL	1.00		П									
BOARD DIRECTOR	† 	Х								0	(
(231) TODD BUTLER	1.00											
BOARD DIRECTOR		Х			<u> </u>			C		0	(
(232) MARY DAIN	1.00									1		
BOARD DIRECTOR		Х		<u> </u>	_		_	C		0		
(233) TARA GERMANO	1.00				l					_		
BOARD DIRECTOR		X						C	-	0	(
(234) KATHY GRIMES	1.00	X				1				n		
BOARD DIRECTOR		^			l		_	 	1			
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)			• •	· ·	<u> </u>		A A					
2 Total number of individuals (including but not reportable compensation from the organization		hose 24		d a	bov	e) wh	o re	eceived more than	\$100,000 c	र्म		
Teportable compensation from the organization			1								Yes No	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3 X	
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	003	2 11	"Ye	5,"	complete Schedu	ile J for s	such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individ	dual	5 X	
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of year. 												
(A) Name and business ad	dress							(B) Description of se	ervices	((C) Compensation	
							-					
							+					
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	tho	se l	listed above) who	received	V NIETZ		

Part V	Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	-tigl	hest Compensat	ed Employees	(cor	ntinued)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er an	Pos heck ss pe	rson lirect	e than o	an lee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	fficer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	2)	organization and related organizations	
	JSAN HALPERN DARD DIRECTOR	1.00	х						0		0	C	
	RIAN HEPPARD DARD DIRECTOR	1.00	Х						C		0	(
	DRMA HOLLAND DARD DIRECTOR	1.00	Х						0		0		
(238) SH	HEILA KONAR DARD DIRECTOR	1.00	x						0		0	(
(239) LC	DIS WILLIAMS-NORMAN DARD DIRECTOR	1.00	_						0		0	(
(2 <u>40)</u> BI	ILL RYAN DARD DIRECTOR	1.00	 						C		0	(
(2 <u>41)</u> G.	RUSSELL WEST	1.00	_						C		0	(
	LES ZATKOWSKY DARD DIRECTOR	1.00	Х						C		0	(
(243) EF	RIC G. WIEDEMANN, PSY.D DARD PRESIDENT	1.00	_		х				C		0	(
(244) RI	CHARD GEHRING, LCSW DARD VICE PRESIDENT	1.00	Х		x				C		0		
(245) KY	(LE J. ROOKEY, CPA DARD TREASURER	1.00	x		х				0		0	(
d Tot	al from continuation sheets to Part VII, Sal (add lines 1b and 1c)	limited to t	hose	liste					eceived more than	\$100,000 of			
3 Did	ortable compensation from the organization the organization list any former offic ployee on line 1a? If "Yes," complete Schede	er, directo		· tru								Yes No	
org: indi	any individual listed on line 1a, is the sanization and related organizations grainidual	eater than	\$15 • • • •	50,0 	007		"Ye	s," · ·	complete Schedu	le J for such	2	4 X	
for	any person listed on line 1a receive or services rendered to the organization? If "Yon B. Independent Contractors											5 X	
1 Cor	mplete this table for your five highest com npensation from the organization. Report c											s tax	
	(A) Name and business add	lress							(B) Description of se	ervices	Co	(C) mpensalion	
						-		-					
								-					
	al number of independent contractors (in re than \$100,000 in compensation from the				nite	d to	o tho:	se l	listed above) who	received			

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and I	ligi	hest Compensat	ed Employ	ees (c	ontinued)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos heck ss pe	rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	organization and related organizations	
(246) MICHELLE RAINKA, PHARM.D BOARD SECRETARY	1.00	х		х				0		0	0	
(247) ESTELLE BRICKNER, MSW BOARD DIRECTOR	1.00	Х			_			0		0	0	
(248) HORACIO A. CAPOTE, M.D. BOARD DIRECTOR	1.00	X						0		0	0	
(249) KRISTEN A. CRANDALL, LPN BOARD DIRECTOR	1.00	X						0		0	0	
(250) RANDI DRESSEL	1.00				Г			0		0	0	
BOARD DIRECTOR (251) JUDY HUTSON, MSW	1.00	X			\vdash	-					0	
BOARD DIRECTOR (252) LAURIE MENZIES, ESQ.	1.00	X									0	
BOARD DIRECTOR (253) PAM PERKINS	1.00	X					\vdash				0	
BOARD DIRECTOR (254) LINDA L. STEEG, RN, ANP/BC	1.00	X									0	
BOARD DIRECTOR (255) MARK STEVENS	1.00	-			_					0	0	
BOARD DIRECTOR (256) BARBARA S. TSCHAMLER BOARD DIRECTOR	1.00	X							/		0	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .	· · ·						eceived more than	\$100,000 c	of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched. 7 Scheduling and the organization list any former office employee on line 1a? If "Yes," complete Scheduling and the organization list any former office employee on line 1a? If "Yes," complete Scheduling and the organization list any former office employee on line 1a? If "Yes," complete Scheduling and the organization list any former office employee on line 1a? If "Yes," complete Scheduling and the organization list any former office employee on line 1a? If "Yes," complete Scheduling and the organization list any former office employee on line 1a? If "Yes," complete Scheduling and the organization list any former office employee on line 1a? If "Yes," complete Scheduling and the organization list any former office employee on line 1a? If "Yes," complete Scheduling and the organization list any former office employee on line 1a? If "Yes," complete Scheduling and the organization list and the organizat	n ▶ cer, directo	2 ² or, or	tru	uste	e,	key i	emp	oloyee, or highes	t compens	ated	Yes No	
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15 • • •	50,0 • •	00?	? II	"Ye	s,"	complete Schedu	le J for s	uch	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors											5 X	
Complete this table for your five highest com- compensation from the organization. Report of year.	npensated i	ndepe on for	ende the	ent e ca	con	tracto dar ye	ors i	that received more ending with or with	e than \$100 hin the orga	,000 o	of on's tax	
(A) Name and business add	dress							(B) Description of se	ervices	((C) Compensation	
Total number of independent contractors (i more than \$100,000 in compensation from the contractors of t				nite	d to	o tho	se I	listed above) who	received			

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	ıplo	ye	es,	and l	Hig	hest Compensat	ed Employe	ees (d	continued)
(A) Name and title	(B) Average hours per	1 '		Pos heck		e than o		(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)				lirect	Highest compensated		from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		compensation from the organization and related organizations
(257) DAVID ZAPFEL, MPA	1.00										
BOARD DIRECTOR		X	_		_		_	0		0	0
(258) SUE STEIGER	. 30	١		l		1				_	
BOARD PRESIDENT		X	_	Х	ļ			0		0	C
(259) D. JOE FLEMMING	. 30	٠,,		١,,						^	_
BOARD VICE PRESIDENT (260) ELIZABETH KOZENKO	20	X	_	Х			⊢	0	-	U	(
BOARD TREASURER	.30			U						0	,
(261) DOUG MACKAY	. 30	Х	-	X	⊢		⊢				ļ
BOARD SECRETARY		×		x	-			_		0	,
(262) JENNIFER LILE	.30	1^		<u> </u>	├—			· · · · ·		- 0	
BOARD TRUSTEE		x				•				Λ	(
(263) MICHELLE HENRY	. 30	<u>^</u>	-		\vdash						
BOARD TRUSTEE		x						0		0	0
(264) LARRY RAY	.30	 		\vdash	\vdash						
BOARD TRUSTEE		Х			ļ			l 0		0	(
(265) DR. DAN VANDUSSEN	. 30		Г								
BOARD TRUSTEE		Х						0		0	(
(266) DEBBIE GUILLERMO	. 30		П								
BOARD TRUSTEE		Х						0		0	c
(267) JOAN URONIS	. 30										
BOARD TRUSTEE		X						0		0	(
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)			· ·	• •			A A A				
2 Total number of individuals (including but not reportable compensation from the organization		hose 24		d al	bove	e) who	o re	eceived more than	\$100,000 of	•	
reportable compensation from the organization		24	1								Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, directo ule J for suc	r, or ch ind	tru <i>ividt</i>	ıste ual	e, I	key e	mp	oloyee, or highes	compensa	ted	3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf.	"Yes	,"	complete Schedu	le J for su	the uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," comple	mpen te Sch	satio nedu	on i ile J	fron For	any such	uni per	related organizations	on or individ	ual • •	5 X
Section B. Independent Contractors											
Complete this table for your five highest com compensation from the organization. Report of year.											
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compensation
							\perp				
		-									
Total number of independent contractors (ir more than \$100,000 in compensation from the				nited	d to	thos	e li	isted above) who	received		

Par	t VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and F	ligi	hest Compensat	ed Employ	ees (c	ontinued)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson direct	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other compensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		from the organization and related organizations	
(260)	CINDY CUDICATAN	20	ļ		_	<u> </u>	a.						
(268)	CINDY CHRISTIAN BOARD TRUSTEE	. 30	Х						_		٥	0	
12691	DR. DEANNA FRYE	. 30			\vdash	├─		-					
(202/	BOARD TRUSTEE		×						0		0	0	
(270)	BRIAN J. RICHARDSON	.50		\vdash		Н							
	BOARD PRESIDENT	<u> </u>	Х		х				0		0	0	
(271)	BONNIE H. MARCUS	. 50											
	BOARD SECRETARY		Х		Х				0		0	0	
(272)	LEWIS M. BAUM	. 50											
	BOARD TREASURER		Х	<u> </u>	Х	1		_	0		0	0	
(273)	JAN CULVER	. 50	1									_	
1274	BOARD PRESIDENT-ELECT	.50	Х	\vdash				┝	0		U	0	
(2/4)	ROBERT A. DURHAM BOARD VICE PRESIDENT		X						,		٥	0	
(275)	COLLETTE APPOLITO	.50	-	\vdash		 			<u>~</u>				
(<u> </u>	BOARD VICE PRESIDENT	l	x						0		0	0	
(276)	STEVEN OSGOOD	.50	_									1	
	BOARD VICE PRESIDENT		Х						0		0	0	
(277)	GAIL L. SANDS	. 50											
	BOARD VICE PRESIDENT		Х	L					0		0	0	
(278)	RONALD C. STANSBURY	. 50	4								_		
	BOARD VICE PRESIDENT		Х				l	<u> </u>	0		<u>U</u>	0	
C	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	•						<u> </u>					
	Total number of individuals (including but not reportable compensation from the organization		hose 24		d a	bov	e) who	o re	eceived more than	\$100,000 o	f		
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schede	er, directo	or, or ch ind	tru Iividi	uste u <i>al</i>	е, 	key e	emp	oloyee, or highes	t compensa	ated	Yes No	
	For any individual listed on line 1a, is the a corganization and related organizations graindividual	eater than	\$15	50,0	00?	2 11	"Yes	3, "	complete Schedu	le J for s	uch	4 X	
	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo											5 X	
	tion B. Independent Contractors												
	Complete this table for your five highest com compensation from the organization. Report of year.												
	(A) Name and business add	dress							(B) Description of se	rvices	((C) Compensation	
		-											
								L			0		
	Total number of independent contractors (in more than \$100,000 in compensation from th				nite	a to	thos	se l	isted above) who	received			

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	уе	es,	and I	Hig	hest Compensat	ed Employ	yees (c	ontinued)
(A) Name and title	(B) Average			Pos	C) sition			(D) Reportable	(E) Reporta	able	(F) Eslimated
	hours per					e than o is both		compensation	compensati		amount of other
	week (list any hours for			dad		or/trust		from the	relate organiza		compensation
	related	or c	Insi	Officer	Key	Hig	Former	organization	(W-2/1099		from the
	organizations below dotted	lirec	ituti	eq.	9	hest	mer	(W-2/1099-MISC)			organization and related
	line)	lor al	onal		Key employee	e con					organizations
		Individual trustee or director	Institutional trustee		8	lpen					
		1 10	tee		İ	Highest compensated employee					
(279) JIM NASH	.50	-		_	-	_	\vdash				
BOARD VICE PRESIDENT AT LARGE		x				ŀ		۱ ،		0	n
(280) JEFFERY K. PATTERSON	. 50		\vdash		-			ľ			
BOARD VICE PRESIDENT AT LARGE		Х						l 0		0	0
(281) CHRISTINE F. BRANCHE	.50						\vdash				
BOARD TRUSTEE		x						l 0		0	0
(282) PABLO A. CASTRO, III	.50										
BOARD TRUSTEE		х						0		0	0
(283) BONNIE N. DICK	.50										
BOARD TRUSTEE		Х				L		0		0	0
(284) KEITH A. FEICKS	.50										
BOARD TRUSTEE		Х						0		0	0
(285) NEIL GOLLI	.50										
BOARD TRUSTEE		Х					<u> </u>	0		0	0
(286) BETSY JOHNSON	.50										
BOARD TRUSTEE		Х					_	0		0	0
(287) BRUCE T. LAMB	.50									j	
BOARD TRUSTEE		Х	$ldsymbol{ldsymbol{ldsymbol{eta}}}$				<u> </u>	0		0	0
(288) JAMES E. LARUE	. 50										
BOARD TRUSTEE	5.0	Х	<u> </u>		_		<u> </u>	0		0	0
(289) DANIELLE M. MORRIS	. 50	.,									_
BOARD TRUSTEE		X					Ļ	0		0	0
1b Sub-total											
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)											
Total number of individuals (including but not							o ro	caived more than	\$100,000	l	
reportable compensation from the organization		24		u aı	JU V 6	5) WIII	0 16	ceived more man	φ100,000 t	J1	
											Yes No
3 Did the organization list any former office	er directo	r or	tri	istei	e 1	kev e	em n	Jovee or highest	compens	hate	Mean River make
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the											
organization and related organizations gr											
individual											4 X
5 Did any person listed on line 1a receive or	accrue coi	mpen	satio	on f	ron	anv	un	related organization	n or indivi	dual	
for services rendered to the organization? If "Y	es," complet	le Sch	nedu	le J	for	such	per	son			5 X
Section B. Independent Contractors											
1 Complete this table for your five highest com											
compensation from the organization. Report	compensation	on for	the	cal	lenc	lar ye	ar e	ending with or with	in the orga	inizatio	n's tax
year.							_				
(A) Name and business ad	dress							(B) Description of se	nvices	,	(C) Compensation
maine and pusitiess au	JI 699						+	Description of Se	vices		ompensation
							+				
							╁				
							+				
							+				
2 Total number of independent contractors (i	ncluding by	ıt not	lim	iter	1 10	thos	e li	sted above) who	received		
more than \$100,000 in compensation from the	e organizat	ion 🌗	>		- 10		. U	0.00 00010j WIIO	, coolved		

	ection A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for	(do i	not c unle	Pos heck ss pe d a d	c) sition more erson lirect	e than o is both or/trust	ne an	(D) Reportable compensation from the	(E) Reportable compensation for related organizations	rom	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	ic)	organization and related organizations
	K G. PAOLETTA	. 50	1									
(291) ESTHER	TRUSTEE	.50	Х		┢	\vdash		H			٦	
	TRUSTEE		×						1 0		٥	
(292) ANTONY		. 50	×		-				0		0	
(293) MARY A	NN H. SHAMIS TRUSTEE	. 50							0		0	
(294) MARSHA	· · · · · · · · · · · · · · · · · · ·	. 50	· · · · · · · · · · · · · · · · · · ·		Γ				0		0	
(295) ADRIAN	D. THOMPSON TRUSTEE	. 50	_						0		0	ı
(296) JILL W BOARD	HELAN TRUSTEE	. 50	Х						0		_ 0	
(297) GREG C	OMFORT	1.00				П						
	PRESIDENT		Х		Х				0		0	
298) JOHN P	· 	1.00										
	VICE PRESIDENT		Х	L	Х	<u> </u>			0		0	<u> </u>
299) PATRIC		1.00	1							1		
	SECRETARY		X	_	Х				0		0	
300) JIM KE	TREASURER	1.00	X		Х							
					_^	ŀ		_	· · · · · · · · · · · · · · · · · · ·			
c Total from	n continuation sheets to Part VII, S d lines 1b and 1c)							A A A				
2 Total num	ber of individuals (including but not compensation from the organization	limited to t		liste				о ге	ceived more than	\$100,000 of		
3 Did the employee	organization list any former offic on line 1a? If "Yes," complete Sched	cer, directo	or, or	tru lividi	uste ual	е,	key e	emp	loyee, or highes	t compensated	<u>.</u>	Yes No
4 For any ii organizati	ndividual listed on line 1a, is the on and related organizations gr	sum of repeater than	ortab \$15	ole o 50,0	om 00?	per	satioi <i>"Yes</i> "	naı s,"	nd other compens	sation from the	e h	4 X
	person listed on line 1a receive or as rendered to the organization? <i>If "</i> Y											5 X
	dependent Contractors											
	this table for your five highest comation from the organization. Report of											
	(A) Name and business ad	dress							(B) Description of se	rvices	С	(C) ompensation
2 Total num	ber of independent contractors (i	ncluding bu	ut not	lin	nite	d to	thos	ie li	isted above) who	received	સ્વાઈ ક	

-	A. Officers, Directors, Tru (A) ne and title	(B) Average hours per week (list any hours for	(do l	not ci unles	Pos heck ss pe d a d	c) ition more rson irect	e than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organizat	ible on from d	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	-MISC)	from the organization and related organizations
301) JOANIE JOHNS BOARD PAST F		1.00	Х								0	
(302) BILL BLACK	RESIDENI	1.00		-	Н	\vdash				'		'
BOARD MEMBER			X					_	0		0	515.5
303) JOHN BURKHAF		1.00	1									
BOARD MEMBER 304) PETER BURY	₹	1.00	Х		H			H	0	1	U	
BOARD MEMBER	<u> </u>	1.00	×						0		0	
305) JIM FLYNN	•	1.00	_	\vdash		\vdash		Н	Ĭ			
BOARD MEMBER	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Х						C		0	
306) COLLEEN GLYN		1.00										
BOARD MEMBER			Х	<u> </u>		<u> </u>		L	0	,	0	
) GLORIA GROAT 1.00 DO NEMBER 0											
308) CHARLES HAUE		1.00	_		\vdash	\vdash		H		1	0	
BOARD MEMBER			X						l c		0	
309) CAROL DRESKA	4	1.00						Т				
BOARD MEMBER	R		Х						C	,	0	
310) PAM LIEBERT		1.00								ļ	0	
BOARD MEMBER (311) JEFFREY MILK		1.00	X		\vdash	\vdash		H		1	- 0	<u> </u>
BOARD MEMBER		1	×						C	j	0	
d Total (add lines 1	uation sheets to Part VII, So b and 1c)	· · · · · · · ·	· · ·	<u> </u>	· ·	· ·			eceived more than	\$100,000	of	
	nsation from the organization ation list any former offic		or, or			е,	key 6	emp	oloyee, or highes	t compens	ated	Yes No
4 For any individual organization and	1a? If "Yes," complete Schedu I listed on line 1a, is the s related organizations gre	sum of repeater than	ortab	ole o 50,0	com 100?	pen	satio	n a	nd other compens	sation from	the such	3 X
individual												
Section B. Independe												
	le for your five highest com n the organization. Report c											
	(A) Name and business add	ress							(B) Description of se	ervices	C	(C) Compensation
								<u> </u>				
	independent contractors (in 00 in compensation from the				nited	d to	thos	e l	isted above) who	received		

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not ch unles	Pos neck ss pe	ition more	than of the Highest compensated	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation f related organizations (W-2/1099-MIS	rom	(F) Estimated amount of other compensation from the organization and related organizations
(312) CHARLIE SMITH	1.00		e			led	_			\dashv	
BOARD MEMBER		Х			L			0		0	0
(313) TYUS NEDD BOARD MEMBER	1.00	Х						0		0	0
(314) JEANNY SMIAITIS BOARD MEMBER	1.00	Х						C		0	0
(315) MIKE ZIEG BOARD MEMBER	1.00	Х						C		0	0
(316) CHUCK WHITE	1.00									\neg	
BOARD MEMBER		Х	Ш	<u> </u>				C		0	C
(317) JOHN WISEMAN BOARD MEMBER	1.00	Х						C		0	C
(318) DAVID DUDON BOARD PRESIDENT	BOARD PRESIDENT X X 0										
9) STEVE ARNOLD 5.00 BOARD TREASURER/ VP FINANCE X X 0											
(320) DENNIS STAUFFER) DENNIS STAUFFER 5.00										(
BOARD SECRETARY (321) VICKIE CARRAHER	4.00	X	-	Х	⊢	-				-4	
BOARD VP PUBLIC POLICY	4.00	Х)	o	(
(322) LARRY LAWHORNE BOARD VP CHAPTER PROGRAMS	5.00	X								0	(
total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste				№ • о ге	eceived more than	\$100,000 of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or, or ch ina	tru lividi	ual	• •						Yes No
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15 	60,0 • •	00?) 	"Ye	s,"	complete Schedu	le J for suc	:h ·	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											
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	ervices	((C) Compensation
							+				
							+				
Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	o thos	se I	isted above) who	received		

Part VII Section A. Officers, Directors, 1 (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not cl unles	Pos heck	C) sition more erson lirect	than of the state	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	le n from ons	(F) Estimated amount of other compensation from the organization and related organizations	
(323) MARK LEVY BOARD VP DEVELOPMENT	5.00	×								0	0	
(324) CHARLIE HOLDERMAN BOARD MEMBER	6.00	X						0		0	0	
(325) MICHELE LUCUK	1.00	- ,,										
BOARD MEMBER (326) JOEL SIEFERT	5.00	X					-				0	
BOARD MEMBER		Х						0		0	0	
(327) JOE STEWART BOARD MEMBER	5.00	×						0		0	0	
(328) JUDY WYATT	5.00	-						. •				
BOARD MEMBER		0	0									
BOARD PRESIDENT) GALE DOXSIE 2.00 DOX NOT BOARD PRESIDENT X X X 0											
(330) WILLIAM MESSER) WILLIAM MESSER 1.00											
BOARD VICE PRESIDENT (331) DAVID DIMMER	1.00	X		Х			_	C		0	c	
BOARD VICE PRESIDENT		X		Х				C		0		
(332) DAVE KOENIG	2.00											
BOARD TREASURER		Х		Х			L	С		0	C	
(333) WILLIAM H. CONLISK BOARD SECRETARY	1.00	×		x						0		
to Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	ot limited to t		 liste				▶ • <p< th=""><th>eceived more than</th><th>\$100,000 of</th><th>f</th><th></th></p<>	eceived more than	\$100,000 of	f		
3 Did the organization list any former of employee on line 1a? If "Yes," complete School											Yes No	
 4 For any individual listed on line 1a, is the organization and related organizations individual 5 Did any person listed on line 1a receive expressions. 	greater than	\$15 	50,0 	00?		"Ye	s," 	complete Schedu	le J for si	uch • •	4 X	
for services rendered to the organization? If Section B. Independent Contractors											5 X	
Complete this table for your five highest compensation from the organization. Report year.												
(A) Name and business a	address							(B) Description of se	ervices	((C) Compensation	
Total number of independent contractors more than \$100,000 in compensation from				nite	d to	thos	se I	isted above) who	received			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per	(do i	not c	Pos	C) sition more	e than c	one	(D) Reportable compensation	(E) Reporta compensatio		(F) Estimated amount of	
	week (list any hours for related	office	er an	dad	lirect	is both or/trusi 명표	ee)	from the organization	relate organizat (W-2/1099-	d tions	other compensation from the	
	organizations below dolled line)	Individual trustee or director	Institutional trustee	Officer	Key employee	ghest cor	Former	(W-2/1099-MISC)	(**-271035-	WIIOC)	organization and related organizations	
		rustee	trustee		/ee	Highest compensated employee				·		
(334) RICHARD BAKER	. 50				\vdash							
BOARD MEMBER (335) FARLEY K. BANKS	. 50	X	-	_	L			0		0	0	
BOARD MEMBER		Х						0		0	0	
(336) ALEX CATCHINGS	. 50											
BOARD MEMBER		Х			L			0		0	0	
(337) PATTY GELB BOARD MEMBER	.50	X						0		0	0	
(338) ERIC GOLUS	.50	<u> </u>										
BOARD MEMBER		Х						0		0	0	
(339) JUDITH KEESEE	.50	×								•		
BOARD MEMBER (340) RICHARD KENNY			. <u>C</u>									
BOARD MEMBER	0	c										
(341) MATT LANGHAM	. 50		Г									
BOARD MEMBER		Х		L.	L			0		0	C	
(342) ELIZABETH LATIMER	. 50	.,								0	,	
BOARD MEMBER (343) REV. TIMOTHY M. STORMS	.50	Х	-				-	<u> </u>		U	C	
BOARD MEMBER	† 	Х						0		0	c	
(344) DIANE WINGER	. 50											
BOARD MEMBER		Х					L.	0		0		
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	•						A A A					
2 Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	ceived more than	\$100,000	of		
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	emp	oloyee, or highest	t compens	ated	Yes No	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ivid	ual					[.]		3 X	
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	00?	lf.	"Yes					4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any					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 ad	dress							(B) Description of se	rvices	c	(C) Compensation	
							+					
									_		-	
							\vdash					
	Total number of independent contractors (including but not limited to t more than \$100,000 in compensation from the organization ▶									Kall I		

Pa	rt VII Section A. Officers, Directors, Tru	istees, Ke	y En	ıplo	ye	es,	and l	ligi	hest Compensat	ed Emplo	yees (d	continued)
	(A) Name and title	(B) Average hours per	(do i	not cl	((Pos heck	C) sition more	e than c	ne	(D) Reportable compensation	(E) Reports compensati	able ion from	(F) Estimated amount of other
		week (list any hours for related organizations below dotted line)					or/tighest compensated		from the organization (W-2/1099-MISC)	relate organiza (W-2/1099	tions	compensation from the organization and related organizations
(345)	CRAIG SILBERG	5.00									,	
	BOARD CHAIR		Х		Х			<u> </u>	0		0	0
(346)	JEFF COPE BOARD VICE-CHAIR	4.00	х		х				0		0	0
(347)	DAVID DEARMAN	4.00										
	BOARD TREASURER & SECRETARY		Х		Х	$ldsymbol{ld}}}}}}$			0		0	0
(348)	CHRISTIAN BALDWIN BOARD DIRECTOR	3.00	х						0		0	. 0
(349)	CALVIN BATTLE	3.00					1	l				
	BOARD DIRECTOR		Х						0		0	0
(350)	GALE BOLLINGER BOARD DIRECTOR	3.00	×						0		0	0
(351)	JUSTIN BROWN	3.00			_		_	$\overline{}$				
	BOARD DIRECTOR		Х						0		0	0
(352)	DENNIS CAMERON	3.00										
	BOARD DIRECTOR		Х						0		0	0
(353)	BEVERLY CASTLEBERRY	3.00										
	BOARD DIRECTOR		х						0		0	0
(354)	ALICE DAHLGREN	3.00										
	BOARD DIRECTOR		Х						0		0	0
(355)	COLLEEN DAME	3.00										
	BOARD DIRECTOR		Х	li					0		0	0
1b	Sub-total											
С	Total from continuation sheets to Part VII, Se	ection A						\blacktriangleright				
d	Total (add lines 1b and 1c)							>				
2	Total number of individuals (including but not li reportable compensation from the organization	imited to the		iste				re	ceived more than	\$100,000	of	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or ch ind	tru ividu	iste ual	e,	key e	emp	oloyee, or highes	compens	ated	Yes No
	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	· If	"Yes	,"	complete Schedu	le J for		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	
	tion B. Independent Contractors											
	Complete this table for your five highest com- compensation from the organization. Report of year.											
	(A) Name and business add	ress							(B) Description of se	rvices	((C) Compensation
	<u></u>							-				
								F				
								+				
	Total number of independent contractors (including but not limited to those listed above) who rece more than \$100,000 in compensation from the organization ▶											

	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos heck ss pe	more rson lirect	e than o	an iee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization and related organizations
(356)	SUSAN DORNBLASER	3.00							_			
(257)	BOARD DIRECTOR DAVID FERGUSON	3.00	Х			_		\vdash		<u>'</u>	Ü	<u> </u>
(32/)	BOARD DIRECTOR	3.00	X			Į					n	
(358)	DOUG FRANKLIN	3.00	<u> </u> ^		\vdash			\vdash		1		
	BOARD DIRECTOR	3.00	X								0	
(359)	KIM FRENCH	3.00										
	BOARD DIRECTOR		х						l c)	0	
(360)	ROB GARRETT	3.00					l					
	BOARD DIRECTOR		X	Ш	$ldsymbol{ld}}}}}}$			L	C		0	
(3 <u>61)</u>	JUDY GIBSON	3.00										
	BOARD DIRECTOR		Х	Ш	\vdash						0	
(362)	SCOTT GRAUER	3.00									_	
13631	BOARD DIRECTOR RICK HADRAVA	3.00	Х	-				<u> </u>	C)	U	
(202)	BOARD DIRECTOR	3.00	Х								0	
(364)	CHARLIE HARDING	3.00	_^	Н	-					1	- 0	
(307)	BOARD DIRECTOR	3.00	×						, ا		Ω	
(365)	JOHN HICKEY	3.00						\vdash	,			
	BOARD DIRECTOR		x								0	
(366)	JIM HOLMAN	3.00				-						
	BOARD DIRECTOR		Х						c		0	
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not	ection A .				• •		▶ > re	eceived more than	\$100,000 of		
3	reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo		tru								Yes No
	For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	ortab \$15	le c 0,0	om 00?	pen	satioi "Yes	n ai	nd other compens	sation from the	e :h	4 X
	Did any person listed on line 1a receive or for services rendered to the organization? If "You ction B. Independent Contractors											5 X
1	Complete this table for your five highest comcompensation from the organization. Report oyear.											
_	(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) Compensation
					_							

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	n of the state of	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatio related organizat (W-2/1099-	on from J ions	(F) Estimated amount of other compensation from the organization and related organizations
367) SALLY HOOD BOARD DIRECTOR	3.00	X						C		0	54
368) LETITIA JACKSON BOARD DIRECTOR	3.00	Х						C		0	
369) DAVID LAWSON BOARD DIRECTOR	3.00	Х						C		0	
370) DAVID LOFTIS BOARD DIRECTOR	3.00	Х						C		0	
371) DAVID MEANS BOARD DIRECTOR	3.00	Х						C		0	
372) DAVID MURLETTE BOARD DIRECTOR	3.00	X			Γ			0		0	
373) DR. WILLIAM ORR BOARD DIRECTOR	3.00	X						(0	
374) KAY PALMER BOARD DIRECTOR	3.00	X								0	
375) TOM PALMER BOARD DIRECTOR	3.00	X						0		0	
376) DE WAYNE PATTERSON BOARD DIRECTOR	3.00	X								0	
377) ERIN PETERS BOARD DIRECTOR	3.00	X			Г					0	.,,,
1b Sub-total							A A				
Total number of individuals (including but not reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	n ▶ er, directo	or, or	tru	uste	:e,	key e	emp	ployee, or highes	t compens	ated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15 • • • •	 	00?	? II 	"Yes		complete Schedu	le J for s	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors						5 X					
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compensation
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nite	d tr	thos	ie I	isted ahove) who	received		

Par	t VII Section A. Officers, Directors, Tru	ıstees, Ke	es,	and I	Hig	hest Compensat	ed Employees	(continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trus	an	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	(F) Estimated amount of other compensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the	
(378)	DR. CALIN PRODAN	3.00			Г							
(370)	BOARD DIRECTOR	3 00	Х	_	_	_		_	0	 	0 0	
(3/9)	JOE RAY BOARD DIRECTOR	3.00	X								0	
(380)	DR. CHANDINI SHARMA BOARD DIRECTOR	3.00	x						0		0 0	
(381)	GREGORY SHAW	3.00		Г				Г			1	
	BOARD DIRECTOR		Х						0		0 0	
(382)	HARRY SHELINE	3.00										
/2021	BOARD DIRECTOR JULIE SLOAN	3.00	X			_		-	0		0 0	
(202)	BOARD DIRECTOR											
(384)	ROY SMITH	-		-			<u> </u>					
·	BOARD DIRECTOR						0		0 0			
(385)	LEE SWARTHOUT	3.00										
	BOARD DIRECTOR		X						0		0 0	
(386)	SUSAN WALKER	3.00										
(397)	BOARD DIRECTOR JIM WEBB	3.00	X	-				-			0 0	
	BOARD DIRECTOR	3.00	x						0		٥	
	PAUL WILLIAMS	3.00			\vdash						1	
	BOARD DIRECTOR		х						0		0 0	
c 1 d 1	Sub-total Fotal from continuation sheets to Part VII, So Fotal (add lines 1b and 1c)	ection A .						*		\$100.000 of		
	Fotal number of individuals (including but not learning but not learning) The portable compensation from the organization		nose i 24		o ai	DOV	e) wn	o re	eceived more than	\$ 100,000 01		
3 [Did the organization list any former offic	er, directo	r, or	tru	ıste	e,	key e	emp	oloyee, or highest	t compensated	Yes No	
	employee on line 1a? If "Yes," complete Schedu										3 X	
C	For any individual listed on line 1a, is the sorganization and related organizations greated organizations	eater than	\$15	0,0	00?	· If	"Yes	5, "	complete Schedu	le J for such	4 X	
5 0	Did any person listed on line 1a receive or or services rendered to the organization? If "Ye	accrue coi	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5 X	
Section B. Independent Contractors												
c	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 add	ress							(B) Description of se	ervices	(C) Compensation	
								+				
								-				
	otal number of independent contractors (in				nited	d to	thos	se li	isted above) who	received		

Part	VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportab compensation related organization	n from	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I		from the organization and related organizations
	MATT WILSON	3.00										
(390)	BOARD DIRECTOR TODD WHATLEY BOARD DIRECTOR	3.00	X						0		0	
(391)	ADELE TIBERIUS BOARD PRESIDENT	1.00	x		х							
(392)	DR. MICHAEL VILLANUEVA BOARD TREASURER	1.00	X		x				C		0	0
(393)	KATHERINE JIMENEZ BOARD SECRETARY	1.00	X		х				C		0	0
(394)	WENDY BOND BOARD MEMBER	. 50	X						C		0	0
	5) ROBERT TOZER .50 BOARD MEMBER X 0											0
) SCOTT BURTON .50 BOARD MEMBER X 0										0	C
	DAVID WALTERS BOARD MEMBER	. 50	х						C)	0	<u>(</u>
	JUDY CLARK BOARD MEMBER	. 50	х						0		0	(
	GAIL GREBE BOARD MEMBER	. 50	Х						C)	0	(
c T d T	Gub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A		<u> </u>	· ·	<u> </u>		A A	analysed mays thou	\$100,000 0		
	otal number of individuals (including but not eportable compensation from the organization		nose 24		o a	bov	e) wn	o re	eceived more than	\$100,000 6		
	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu											Yes No
i	For any individual listed on line 1a, is the storganization and related organizations grandividual	eater than	\$15 	50,0 • •	00? • •		"Yes	5,"	complete Schedu	le J for s	uch	4 X
f	Did any person listed on line 1a receive or or services rendered to the organization? If "Yo ion B. Independent Contractors											5 X
1 0	Complete this table for your five highest com- compensation from the organization. Report of ear.											
	(A) Name and business add	Iress						I	(B) Description of se	ervices	C	(C) Compensation
						_		+				
								+				
	otal number of independent contractors (in nore than \$100,000 in compensation from the	thos	se I	isted above) who	received							

Part VII Section A. Officers, Directors, Tr	ustees, Ke	es,	and I	ligi	hest Compensat	ed Employe	es (c	ontinued)			
(A) Name and title	(B) Average hours per week (list any hours for related	(do i box, office	not cl unle: er an:	Pos heck ss pe	C) sition mon erson direct	e than c is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	130)	organization and related organizations
(400) ROBERTA WEBER	. 50										
BOARD MEMBER (401) KURT SCHRADER	.50	X			-			0		0	
HONORARY BOARD MEMBER (402) RON WYDEN	.50	X						0		٠ ر	
HONORARY BOARD MEMBER (403) ANDREA CLEARKIN	1.00	X								0	
BOARD CHAIR (404) ANDREW HUNT	1.00	X	_	X				- 0		0	(
BOARD VICE CHAIR (405) GREG TIGANI	1.00	X		Х				0		0	(
BOARD VICE CHAIR (406) DOUG CHAET	06) DOUG CHAET 1.00										
BOARD SECRETARY X X 0 7) CHAD DEHART 1.00										0	
BOARD TREASURER (408) CHRISTOPHER BIEBERBACH	1.00	Х		Х				0		0	(
BOARD MEMBER (409) ADEAN BRIDGES	1.00	Х	_		_			0		0	
BOARD MEMBER (410) GEORGE CHAMBERLAIN	1.00	Х	 		H			0		0	(
BOARD MEMBER 1b Sub-total		X						C		0	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							<u>></u>				
2 Total number of individuals (including but not reportable compensation from the organization)		hose 24		d a	bov	e) who	o re	eceived more than	\$100,000 of		
Did the organization list any former officemployee on line 1a? If "Yes," complete Scheduler and the scheduler and t											Yes No
4 For any individual listed on line 1a, is the organization and related organizations guindividual	reater than	\$15	50,0	00?	? 11	"Yes	5, "	complete Schedu	le J for su		4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	n any	un	related organizati	on or individu		5 X					
Section B. Independent Contractors											
 Complete this table for your five highest con compensation from the organization. Report year. 											
(A) Name and business ad	dress							(B) Description of se	ervices	((C) Compensation
							+				
							+				
Total number of independent contractors (i more than \$100,000 in compensation from the contractors of t				nite	d to) thos	se I	isted above) who	received		

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	ıplo	ye	es,	and I	ligi	hest Compensat	1	/ees (c	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos neck ss pe	rson lirec	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportal compensation related organizat	on from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
411) ROBERT CONOVER	1.00					ā					
BOARD MEMBER	1.00	Х	Н	<u> </u>			\vdash			- 1	
412) CYNTHIA EISEN BOARD MEMBER		x						,		0	
413) STEVE FELDMAN	1.00		Н		-				1		
BOARD MEMBER		x								o	
414) CHRIS GRUBER	1.00					-					
BOARD MEMBER		x								o	
415) KAREN GURSKI	1.00		-								
BOARD MEMBER		Х								0	
416) GEORGE HAGER	1.00										
BOARD MEMBER		Х								0	
417) DEB HAUGH	1.00										
BOARD MEMBER		Х						()	.0	
418) DAVID HOFFMAN	1.00										
BOARD MEMBER		Х				-		(0	
419) RICARDO HURTADO	1.00										
BOARD MEMBER		Х						(0	
420) CAROL LIPPA	1.00					1					
BOARD MEMBER		X			_		ļ	(1	0	
421) ROBERT MARINO	1.00		ŀ		1						
BOARD MEMBER		X							<u> </u>	U	
the Sub-total continuation sheets to Part VII d Total (add lines 1b and 1c)		· · · · · · · · · · · · · · · · · · ·	• •	• • • •	 		A A A		A400.000		
2 Total number of individuals (including but r reportable compensation from the organiza		hose		d a	bov	e) wh	o re	eceived more than	\$100,000		
3 Did the organization list any former of											Yes No
employee on line 1a? If "Yes," complete Sch	edule J for su	ch inc	livid	ual							3 ×
4 For any individual listed on line 1a, is th	e sum of rej	portal	ole d	com	pe	nsatio	n a	nd other compen	sation from	the	
organization and related organizations	greater than	\$15	50,0	001	? /	f "Ye	s, "	complete Schedu	ile J for	such	THE ROLL SA
individual											4 X
5 Did any person listed on line 1a receive for services rendered to the organization? It											5 >
Section B. Independent Contractors								<u> </u>			
 Complete this table for your five highest of compensation from the organization. Report year. 	ompensated i rt compensati	ndepo ion fo	ende r the	ent e ca	cor	itracto dar ye	ear (that received more ending with or wit	e than \$100 hin the orga	0,000 d anizatio	of on's tax
(A) Name and business	address					_		(B) Description of s	ervices	((C) Compensation
							+				
							1				
							+			_	
2 Total number of independent contractors				nite	d t	o tho	se	listed above) who	received		
more than \$100,000 in compensation from	n the organiza	tion								1000000	Medical College Care

(424) MICHAEL RUSSOMANO 1.00 BOARD MEMBER X 0 (425) THOMAS SIBSON 1.00 BOARD MEMBER X 0 (426) CARL UNDERLAND 1.00 BOARD MEMBER X (427) MICHAEL WALKER 1.00 BOARD MEMBER X (428) GORDON WASE 1.00 BOARD MEMBER X (429) BEN MUSTIAN 5.00 BOARD CHAIR X (430) GAIL STOKES 5.00 BOARD TREASURER X (431) TOM KIRBY 5.00 BOARD TREASURER X (432) DEB LEWIS 5.00 BOARD SECRETARY X 1b Sub-total 0 c Total from continuation sheets to Part VII, Section A 0 d Total (add lines 1b and 1c) 24 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 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	Pai	t VII Section A. Officers, Directors, Tru	and I	ligl	hest Compensat	ed Employe	es (c	ontinued)						
Compensation Com			Average hours per week (list any	box,	unles er and	Pos heck ss pe	ition more rson lirect	is both or/trust	an ee)	Reportable compensation from	Reportabl compensation related	from	Estimated amount of other compensation	
BOARD MEMBER			organizations below dotted	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated amployee	ormer		(W-2/1099-N	IISC)	organization and related	
(423) VAL NUNNENKAMP	(422)		1.00	×		-				0		0	0	
	(423)	VAL NUNNENKAMP	1.00							0		0	0	
425 THOMAS SIBSON	(424)	MICHAEL RUSSOMANO	1.00							0		0	0	
(426) CARL UNDERLAND 1.00	(425)	THOMAS SIBSON	1.00							0		0	0	
BOARD MEMBER 1.00 0 0 0 0 0 0 0 0 0	(426)	CARL UNDERLAND	1.00	х						0		0	0	
BOARD CHAIR (429) BEN MUSTIAN BOARD CHAIR (430) GAIL STOKES BOARD VICE CHAIR (431) TOM KIRBY BOARD TREASURER (432) DEB LEWIS BOARD TREASURER Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total (add lines 1b and tc) Total mumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from 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. Total from continuation sheets to Part VII, Section A Total goal in 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. Total goal in 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. Total goal in 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. Total goal in 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. Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheet	(427)		1.00	Х						0		0	0	
BOARD CHAIR	(428)		1.00	х			Г			0		0	0	
BOARD VICE CHAIR X X X D D	(429)		5.00	Х		х				0		0	0	
BOARD TREASURER (432) DEB LEWIS BOARD SECRETARY 15 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 24 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services Compensation	(430)		5.00	Х		х				0		0	0	
BOARD SECRETARY X X 0 0	(431)		5.00	Х		х				0		0	0	
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 ▶ 24 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	(432)		5.00	Х		х				0		0	0	
The provided compensation from the organization of the organization of the organization of the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation	c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)							>					
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						d al	bov	e) who	o re	eceived more than	\$100,000 of			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													Yes No	
for services rendered to the organization? If "Yes," complete Schedule J for such person		organization and related organizations gre	eater than	\$15	0,0	00?) If	"Yes	s,"	complete Schedu	sation from the Jacobs for St	the uch		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation		for services rendered to the organization? If "Ye	accrue co es," co <i>mple</i>	mpen te Sch	sati nedu	on ile J	fron I for	n any such	un per	related organizations	on or individ	ual 	5 X	
Name and business address Description of services Compensation	1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax												
2 Total number of independent contractors (including but not limited to those listed above) who received		(A) Name and business add	lress								ervices	(
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 ▶			isted above) who	received										

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	more rson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
433) AMANDA LONG	2.00										
BOARD DIRECTOR	0.00	Х			_			<u></u>		0	
434) ANNA MANGUM	2.00										
BOARD DIRECTOR 435) CHARLES BROWN	2.00	X	\vdash		-			,		- 4	
	2.00							,	,	٨	
BOARD DIRECTOR 436) CHARLIE WILLIAMS	2.00	X	Н		\vdash		-		1	- 4	
BOARD DIRECTOR	2.00	Х						, ا		٨	
437) FORD PEARSE	2.00		Н	Н	\vdash		-			<u>`</u>	
BOARD DIRECTOR	t2-00	X						، ا		n	
438) GERALD HUSKAMP	2.00	1	Н	Н	-		-	· · · · · · · · ·	-		
BOARD DIRECTOR	† 	X						ر ا)	٨	
439) JOHN ABSHER	2.00		Н								
BOARD DIRECTOR	† 	x						l .		o	
440) JOHN BELISSARY	2.00		П								
BOARD DIRECTOR		Х						l c		0	
441) LUCIEN RICHARDSON	2.00		П								
BOARD DIRECTOR		Х						į c		0	
442) MARGARET COKER	2.00										
BOARD DIRECTOR		Х						c		0	
443) PAUL OKEN	2.00										
BOARD DIRECTOR	[Х						C)	0	
Sub-total C Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	ection A	 hose	 liste				> re	eceived more than	\$100,000 6	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.	er, directo		tru								Yes No
 4 For any individual listed on line 1a, is the organization and related organizations grandividual 5 Did any person listed on line 1a receive or 	eater than	\$15 mpen	0,0 • • sati	00? on 1	<i>If</i> fron	"Yes n any	s," · · un	complete Schedu related organizati	le J for s on or indivi	such dual	4 X
for services rendered to the organization? If "Y	es," comple	te Sci	nedu	ıle J	for	such	per	son			5 X
Section B. Independent Contractors			1.				4	the description of the second	. H 6400	000	
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) Name and business add	fress							(B) Description of se	ervices	C	(C) compensation
							+				

Part VII Section A. Officers, Directors, Tr	rustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employ	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any	(do i	not c	Pos heck	C) sition more	e than o	one	(D) Reportable compensation from	(E) Reporta compensati relate	ible on from	(F) Estimated amount of other
	hours for related organizations below dotted line)	fill Individual trustee of or director	institutional trustee	a Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	compensation from the organization and related organizations
(444) RENE KILBURN	2.00										
BOARD DIRECTOR		X	┡				_	C		0	0
(445) SARAH ROWAN	2.00									^	_
BOARD DIRECTOR		X	ļ	<u> </u>	-		-	ļ)		0
(446) SETH ZAMAK	2.00	┨					İ	,		0	0
BOARD DIRECTOR	2 00	X	⊢	_			⊢		<u>'</u>	U	0
(447) WALTON MCLEOD	2.00	┨ 。								0	0
BOARD DIRECTOR (448) WILLIAM VAN HORN	2.00	X	\vdash	\vdash	-		├		'.	- 0	<u> </u>
BOARD DIRECTOR		X						,	,	n	0
(449) GREG WILCOX	1.00	-	\vdash	-	-	-	\vdash		<u>'</u>		
BOARD CO-PRESIDENT		l x		Х					1	0	0
(450) CRAIG ELLERBROEK	1.00	 ^	\vdash	- ^`	\vdash		\vdash				
BOARD CO-PRESIDENT		l x		х				1	,	0	0
(451) RUTH SCHEMMEL	1.00	 		-	\vdash		\vdash				
BOARD SECRETARY		Х		Х				1		0	l o
(452) COLEEN THOMPSON	1.00		Т		Т		T				
BOARD TREASURER	-†	1 x		х				(0	0
(453) DR .JAMES BARKER	1.00	<u> </u>	\vdash		Т						
BOARD DIRECTOR	-†	Х								0	o
(454) JOCELYN DEPATIE	1.00				Г						
BOARD DIRECTOR		X								0	0
to Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)			<u> </u>		<u> </u>		0.16	eceived more than	\$100,000	of	
reportable compensation from the organization		2			201	0, 11 11	-		4.00,000	•	
											Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scheen											3 X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	1 \$15	50,0	003	? 11	"Ye	s, "	complete Schedu	ıle J for	the such	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	sati	on	fror	n any	r un	related organizati	on or indiv		5 X
Section B. Independent Contractors											
 Complete this table for your five highest concompensation from the organization. Report year. 											
(A) Name and business a	ddress							(B) Description of se	ervices		(C) Compensation
Total number of independent contractors (more than \$100,000 in compensation from t				nite	d to	tho:	se I	listed above) who	received		

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ıplo	ye	es,	and l	lig	hest Compensat	ed Employ	ees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	Ì			sition			Reportable	Reportab	le	Estimated
	hours per					e than c		compensation	compensation		amount of
	week (list any					is both tor/trust		from	related		other
	hours for				$\overline{}$			the	organizatio		compensation from the
	related organizations	9 6	Sti	Officer	ey.	ag igh	Former	organization	(W-2/1099-I	MISC)	organization
	below dotted	reci i	Lic.	9	<u>ặ</u>	est oye	豆	(W-2/1099-MISC)			and related
	line)	Individual trustee or director	Institutional truste		Key employee	# S				i	organizations
		uste	ള		8	pe					
		ĕ	stee			Highest compensated employee					
(455) MICHAEL MCVAY	1.00			_		ă		[_
BOARD DIRECTOR	} 	×								ام	n
	1 00	_ ^	\vdash				\vdash	-			
(456) THOMAS SIMMONS	1.00										
BOARD DIRECTOR		X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		_			0		0	
(457) STEVEN WESSTRA	1.00										
BOARD DIRECTOR		X] 0		0	0
(458) REBECCA WILSON	1.00				П						
BOARD DIRECTOR	† 	X						1 0		ol	c
(459) KEITH ASHBURN	2.00		\vdash	\vdash	\vdash			<u></u>			
	2-00	١,,		.,				Ι ,		ام	,
BOARD CHAIRMAN		Х	<u> </u>	Х	┡			0			(
(460) MATT JOHNSON	2.00										
BOARD VICE CHAIRMAN		X		Х				0	·	0	(
(461) STACEY JONES ANGEL	2.00				Π						
BOARD TREASURER	T	1 x		Х		}	1	1 0	ļ	ol	C
(462) BETTY NEUMAN	2.00			Ë				-			
	2.00	٠,		v		1		,		ام	C
BOARD SECRETARY		Х	-	Х	-		H				
(463) REBECCA CONRAD	2.00							1			
BOARD PUBLIC POLICY COMMITTEE		X	$oxed{oxed}$	L.				C		0	C
(464) DEDE WILLIS	2.00]						
BOARD PUBLIC POLICY COMMITTEE		l x							1	ol	(
(465) GAIL PLUMMER	2.00		 		T		Т				
BOARD DEVELOPMENT COMMITTEE	+	x								0	(
				_			<u> </u>		1		
1b Sub-total											
c Total from continuation sheets to Part VII, S											
d Total (add lines 1b and 1c)							<u> </u>				
2 Total number of individuals (including but not	limited to t	hose	liste	d a	bov	e) wh	o re	eceived more than	\$100,000 o	f	
reportable compensation from the organizatio		24				•					
											Yes No
3 Did the organization list any former office	er, directo	or. or	tru	ıste	e.	kev e	emr	olovee, or highes	t compensa	ated	
employee on line 1a? If "Yes," complete Sched											3 X
, •											
4 For any individual listed on line 1a, is the											の
organization and related organizations gr										uch	SACRE MINO DISC.
individual											4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on :	fror	n any	un	related organizati	on or individ	lual	Mark Division Wash
for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors	•										
Complete this table for your five highest com	noncotod i	ndone	nde	not.	000	tracto	re i	that received more	than \$100	000 c	\f
compensation from the organization. Report											
year.	Joinpensau	OII IOI	uie	; ca	II C I II	uai ye	aı	stiding with Or with	iiii the organ	IIZatio	II S tax
year.							_				
(A)								(B)			(C)
Name and business ad	dress							Description of se	ervices	C	Compensation
							T				
							+	 .	-		
							+				
							+				
							\perp				
							1				
2 Total number of independent contractors (i	ncludina bi	ut no	l lin	nite	d to	thos	se l	isted above) who	received	-2-July	A HAROTELE S
more than \$100,000 in compensation from the								,			

Pa	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not cl	Pos heck ss pe	C) sition more erson direct	and han of the standard of the	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	ed Emplo (E) Reporta compensati relate organiza (W-2/1099	able on from d tions	(F) Estimated amount of other compensation from the organization and related organizations
(466)	DEBORAH GARRETT	2.00										
(467)	BOARD COMPENSATION COMMITTEE JEFF OWENS	2.00	X	\vdash	├	H			0		U	
(407)	BOARD AUDIT COMMITTEE	2.00	X			l			0		0	(
(468)	JAY FINEGOLD	2.00										-
	BOARD MEMBER		X	L_					0		0	
(469)	DIANNE ADLETA	2.00										
	BOARD MEMBER		Х	<u> </u>					0		0	
(470)	STEVE FOLSOM	2.00							_		_	
	BOARD MEMBER		X	_	L	1		_	.0		0	
(4/1)	BOB BEZZANT	2.00	X								0	
1721	BOARD MEMBER KAY HAMMOND	2.00	^_		├─	 					U	
7/2/	BOARD MEMBER	2.00	x						l		0	
473)	LAURIE BIDDLE	2.00										
	BOARD MEMBER		Х						0		0	
474)	SALLY HOGLUND	2.00										
	BOARD MEMBER		Х	<u>L</u>				<u> </u>	0		0	
475)	DAVID DEALY	2.00										
. =	BOARD MEMBER		Х			_			0		0	
476)	JUDY JARMON DIAMOND	2.00	,,								^	
46	BOARD MEMBER Sub-total		Χ	L		<u> </u>		▶	-		0	
2 2	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	imited to t		 liste				>	eceived more than	\$100,000	of	
	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	ır, or	tru								Yes No
5	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15 mpen	50,0 • • sati	00? 	lt fron	"Yes · · · n any	," · · ·	complete Schedu related organization	le J for on or indiv	such · · · idual	4 X
	for services rendered to the organization? If "Yestion B. Independent Contractors	es," comple	te Sch	nedu	ıle J	l for	such	per	son			5 X
1	Complete this table for your five highest com compensation from the organization. Report c year.											
	(A) Name and business add	ress							(B) Description of se	ervices	((C) Compensation
								1				76
					٠.	1 .		<u> </u>		, .	A. All gracy.	168 488 5 10 20 10 10
	Total number of independent contractors (ir more than \$100,000 in compensation from the				nite	d to	thos	se li	isted above) who	received		

Part VII Section A. Officers, Directors, Ti	ustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employ	yees (c	continued)
(A) Name and title	(B) Average hours per week (list any	(do i	not cl unle:	Pos heck ss pe	C) sition more erson	e than o	one an	(D) Reportable compensation from	(E) Reporta compensati relate	able on from	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		compensation from the organization and related organizations
(477) MARY QUICENO BOARD MEMBER	2.00	Х		Г				0		0	0
(478) ANNE STARK BOARD MEMBER	2.00	х						C		0	0
(479) NELDA STRONG BOARD MEMBER	2.00	Х						C		0	0
(480) BARBARA SYPULT BOARD MEMBER	2.00	Х						C		0	0
(481) JACK BROYLES BOARD MEMBER	2.00	Х						C		0	0
(482) BOB THOMPSON BOARD MEMBER	2.00	Х						C		0	0
(483) E. RAY DINSTEL BOARD CHAIRMAN	1.00	_		x				C)		0
(484) CAROL A. MANNING, PHD BOARD VICE CHAIRMAN	1.00	Х		х				C		0	0
(485) JENNIFER FEIST BOARD TREASURER	1.00	_		x				C		0	0
(486) MONIQUE M. SHOLES, MA, LHNA BOARD SECRETARY	1.00	_		х				C		0	0
(487) BRIAN B. PHELPS BOARD DIRECTOR	1.00	-						0		0	0
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							A	poplyed more than	\$100,000	of	
reportable compensation from the organization		2		u a	DUV	e; wii	0 16	eceived more man	\$100,000		lv lu-
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee	icer, directo	or, or ch ind	tru livid	uste ual	e,	key (emp	oloyee, or highes	t compens	ated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	50,0	003	!	"Yes	s, "	complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5 X
Section B. Independent Contractors Complete this table for your five highest concompensation from the organization. Report year.											
(A) Name and business ad	Idress						\bot	(B) Description of se	ervices	((C) Compensation
							+				
	·-						-				
2 Total number of independent contractors (more than \$100,000 in compensation from t				nite	d to	thos	se I	isted above) who	received		

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not cl unles	Pos neck ss pe	C) sition more erson direct	e than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organization	ible on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	-MISC)	from the organization and related organizations
(488) RON FEINMAN, ESQUIRE BOARD DIRECTOR	1.00	x								0	0
(489) VINCENT CIBBARELLI, PHD BOARD DIRECTOR	1.00	х						0		0	0
(490) ROGER BOLES	1.00	,,									
BOARD DIRECTOR (491) BARRY N. MOORE, PHD BOARD DIRECTOR	1.00	X						0)	0	0
(492) MARGIE SHAVER BOARD DIRECTOR	1.00	х				!		C		0	0
(493) JEFFERY D. ULMER, CPA BOARD DIRECTOR	1.00	х								0	0
(494) WILLIAM L. HOWARD BOARD DIRECTOR	1.00	x								0	0
(495) DAVID R. STEPHENS BOARD CHAIR	6.00	х		х)	0	0
(496) MARION E. BACKUS	8.00			Ĥ	-				1		
BOARD VICE CHAIR		Х		Х	L					0	0
(497) GLENN A. JENNER	2.00										
BOARD TREASURER		Х		Х	<u> </u>			(0	0
(498) JOHN H. KELLAM BOARD SECRETARY	2.00	x		x						0	0
1b Sub-total							A A A C re	eceived more than	\$100,000	of	
reportable compensation from the organizatio		24				C) WIII		.ccived more than			.,
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	? If	"Yes	3, "	complete Schedu	ıle J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors 1 Complete this table for your five highest com-	:						1	that received man	- than \$100	0.000	
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) Name and business add	dress							(B) Description of se	ervices	((C) Compensation
							+				
							+				
Total number of independent contractors (if more than \$100,000 in compensation from the contractors of	ncluding bi	ut not	t lin	nite	d to	thos	e l	isted above) who	received		

Part VII Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average				ition			Reportable	Reportab	le	Estimated	
	hours per	1 '				e than o		compensation	compensation		amount of	
	week (list any hours for					is both tor/trust		from the	related		other compensatio	жn
	related		_		1	,		organization	organizatio (W-2/1099-N		from the	••
	organizations	divid	Ē	Officer	y en	phes	Forme	(W-2/1099-MISC)	(** 2,7000 **		organization	
	below dotted line)	Individual trustee or director	Institutional truste		Key employee	9 8				1	and related organization	
	,	l st	를		8	mpe						
		e e	stee			Highest compensated employee						
/400) VELLEY D. WILLIAMS DEADSON	1 00	<u> </u>				<u>a</u>	-					
(499) KELLEY R. WILLIAMS PEARSON BOARD DIRECTOR	1.00	x			-			, ا		Û		C
(500) SHANNON KANE	1.00		┢┈		-	-	H	,				
BOARD DIRECTOR		x						l)	0	J	C
(501) JAMIE ALBANO	1.00	<u> </u>	Т	Т								
BOARD DIRECTOR		х					l	c		0	i	0
(502) LEE JAMERSON	2.00											
BOARD DIRECTOR		Х						С		0		0
(503) KATRINA PARKER	2.00											
BOARD DIRECTOR		X						C)	0		(
(504) BETTY JO ROBERTS	2.00											
BOARD DIRECTOR		Х						C		0		(
(505) LISA DECOSTE	2.00	-						1				
BOARD DIRECTOR		X						C		0		(
(506) SCOTT N. ALPERIN	1.00	-										
BOARD DIRECTOR		X					L	C		0		(
(507) HUGH D. COHEN	1.00	1			-							
BOARD DIRECTOR		X	ļ	_	<u> </u>			C	<u> </u>	0		(
(508) LINDA DYER	1.00				1					_		
BOARD DIRECTOR	2.00	X		L				0	<u> </u>	0	<u> </u>	(
(509) JORDAN SMYTH, JR.	2.00	X		١,,	-							,
BOARD CHAIR		1	<u> </u>	Х	1		Ļ		1			(
1b Sub-total								1				
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	•				• •	• • •		<u> </u>				
2 Total number of individuals (including but not							0.10	ceived more than	\$100,000 o			
reportable compensation from the organizatio		24		ua	004	C) WIII	0 10	scerved more man	ψ100,000 O			
											Yes	No
3 Did the organization list any former offic	er, directo	or. or	tri	ıste	e	kev s	emn	olovee, or highes	t compensa	ited	高温 数据	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	ual							3	Х
4 For any individual listed on line 1a, is the										the		
organization and related organizations gr												
individual											4 X	
5 Did any person listed on line 1a receive or											1045	2002
for services rendered to the organization? If "Y	'es," comple	te Sch	redu	ıle J	l for	such	per	rson	. <u></u>		_ 5 1	Х
Section B. Independent Contractors												
1 Complete this table for your five highest com												
compensation from the organization. Report of year.	compensati	on for	the	ca	ien	dar ye	аг е	ending with or witi	nin the organ	nzatio	n's tax	
							_					
(A) Name and business add	drace							(B) Description of se	nrices	,	(C) Compensation	
Name and pusiness au	ui C33						+	Description of St	11003		20mperiodilori	
							+					
							+					
							+-					
							+					
2 Total number of independent contractors (in	ncluding hi	ut no	lin	nite	d to	thos	se l	isted above) who	received	(HIJDS)	State State	
more than \$100,000 in compensation from th												

Part VII Se	ection A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (d	continued)
	(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o is both tor/trusi	an	(D) Reportable compensation from	(E) Reporta compensati relate	on from ed	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and related organizations
(510) DAVID H		2.00										
(511) JODI LY	/ICE CHAIR /ONS	2.00	X		Х							0
	ECRETARY		Х		Х				0		0	0
(512) ERIC ST		2.00										
	INANCE CHAIR	2.00	Х	H					0		Ü	0
	L. HERRINTON AUDIT CHAIR	2.00	X						0		0	0
(514) DR. JAM		2.00	X						C		0	0
(515) MARK BI		2.00										
	DIRECTOR	0.00	Х	<u> </u>	<u> </u>	<u> </u>			C		0	0
(516) PATRICK	R BRANNELLY DIRECTOR	2.00	X						,		n	0
(517) TIMOTHY		2.00						┢				ď
	IRECTOR		Х						c		0	0
(518) ANNE P.	CONSTANT, ED.D.	2.00						П				
	PIRECTOR		Х	_				<u> </u>	C		0	0
(519) JANE OT		2.00	١									
(520) GREG WH	IRECTOR	2.00	X					┢				0
	PIRECTOR	12.00	x						c)	0	0
d Total (add	continuation sheets to Part VII, S lines 1b and 1c)	ection A .	· · ·	<u> </u>	<u> </u>			* * *				
	er of individuals (including but not compensation from the organizatio		hose 2		d a	bov	e) wh	o re	eceived more than	\$100,000	of	
												Yes No
	organization list any former officion line 1a? If "Yes," complete Sched											3 X
organizatio	dividual listed on line 1a, is the n and related organizations gr	eater than	\$15	0,0	00?	11	"Yes	s, "	complete Schedu	le J for	the such	4 X
	erson listed on line 1a receive or										idual	
for services	rendered to the organization? If "Y	es," comple	te Scl	nedu	ıle J	l for	such	per	rson			5 X
	ependent Contractors						tenata		that received more	than \$100	0.000.4	· · · · · · · · · · · · · · · · · · ·
	this table for your five highest comicion from the organization. Report of											
	(A) Name and business add	dress							(B) Description of se	ervices		(C) Compensation
								\bot				
	per of independent contractors (in \$100,000 in compensation from the				nite	d to	thos	se l	isted above) who	received	79 P	

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fron related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(521) PETER ABRAHAMS BOARD DIRECTOR	2.00	х						0		0
(522) ALEX BOURELLY BOARD DIRECTOR	2.00	х						0		0
(523) LAINIE BUXTON MULLER BOARD DIRECTOR	2.00	х	П					0		0
(524) JULIE PANGELINAN BOARD DIRECTOR	2.00	Х						0		0
(525) TOM WIITHMAN	2.00	x	П							0
BOARD DIRECTOR (526) MARILYN TUCKER	2.00	X	H				-		•	0
BOARD DIRECTOR (527) MARIE KOLENDO BOARD PRESIDENT	5.00	X	Н	x				0		0
528) ANDREA YORK BOARD VICE PRESIDENT	5.00	X		X				0		0
529) STEVEN ZABEL BOARD TREASURER	5.00	X		X				0		0
530) BRENDA MITCHELL BOARD SECRETARY	2.00	Х		x				0		0
531) HATTIE BARLEY BOARD MEMBER	2.00	x	П					0	•	0
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A .	<u> </u>		• •			▶ o re	ceived more than	\$100,000 of	
Did the organization list any former officemployee on line 1a? If "Yes," complete Scheduler.	cer, directo		tru							Yes No
 4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15 	0,0	00? • •	. If	"Yes	ì, "	complete Schedu	le J for such	4 X
for services rendered to the organization? If "Y Section B. Independent Contractors										5 X
 Complete this table for your five highest concompensation from the organization. Report of year. 										
(A) Name and business ad	dress							(B) Description of se	rvices	(C) Compensation
							+			

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employ	/ees (c	continued)
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average				ilion			Reportable	Reporta		Estimated
	hours per week (list any					e than o is both		compensation	compensati relate		amount of other
	hours for	office	$\overline{}$			tor/trust		the	organiza		compensation
	related organizations	or di	nsti	Officer	(<u>§</u>	ag dig	Former	organization	(W-2/1099	-MISC)	from the organization
	below dotted	dividual I	utio	ğ.	뺡	est c	क्	(W-2/1099-MISC)			and related
	line)	18 2	nal t		Key employee	E SOM					organizations
		Individual trustee or director	Institutional trustee		"	Highest compensated employee					
			ő			ated					
(532) DIANA BRIGHT	2.00										
BOARD MEMBER		Х						()	0	0
(533) PHEOBE HALL	2.00]									
BOARD MEMBER		X	<u> </u>	_	_			(0	0
(534) MATT HARPER	2.00	-(_	
BOARD MEMBER		X	-	ļ	<u> </u>			0	<u> </u>	0	0
(535) FRANK MCCARTHY	2.00										_
BOARD MEMBER	2.00	X	┢	_	<u> </u>			(1		0
(536) JUDITH OBRIEN BOARD MEMBER	2.00	ન					[_		0	0
(537) MYRA GOODMAN SMITH	2.00	X	-	-	├		\vdash	1			· · · · · · · · · · · · · · · · · · ·
BOARD MEMBER		X								0	0
(538) CHRISTY WALSH-SMITH	2.00	-	\vdash	_	-				1		
BOARD MEMBER		x			Į					0	0
(539) BETTY FAHAD	2.00	_					-				
BOARD MEMBER		X								0	0
(540) BARBARA SHAW	2.00										
BOARD CHAIR		X		Х				(0	0
(541) CHRISTOPHER GRUENFELD	2.00										
BOARD VICE CHAIR		Х		Х				()	0	0
(542) ABBE RUBIN	2.00										
BOARD SECRETARY/TREASURER		X		Х		<u> </u>	<u> </u>			0	0
1b Sub-total										_	
c Total from continuation sheets to Part VII,											
d Total (add lines 1b and 1c)									£100 000		
2 Total number of individuals (including but no reportable compensation from the organizati		nose 24		o a	DOV	e) wn	о ге	eceived more than	\$100,000	וט	
Topolitable compensation non-trie organizati	O.I. P		1								Yes No
3 Did the organization list any former off	icer directo	חד חז	te.	ista	۵	kev e	əmn	alovee or highes	t compens	ated	
employee on line 1a? If "Yes," complete Sche											3 X
4 For any individual listed on line 1a, is the											
organization and related organizations g											
individual											4 X
5 Did any person listed on line 1a receive of											Dark Back Back
for services rendered to the organization? If "	Yes," comple	te Sci	hedu	ile J	for	such	per	rson			5 X
Section B. Independent Contractors		- de -		4		Ane - *			- 4L #4.44	2000	
 Complete this table for your five highest co- compensation from the organization. Report 											
year.	oomponou.					aa. yo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mi the orga	,,,,_	
(A)	**		••••	-			T	(B)			(C)
Name and business a	ddress							Description of se	ervices	(Compensation
							\perp				
							\perp				
				_			1_			ALC INCOME	
2 Total number of independent contractors (nite	d to	thos	se li	isted above) who	received		V.
more than \$100,000 in compensation from t	ne organiza	uon								WILLIAM STREET	

Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for	(do r box,	not cl unles	Pos heck ss pe d a d	ition more rson lirect	e than o	ne an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from d tions	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
(543) ELLEN COLE	1.00	, ,									0
BOARD MEMBER (544) DAN COLLIN	1.00	Х				ļ	_		<u>/</u>		
BOARD MEMBER	†	х								0	0
(545) JOHN M. ESPINOLA, MD	1.00										
BOARD MEMBER		X						(0	0
(546) DENNIS MAHAR	1.00										_
BOARD MEMBER (547) MYRIAM T. MARQUEZ	1.00	X					H	(<u>'</u>	U) (
BOARD MEMBER	1.00	x						,		C) (
(548) STEVE MEYER	1.00	- ^							1		
BOARD MEMBER	ļ	Х)	C) (
(549) PETE MINDEN	1.00										
BOARD MEMBER		Х			_			(0) (
(550) THOMAS J. MONTINE, M.D., PHD	1.00								,	,	
BOARD MEMBER	1.00	X			_			1	1	() (
(551) RON PILAND BOARD MEMBER	1.00	Х						,		(,
(552) KRISTFFER RHOADS, PHD	1.00	_ ^	\vdash					`	<u></u>		
BOARD MEMBER		Х								((
(553) JERRY WALKER	2.00				П						
BOARD PRESIDENT		Х		Х				(((
1b Sub-total							* * *				
Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	eceived more than	\$100,000	of	
Toportable compensation non-the organizatio			2								Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	· II	"Yes	3, "	complete Schedu	ile J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or indiv	idual	5 X
Section B. Independent Contractors							_			· · · · · · · · · · · · · · · · · · ·	
 Complete this table for your five highest corr compensation from the organization. Report of year. 	pensated i compensati	ndepe on for	ende the	ent o	con lend	tracto dar ye	rs t ar e	that received more ending with or wit	e than \$100 hin the orga	0,000 anizatio	of on's tax
(A) Name and business ad	dress							(B) Description of se	ervices		(C) Compensation
							+				
-							+			<u> </u>	
2 Total number of independent contractors (i more than \$100,000 in compensation from th				nite	d to	thos	se l	isted above) who	received	20.0	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	aple	ye	es,	and I	lig	hest Compensat	ed Employ	/ees (c	ontinued)
(A) Name and title	(B) Average			•	C) sition			(D) Reportable	(E) Reporta	able	(F) Estimated
Name and tide	hours per			heck	more	e than c		compensation	compensation	on from	amount of
	week (list any hours for					is both or/trust		from the	relate organizat		other compensation
	related			_			Former	organization	(W-2/1099		from the
	organizations below dotted	ividu	Ë	Officer	em,	hest] #E	(W-2/1099-MISC)	,		organization and related
	line)	Individual trustee or director	nstitutional trustee		Key employee	6 CO					organizations
		uste	trus		8	pen	}				
]	LIP	tee			Highest compensated employee					
(554) EDWARD MARTIN	1.00					_					
BOARD 1ST VICE PRESIDENT		Х		Х				C		0	(
(555) TERESA MILLER	1.00										
BOARD 2ND VICE PRESIDENT		X		Х				c		0	(
(556) DAVID HIGGINS	1.00							_			
BOARD SECRETARY		Х		Х		<u> </u>	-			0	(
(557) BARRY DOBSON	1.00	١		١							
BOARD TREASURER	F.0	X	_	Х			-				(
(558) LAURA BOONÉ	. 50	-						l ,			,
BOARD DIRECTOR	FO	X	-	_			-		1	U	
(559) CHAD BROADWATER	.50	-								0	
BOARD DIRECTOR	.50	X	\vdash	\vdash	┢	\vdash	\vdash		' 		
(560) MARK DAVIS BOARD DIRECTOR		x						۱ ،		0	
(561) NANCY DODSON	.50		\vdash		\vdash		\vdash		<u>'</u>		·
BOARD DIRECTOR		x	İ					_		Ω	
(562) SONIA BAILEY GIBSON	.50		-	\vdash	\vdash			`			,
BOARD DIRECTOR		x								0	
(563) ROBERTA GREEN	.50	_	-	-					1		
BOARD DIRECTOR		X	1				1			0	
(564) SHANNA HALL	.50	-									
BOARD DIRECTOR		x								0	[
1b Sub-total	•			-			<u> </u>	<u> </u>			
c Total from continuation sheets to Part VII, S	ection A						•				
d Total (add lines 1b and 1c)		<u>, , , , , , , , , , , , , , , , , , , </u>					▶				
2 Total number of individuals (including but not							o re	eceived more than	\$100,000	of	
reportable compensation from the organizatio	n 🕨	2	4								
											Yes No
3 Did the organization list any former office											
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the											
organization and related organizations gr											4 2
individual											4 X
5 Did any person listed on line 1a receive or											5 X
for services rendered to the organization? If "Y Section B. Independent Contractors	es, compie	te Sci	neau	iie J	i ioi	sucn	per	rson ,			5 X
Complete this table for your five highest com	noncotod i	ndon	and.	not.	000	tracto	vrc 1	that received more	than \$100	2 000 7	
compensation from the organization. Report of											
year.						, •					
(A)	**							(B)			(C)
Name and business add	dress							Description of se	ervices	(Compensation
							\top				
	· · · · · · · · · · · · · · · · · · ·										
							1				
2 Total number of independent contractors (i				nite	d to	thos	se l	isted above) who	received	i nex	
more than \$100,000 in compensation from th											

Pa	rt VII Section A. Officers, Directors, Tru	istees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employ	/ees (d	continued)
	(A)	(B)			(6	C)			(D)	(E)		(F)
	Name and title	Average	١			sition			Reportable	Reporta		Estimated
		hours per					e than o		compensation	compensation		amount of other
		week (list any hours for					is both or/trust		from	relate		compensation
		related				_			the organization	organizal (W-2/1099		from the
		organizations	흑물	Still	Officer	97	큣	Former	(W-2/1099-MISC)	(44-2/1099	-WIIQC)	organization
		below dotted	eck	<u> ē</u>	۳	콜	st c	۳ ا	(11-2/1000 14/100)			and related
		line)	~ <u>=</u>	를		Key employee	l öm					organizations
			Individual trustee or director	Institutional trustee		(0)	pen					
			"	8	1		Highest compensated employee					
(565)	SHERYL HOLDREN	.50		\vdash	├				-			
(303)	BOARD DIRECTOR		x						, ا		n	n
(566)	CANDACE JONES	. 50		\vdash				\vdash	<u> </u>			
(300)	BOARD DIRECTOR		×						, ا	ļ	n	0
15671	WALLACE SUTTLE	.50					-		-			
(201)			Ų,								C	0
45 600	BOARD DIRECTOR		X	⊢	-	┝	_	⊢	ι	-		0
(268)	ANGELA VANCE	.50							l .		_	
	BOARD DIRECTOR		Х	H				H	L L			0
(265)	JULIE WARDEN	.50										
	BOARD DIRECTOR		Х	L	_	_		<u> </u>	0		0	0
(570)	GAYLE TWIGGER SHAW	.50							_			
	BOARD DIRECTOR		X	<u> </u>	_			L	2		0	0
(571)	SANDRA VANIN	. 50										
	BOARD DIRECTOR		Х					L	(0	0
(572)	RANDALL WRIGHT	.50										
	BOARD DIRECTOR		Х						(0	0
(573)	ANNETTE ZAVAREEI	.50										
	BOARD DIRECTOR	T	x						0		0	0
(574)	BRAD BECKMAN	.50				П		Г				
	BOARD PRESIDENT		Х		х				1	,	0	0
(575)	DIANA BROWN	.50			-			Н				
(0,10,	BOARD VICE PRESIDENT		x		х				۱ ،		C	0
1h	Sub-total											-
	Total from continuation sheets to Part VII, S	oction A		• •	• •	• •						
	Total (add lines 1b and 1c)	_										
	Total number of individuals (including but not							o re	ceived more than	\$100,000		
4	reportable compensation from the organization		24		u a	DOVI	5) WIII	0 16	ceived more than	\$100,000	יוע	
_												Yes No
3	Did the organization list any former office	er directo	r or	tri	ieta	Δ.	kav s	mr	Novee or highes	t compans	hate	馬頭 塔達 銀製
3	employee on line 1a? If "Yes," complete Schedu											3 X
												DECEMBER CONTRACTOR
4	For any individual listed on line 1a, is the											
	organization and related organizations gre											4 X
	individual											4 X
5	Did any person listed on line 1a receive or											# V
_	for services rendered to the organization? If "Ye	es," comple	te Sch	iedi	ile J	for	such	per	son			5 X
	ction B. Independent Contractors											,
1	Complete this table for your five highest com- compensation from the organization. Report of											
	year.	ompensau	וטו ווטו	the	ca	ienc	ıar ye	are	enaing with or with	iin ine orga	IIIIZAUO	nis tax
	year.							_				
	(A)								(B)			(C)
	Name and business add	ii ess						+	Description of se	a vices		Compensation
								+				
		·						+				
-								+				
								+				
2	Total number of independent contractors (ir	cluding by	ıt nol	lin	nite	d to	thos	e li	isted above) who	received	1 1 1 1 m	on a street of the
_	more than \$100,000 in compensation from the					u		- '	,			

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck	rson	e than of is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from d tions	(F) Estimated amount of other compensation from the organization and related organizations
(576)	DAVID LORITZ BOARD TREASURER	. 50	X		х						C	(
(577)	KATIE DYKES	. 50	<u> </u>		Ë							
	BOARD SECRETARY		Х		Х				C			(
(578)	JIM BRUST	.50										
	BOARD DIRECTOR		Х			<u> </u>			c			(
(579)	STEPHANIE LA PLANT	.50	١.,									
(E 0 0)	BOARD DIRECTOR	50	X	\vdash	_	├		<u> </u>	((
(200)	PAT RICHARDSON BOARD DIRECTOR	.50	Х							,		,
(581)	SHANNON TODD	.50	^	\vdash						1		<u> </u>
!	BOARD DIRECTOR	t 	×						0	,	0	,
(582)	JACKIE WAALEN	. 50		\vdash								
	BOARD DIRECTOR		Х						c		0	
583)	DANIEL WALSH	.50										
	BOARD DIRECTOR		X						c		0	
584)	BONNIE WEYERS	.50										
	BOARD DIRECTOR		Х						C)	- ()
585)	LARRY WHITE	.50				-						
	BOARD DIRECTOR		Х						С			
586)	ELLEN DIZARD	1.00										
	BOARD PRESIDENT		Х		X				C		- 0	
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	ection A .		 liste				> re	eceived more than	\$100,000	of	
	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ivid	ual			• •				Yes No
	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15 	0,0	00?	. <i>If</i>	"Yes	,"	complete Schedu	le J for	such · · ·	4 X
5 Se	for services rendered to the organization? If "Ye ction B. Independent Contractors											5 X
1	Complete this table for your five highest com compensation from the organization. Report c year.											
	(A) Name and business add	iress	-						(B) Description of se	ervices	((C) Compensation
								H				
2	Total number of independent contractors (ir more than \$100,000 in compensation from the				nite	d to	thos	e l	isted above) who	received		

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employee	es (continued)	
(A)	(B)			(1	C)			(D)	(E)	(F)	
Name and title	Average				sition			Reportable	Reportable	I	
	hours per					e than o is both		compensation	compensation	from amount of other	
	week (list any hours for	office				tor/trus		from the	related organization		
	related	욾	ins	0	<u>\$</u>	en Hig	Fo	organization	(W-2/1099-MI	ISC) from the	
	organizations	di ivid	i i	Officer	e e	hes	Former	(W-2/1099-MISC)	,	organization and related	
	below dotted line)	I Se T	iona		Key employee	8 2	`			organizations	
	,	Individual trustee or director	Institutional trustee)ee	npe				_	
		E E	stee			Highest compensated employee					
45 671 MARY OFFICE			<u> </u>	<u> </u>	┡	8	_				_
(587) MARK STENZEL BOARD VICE PRESIDENT	1.00	v		١.,							٥
	1 00	X	-	Х	⊢		<u> </u>	· · · · · · · · · · · · · · · · · · ·		- 4	
(588) SUE COLEGROVE BOARD SECRETARY	1.00	x		x							0
(589) DALE MUEHL, CPA	1.00			Ĥ	\vdash		\vdash	-			_
BOARD TREASURER	1.00	x		x				0		o	0
(590) TOM BAYLERIAN	1.00	Α.			\vdash		\vdash			- 1	
BOARD DIRECTOR	1.00	x									0
(591) PEARLEAN CANNON	1.00	^	-	\vdash	\vdash		\vdash			<u> </u>	
BOARD DIRECTOR	1.00	x						0	ļ		0
(592) AL CASTRO	1.00	_ ^								<u> </u>	Ť
BOARD DIRECTOR		×			l			0		n	0
(593) JIM DAVIS	1.00		-	-	-					-	Ť
BOARD DIRECTOR		x						1			0
(594) LYN GEBOY	1.00	<u> </u>	-					-			
BOARD DIRECTOR		Х			[1			0
(595) BRIAN HENNING	1.00	_ ^			\vdash			1		<u> </u>	
BOARD DIRECTOR	1.00	Х									0
(596) PHILLIP E. HICKMAN	1.00		\vdash	\vdash						<u> </u>	
BOARD DIRECTOR		x									0
(597) JOHN KUROWSKI	1.00	<u> </u>	-		-					<u> </u>	
BOARD DIRECTOR	1.00	Х						,			0
1b Sub-total				<u> </u>				<u> </u>		-	_
c Total from continuation sheets to Part VII, S	oction A	• • •	• •	• •	• •						
d Total (add lines 1b and 1c)	-										
Total number of individuals (including but not							o re	ceived more than	\$100 000 of		
reportable compensation from the organizatio		24		ua	DOV-	C) WIII	0 10	ceived more than	\$100,000 OI		
			-							Yes N	lo
3 Did the organization list any former office	er, directo	r. or	trı	ıste	e.	kev e	eme	olovee, or highes	t compensate	ACCUSED THE SAME PORTS	18
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	livid	ual						. 3	X
4 For any individual listed on line 1a, is the										North Edition	201
organization and related organizations gr											
individual											
5 Did any person listed on line 1a receive or										HUSENSAM COMMON CO.	
for services rendered to the organization? If "Y	es," comple	le Sch	nedu	ıle J	l for	such	per	son		. 5	Χ
Section B. Independent Contractors	,										
1 Complete this table for your five highest com	pensated in	ndepe	ende	ent	con	tracto	rs t	that received more	than \$100,0	00 of	
compensation from the organization. Report of											
year.											
(A)							Т	(B)		(C)	
Name and business add	dress						\perp	Description of se	rvices	Compensation	
								<u> </u>			
2 Total number of independent contractors (ii				nite	d to	thos	se li	isted above) who	received		
more than \$100,000 in compensation from th	e organizat	ion 🕨	>						183		

Part VII	Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	JCE LINDL ARD DIRECTOR	1.00	х						0	0	
(599) RIC	CHARD LONDON, MD ARD DIRECTOR	1.00	х						0	0	
(600) BET	TH MEYER-ARNOLD ARD DIRECTOR	1.00	х						0	0	
(601) MAF	RIA MONREAL-CAMERON	1.00							0		
(602) JAN	ARD DIRECTOR MES R. MUELLER	1.00	X								
(603) ALI	ARD DIRECTOR LYSON OLIVIER	1.00	X								
604) KAT	ARD DIRECTOR THY PERTL	1.00	X						0	0	
(605) DAY	ARD DIRECTOR /ID B. SCHULZ ARD DIRECTOR	1.00	X						0	0	
606) JAN	NET BUTTS ARD PRESIDENT	2.00	x	ļ	х				0	0	
607) MAF	RSHALL BELAGA ARD VICE PRESIDENT	2.00	X		X				0	0	
608) SUS	SAN GRAVES ARD TREASURER	2.00	X		X				0	0	
1b Sub-	total							<u> </u>			
d Tota	I from continuation sheets to Part VII, So I (add lines 1b and 1c)			<u> </u>				<u> </u>			
	I number of individuals (including but not li rtable compensation from the organization		hose 24		d al	bove	e) who	o re	ceived more than	\$100,000 of	
3 Did empl	the organization list any former offic loyee on line 1a? If "Yes," complete Schedu	er, directo	r, or ch ind	tru ividi	uste ual	e,	key e	emp	loyee, or highes	t compensated	Yes No
orga	any individual listed on line 1a, is the s nization and related organizations gre idual	eater than	\$15	0,0	00?	lf.	"Yes	, "	complete Schedu	le J for such	4 X
	any person listed on line 1a receive or ervices rendered to the organization? If "Ye										5 X
Section	B. Independent Contractors plete this table for your five highest com										
	pensation from the organization. Report c										
	(A) Name and business add	ress							(B) Description of se	ervices ((C) Compensation
more	number of independent contractors (in than \$100,000 in compensation from the	ncluding bu e organizat	it not	l lin ►	nite	d to	thos	e l	isted above) who	received	
JSA 2F 1055 3 000											Form 990 (201

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and l	Hig	hest Compensat	ed Employ	ees (c	ontinue	1)	
(A)	(B)			(6	C)			(D)	(E)			(F)	
Name and title	Average	١.			sition			Reportable	Reportal			mated	
	hours per					e than o		compensation	compensation			ount of ther	
	week (list any hours for	office				is both tor/trus		from the	related organizati			ensation	
	related	악호	$\overline{}$					organization	(W-2/1099-			m the	
	organizations	닭창	stitu	Officer	y er	nplo nplo	Former	(W-2/1099-MISC)	(** 2,7.000		_	nization	
	below dolted	S La	fion		Key employee	st cc	٦	[`				related izations	
	line)	ੋ ਛੁੱ	al tr		уее	ğ					organ	1120110115	
		Individual trustee or director	Institutional trustee			Highest compensated employee							
			Ō]		ited							
(609) CELIA MANLEY	2.00			П									
BOARD ASSISTANT TREASURER		x		Х	ĺ			0		0			0
(610) ANGELA SKINNER	2.00						<u> </u>						
BOARD SECRETARY		X		X	l			0		0			0
(611) JANICE KNIGHT	2.00			<u> </u>	\vdash		\vdash						
BOARD DIRECTOR		x						1		n			0
(612) NIKKI BEVON	2.00				\vdash		\vdash						
	2.00												0
BOARD DIRECTOR		X		\vdash	┢		⊢						
(613) ASHLEY HARRIS	2.00	-		1				_		_			
BOARD DIRECTOR		Х			\vdash	ļ		0		0			0
(614) CYNTHIA LUTHER	2.00										[
BOARD DIRECTOR		Х						0		0			0
(615) PAMALA WILSON	2.00												
BOARD DIRECTOR	T	1 x						0		0			0
(616) WILLIAM MEEKS	2.00												
BOARD DIRECTOR	t	x						0		o			0
(617) MELANIE FORTENBERRY	2.00				 						-		
BOARD DIRECTOR		x								n			0
(618) CLAYTON BULLOCK	2.00	<u> </u>		-	\vdash			-					
	2.00	١,,		1									_
BOARD DIRECTOR	1 00	Х	-			_	H	0					0
(619) BRUCE DUNCAN	1.00	l									1		
BOARD CHAIRMAN	L	Х		X	<u>L</u>			0					
1b Sub-total													
c Total from continuation sheets to Part VII, S													
d Total (add lines 1b and 1c)							<u> </u>		<u> </u>				
2 Total number of individuals (including but not	limited to t	hose	liste	d a	bov	e) wh	o re	ceived more than	\$100,000 c	of .			
reportable compensation from the organization	n ▶	24	1										
												Yes	No
3 Did the organization list any former office	er, directo	г, ог	tru	uste	e,	key e	emp	loyee, or highes	t compens	ated	5920	ERIK S	
employee on line 1a? If "Yes," complete Sched											3		Χ
4 For any individual listed on line 1a, is the	cum of ror	artak	ر مار		nar	entin	n a	nd other company	eation from	tho	1880		
organization and related organizations gr	suill oi rep eater than	\$14	יופינ חח:	เกกร	hei Ibei	15aliu "Vo	11 al	complete Schedu	le J for s	such			
individual											4	Х	
											12041		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	COLUMN 12	Х
Section B. Independent Contractors	es, compre	10 301	1600	110 0	7 101	Sucii	per	3011		•••			<u>^`</u>
	nonnatad i	ndone	- nd			trooto	· - •	hat ransition mare	than \$100	000 4			
1 Complete this table for your five highest com- compensation from the organization. Report of													
year.	ompensau	011 101	uic	, ça	iiÇiii	JOI YO	ai c	shoung with or with	mi tile orga	11124110	nio lax		
							_		т				
(A) Name and business add	irace							(B) Description of se	- I	,	(C) Compens	ation	
ivaine and pusiness add	い なうつ						+	Description of Se	1 41000		- Ample 18	BUUIT	
							+						
							+				 .		
							\perp						
							\perp						
					_		\perp			. 184 7 ***			
2 Total number of independent contractors (in				nite	d to	thos	se li	isted above) who	received				
more than \$100,000 in compensation from th	ie organizat	tion 🕽	>						- 1			A SEC. N	

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and I	Higi	hest Compensat	ed Employ	ees (c	continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson lirect	e than o	an lee)	(D) Reportable compensation from the	(E) Reporta compensatio relate organizat	on from d	Estir amo ot compe	F) mated ount of ther ensation	n
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	organ and i	n the nization related izations	
(620) SHAUN STAUFFER BOARD VICE CHAIRMAN	1.00	. ,		,,									
(621) GEORGE JENSEN BOARD TREASURER	1.00	X		x				0		0			0
(622) MELINDA VANCE BOARD SECRETARY	1.00	Х		х				0		0			0
(623) CONNIE LATTA BOARD MEMBER	1.00	Х			-					0			0
(624) ALAN JOHNSTON BOARD MEMBER	1.00	Х						0					0
(625) PATRICIA OLENICK BOARD MEMBER	1.00	X						0					
(626) DEREK SMITH BOARD MEMBER	1.00	X			-		_						
(627) FAYE WEAVER BOARD MEMBER	1.00	-			-								0
(628) AL WIGGINS BOARD MEMBER	1.00	x											
(629) BRAD HINTON BOARD MEMBER	1.00												0
(630) JAMES COLLINS BOARD MEMBER	1.00	X								- 0	7		0
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							▲ ▲	ceived more than	\$100,000,6	of			
reportable compensation from the organizat		24		u 61				cerved more than	Ψ100,000 C				
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche	ficer, directo	r, or ch ind	tru ividu	ıste <i>ıal</i>	e, I	кеу є 	mp	loyee, or highest	compens	ated	3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater than	ortab \$15	le c	om 00?	pen <i>If</i>	satior "Yes	n ar	nd other compens	sation from le J for s	the	4	X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If	or accrue co Yes," comple	mpen te Sch	satio nedu	on f le J	ron for	any such	uni per:	related organization	on or Indivi	lual	5	200	X
Section B. Independent Contractors													
 Complete this table for your five highest co compensation from the organization. Repor year. 	mpensated in compensation	ndepe on for	the	ent d cal	cont	racto lar ye	rs tl ar e	hat received more inding with or with	than \$100 in the orga	,000 o nizatio	of n's tax		
(A) Name and business a	ddress							(B) Description of se	rvices	C	(C) Compensa	tion	
	<u></u>								탈				
Total number of independent contractors more than \$100,000 in compensation from	(including bu	ıt not	lim	itec	d to	thos	e li	sted above) who	received		ra di	7,61	

Part VII Section A. Officers, Directors, T (A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	not cl unles	Pos heck ss pe	c) ition more rson irect	e than o is both or/trusi	one an lee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
(631) LAURA HALL BOARD MEMBER	1.00	Х								0	
(632) MIKE BRENT	1.00										
BOARD MEMBER	2.00	Х			_			(0	(
(633) MELISSA SISLER BOARD CHAIR	2.00	X		х)	0	
(634) TOM SAUBER	1.00	-			-						
BOARD VICE CHAIR		Х		Х			_			0	
(635) DEBBIE RUSSELL	1.00	,		v				,		0	
BOARD TREASURER (636) DEBBIE MINER	1.00	X		Х			┢		1		
BOARD SECRETARY		Х		х						0	
(637) CURT FORD	1.00	-									
BOARD IMMEDIATE PAST CHAIR		Х		Х			ļ	()	0	
638) DINA BICKELL BOARD MEMBER	. 50	X						,		n	
(639) HEIDI GOETTSCH	.50		\vdash			\vdash	\vdash		1		
BOARD MEMBER		х								0	
(640) STEVE HABENICHT	.50										
BOARD MEMBER		Х						()	0	
(641) DARHINI JAYAWARDENA	. 50	-						,			
BOARD MEMBER 1b Sub-total		X			<u> </u>			 	,,	::0	
c Total from continuation sheets to Part VII,	Section A	 					>				
d Total (add lines 1b and 1c)							>				
2 Total number of individuals (including but no reportable compensation from the organization)		hose 2		d al	bov	e) wh	o re	eceived more than	\$100,000	of	
reportable compensation from the organizati	UII P		4								Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche											3 X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	lf.	"Yes	s, "	complete Schedu	ile J for	such	4 X
5 Did any person listed on line 1a receive of	r accrue co	mpen	sati	on i	fron	n any	un	related organizati	on or indiv	idual	
for services rendered to the organization? If * Section B. Independent Contractors	res, comple	ie oci	ieal	iie J	101	sucn	μeι	3011		• • •	5 X
 Complete this table for your five highest co compensation from the organization. Report year. 											
(A) Name and business a	ddress							(B) Description of s	ervices		(C) Compensation
							\pm				
							Ŧ				
							╁				
2 Total number of independent contractors more than \$100,000 in compensation from				nite	d to	thos	se l	listed above) who	received		

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	ligi	hest Compensat	ed Employ	yees (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any	box,	unle:	Pos heck ss pe	rson	e than o is both tor/trust	an	(D) Reportable compensation from	(E) Reporta compensation relate	on from d	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and related organizations
(642)	PEGGY JENKINS	.50					_					
	BOARD MEMBER		Х						0		0	0
(643)	MIKE MORRIS	. 50										
	BOARD MEMBER		Х	ᆫ	_	ᆫ			0		0	0
(644)	CHAR SCHLEPP	. 50						ĺ				
	BOARD MEMBER		X	ļ				_	0		0	0
(645)	HEIKE SCHMOLCK	. 50]			
	BOARD MEMBER		Х	<u> </u>		ļ		<u> </u>	0		0	0
(646)	DAVID SWINTON	. 50	١									
	BOARD MEMBER		Х	<u> </u>				H	0		- 0	0
(64/)	STAN THURSTON	.50	.,								_) 0
, <u>, , , , , , , , , , , , , , , , , , </u>	BOARD MEMBER	40.00	Х	 		├	-					0
(648)	WILLIAM FISHER	40.00	-		х	1			200,066.		n	21,941.
(640)	BRUCE LYAU	40.00		\vdash	^	\vdash		 	200,060.			21, 941.
(043)	DIRECTOR OF FINANCE	40.00	1		Х				104,625.		٥	14,639.
(650)	LINDA MITCHELL	50.00			21	-			101,023.			11,000
(050)	PRESIDENT/CEO	30.00	1		х				145,553.	i	0	5,473.
(651)	KEITH SWANSON	40.00	-									
(-==/	VICE PRESIDENT OF FINANCE		1	1	Х				108,062.		0	12,869.
(652)	ELEONORA TORNATORE-MIKESH EXECUTIVE DIRECTOR	45.00			х				32,600.		0	0
1b	Sub-total											
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	•						* *				
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	ceived more than	\$100,000	of	
												Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3 X
4	For any individual listed on line 1a, is the organization and related organizations groups	eater than	\$15	0,0	007	11	"Yes	3, "	complete Schedu	le J for	the such	
_	individual											4 X
	Did any person listed on line 1a receive or for services rendered to the organization? If "You tion B. Independent Contractors											5 X
	Complete this table for your five highest com	nensated i	nden	and 4	-nt	COn	tracto	re !	hat received more	than \$100	0.000 4	
•	compensation from the organization. Report of year.											
	(A) Name and business add	dress							(B) Description of se	ervices	((C) Compensation
								1				
2	Total number of independent contractors (in	noludina h	ıt ne	lin	nite	d 1:	ther		isted shove) who	received	5,89197	120,500 100,000
	more than \$100,000 in compensation from the				ıııcı	ט ננ	o uitos	ו דטי	ioteo above, will	100014CU		

Pa	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	box,	unle:	Pos heck ss pe	erson lirect	e than o is both tor/trus	an lee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d tions	(F) Estimated amount of other compensation from the	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	organization and related organizations	
(653)	JAMES VUMBACO	45.00			х				77 052			14 47	_
(6 <u>54)</u>	ELLEN BROWN	40.00							77,852.		0	14,47	
(655)	GRACE GRANT-BROWN	40.00			X				95,821.		0	9,11	
(656)	COO KATHRYN REDINGTON	40.00			X				89,000.		0	6,71	
(657)	JESSICA FEAZELL	40.00			Х				87,941.		0	9,42	<u>6.</u>
(658)	DIRECTOR OF FINANCE & OPER CHRISTINE PAYNE	40.00	<u> </u>		Х	_			53,062.		0	7,52	6.
	EXECUTIVE DIRECTOR/CEO				х				62,915.		0	6,72	4.
(659)	NIKKI VULGARIS-RODRIGUEZ EXECUTIVE DIRECTOR	40.00			х				75,126.		0	1,53	0.
(6 <u>60)</u>	ERNA COLBORN PRESDIENT & CEO	40.00			Х				195,292.		0	39,30	0.
(6 <u>61)</u>	JANET DEVLIN	40.00			х				118,477.		0	17,82	
(6 <u>62)</u>	HEATHER HERSHBERGER EXECUTIVE DIRECTOR	40.00			х				144,977.		0	23,49	
(6 <u>63)</u>	WANDA LEW FINANCE & OPERATIONS DIRECTOR	40.00			X				105,370.		٥	3,57	
c d	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) Total number of individuals (including but not	ection A .	· · ·			 		▲ ▲ ▲		\$100,000		3,371	
	reportable compensation from the organization	1 >	24		u ai	UUV!	=) Will) IE	ceived more man	\$100,000 (Ji		
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	tru i <i>vidu</i>	ıste <i>ıal</i>	e, I	key e	mp	loyee, or highest	compens	ated	Yes N	lo X
	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	If	"Yes	," (4 X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npen	satio	on f	ron	n any	uni	related organization	n or indivi	dual	### E050 DS	X
Sec	tion B. Independent Contractors												<u> </u>
	Complete this table for your five highest com compensation from the organization. Report c year.	pensated ir ompensatio	ndepe on for	nde the	nt o cal	cont	iracto lar ye	rs ti ar e	hat received more inding with or with	than \$100 in the orga	,000 c inizatio	of n's tax	
	(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compensation	
													_
													_
	Total number of independent contractors (in more than \$100,000 in compensation from the				ited	d to	thos	e li	sted above) who	received			

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ıplo	yee	es,	and l	lig	hest Compensat	ed Employ	ees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	neck is pe i a d	ition more rson irect	than o	an lee)	(D) Reportable compensation from the	(E) Reportal compensation related organizat	on from d ions	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
(664) KELLY HAUER	37.50										
EXECUTIVE DIRECTOR		ļ		Х				72,000.		0	0
(665) MARSHA HILLS	40.00	ļ		.,				61 461			0
EXECUTIVE DIRECTOR	40.00	-		Х	H		⊢	61,461.		U	U
(666) DYANA SCHAEFER FINANCE DIRECTOR	40.00	1		х				42,636.		٨	o
(667) LAURIE TRENHOLM	40.00		\vdash	^	-		\vdash	42,030.			
EXECUTIVE DIRECTOR	40.00			х				83,796.		٥	10,872.
(668) DEBRA R. BROOK	50.00	1	\vdash	7.	 			03,750.			10,012,
EXECUTIVE DIRECTOR	30.00	1		х				105,000.		o	6,357.
(669) JANET HORN	50.00		Н		_						
OPERATIONS & FINANCE DIRECTOR		1		х				57,500.		o	6,357.
(670) DUANE GROSS	40.00										
EXECUTIVE DIRECTOR	T	1		Х				89,844.		0	5,557.
(671) DEBBIE SOULA	40.00										
FINANCE DIRECTOR		1		Х				32,000.		0	2,400.
(672) ELAINE SPROAT	35.00		П								
PRESIDENT/CEO				Х				94,530.		0	8,037.
(673) JENNIFER SCHEUERMANN	35.00]									
VP, FINANCE & OPERATIONS			Ш	Х	<u> </u>			68,996.		0	3,377.
(674) DAVID MIDLAND	40.00										
PRESIDENT/CEO				Х		<u> </u>		109,067.		0	9,191.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t						o re	eceived more than	\$100,000	of	
Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and former office employee on line 1a? If "Yes," complete Scheduler in the organization list and the organiz	cer, directo		tru								Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15 • • •	0,0	00?		Ye:	s,"	complete Schedu	le J for :	such 	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors											5 X
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) Name and business add	dress							(B) Description of se	ervices	((C) Compensation
2 Total number of independent contractors (i more than \$100,000 in compensation from the				ite	d to	tho	se I	isted above) who	received		

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	es,	and l	lig	hest Compensat	ed Employ	/ees (c	ontinued)		
(A) Name and title	(B) Average hours per week (list any hours for	box, office	ot ch unles r and	Pos neck s pe	mon rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio relate organizal	on from d tions	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	·MISC)	organization and related organizations		
(675) HANNELORE STEVENS	34.00												
CONTROLLER				Х	_		_	55,026.		0	7,149.		
(676) LEILANI J. PELLEITER, MB	40.00			v				70 272			5,760.		
EXECUTIVE DIRECTOR (677) COLLEEN M. WENZEL	40.00	-		X	-			70,272.		- 0	3,700.		
FINANCE DIRECTOR	40.00			х				43,835.		0	5,760.		
(678) PAMELA SCHUELLERMAN	40.00			11	-	-		137 0301		<u>`</u>	2,,00,		
EXECUTIVE DIRECTOR		1		х				84,004.		0	8,355.		
(679) JOAN SILLASEN	40.00		П		Г								
FINANCE DIRECTOR	·	1		Х				56,518.		0	63.		
(680) NANCY B. UDELSON	40.00												
EXECUTIVE DIRECTOR				Х			L	105,264.		.0	14,900.		
(681) NANCY A. DOUGLAS	40.00						ŀ						
FINANCE DIR. JUL-FEB 2013				Х	<u> </u>			77,934.		0	13,807.		
(682) CHRIS M. CHELINE FINANCE DIRECTOR	40.00			х				С		0	0		
(683) KENNETH STRONG, JR	40.00												
EXECUTIVE DIRECTOR				Х	_			95,021.		0	6,654.		
(684) NANETTE MANN ARRIAGA	40.00			l				65.100			4 077		
FINANCE DIRECTOR	22.50			Х	H	-	_	67,120.		0	4,377.		
(685) ERIC VANVLYMEN EXECUTIVE DIRECTOR	37.50			х				84,873.		0	6,422.		
1b Sub-total					. ,								
c Total from continuation sheets to Part VII, S	Section A .												
d Total (add lines 1b and 1c)									*		<u> </u>		
2 Total number of individuals (including but not reportable compensation from the organization)				d al	bov	e) wh	o re	eceived more than	\$100,000	of			
reportable compensation from the organization)(i)	24							···		Yes No		
2 Did the exemination list and females offi			A		_	lease a		Javas er bisbos	•	atad	res No		
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched											3 X		
											Research seems		
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0.0	00?	per	sauo "Yes	s. "	complete Schedu	le J for	such			
individual											4 X		
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on i	fron	n any	un	related organizati	on or indivi	idual			
for services rendered to the organization? If "Y	es," comple	te Sch	edu	ıle J	for	such	per	son			5 X		
Section B. Independent Contractors													
 Complete this table for your five highest concompensation from the organization. Report year. 													
(A) Name and business ad	dress						Γ	(B) Description of se	ervices	C	(C) Compensation		
							I						
							\perp						
							1						
										all and a special	Lives on containing of others		
2 Total number of independent contractors (i more than \$100,000 in compensation from the compensation of the compensation from the compensation from the compensation of the compensati	including bi ne organizai	ut not tion)	i lim	nite	d to	thos	se I	isted above) who	received				

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es,	and I	ligi	hest Compensat	ed Employ	ees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unies r and	Pos heck ss pe	rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organizat	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	-MISC)	from the organization and related organizations
(686) JUDITH FOWLER FINANCE DIRECTOR	37.50			х				71,608.		0	9,919.
(687) SALLI BOLLIN EXECUTIVE DIRECTOR	40.00			х				74,340.		0	17,429.
(688) MARK FRIED PRESIDENT & CEO	40.00			х				109,117.		0	7,536.
(689) KATE SCRUGGS DIRECTOR OF FINANCE	40.00			х				33,637.		0	5,532.
(690) KATHLEEN CODY EXECUTIVE DIRECTOR	40.00			х				76,375.		0	0
(691) WENDY L. CAMPBELL PRESIDENT & CEO	37.50			х				120,605.		0	9,450.
(692) REGINA BRADSON VP FINANCE & OPERATIONS	37.50			х				72,945.		0	5,530.
(693) CINDY ALEWINE PRESIDENT/CEO	40.00			х				87,163.		0	2,868.
(694) VELMA HAGGAN VP FINANCE & OPERATIONS	40.00			х				53,400.		0	1,605.
(695) JANE ASPAAS EXECUTIVE DIRECTOR	40.00			х				51,000.		0	0
(696) MIKE SPENCER PRESIDENT/CEO JUL-DEC 2012	55.00			Х				118,699.		0	7,606.
Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	ection A		iste			 <u>.</u>		ceived more than	\$100,000	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	00?	H	"Yes	3, "	complete Schedu	le J for		4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y. Section B. Independent Contractors											5 X
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) Name and business add	dress							(B) Description of se	ervices	((C) Compensation
							+				
Total number of independent contractors (if more than \$100,000 in compensation from the contractors)				nite	d to	thos	se l	isted above) who	received		

(702) PATRICIA LACEY COO X 49,624. 0 2,33: (703) SUSAN KUDLA FINN PRESIDENT & CEO X 185,421. 0 20,10: (704) BEN KORDESTANI 40.00 CFO & COO X 133,297. 0 16,97: (705) SUSAN CHERNEY 40.00 VP OF DEVELOPMENT X 137,503. 0 13,24* (706) SHARON PETERSON CEO X 91,997. 0 4,26: (707) KEVIN NORTHROP DIRECTOR OF FINANCE & OPER X 70,016. 0 3,46: 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 24 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employe	es (d	continued)
do not clack mes than one compensation from related or other related to the part of th	• •	(B)							, ,	1		
Compensation Comp	Name and title	1	(40.0	! -!			- than a		'	•		
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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	reportable compensation from the organization	on 💌	24	4								Yes No
employee on line 1a? If "Yes," complete Schedule J for such individual	3 Did the organization list any former offi	cer directo	or or	tri	ieto		kov s	amr	Novee or highes	t compensat	ted	
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	employee on line 1s2 If "Ves " complete Scher	dule I for su	ch ind	lividi	uai	ις,	Key t	21116	noyee, or mignes	Compensa		3 X
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												REST MADE SHE
individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received												
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												A V
for services rendered to the organization? If "Yes," complete Schedule J for such person												4 ^
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received												
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received		res," comple	te Scl	hedu	ıle J	l for	such	per	son			5 X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Description of services Total number of independent contractors (including but not limited to those listed above) who received												
year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received												
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	,	compensati	on for	the	e ca	lend	dar ye	ar e	ending with or with	nin the organ	izatio	n's tax
2 Total number of independent contractors (including but not limited to those listed above) who received	(A)									-		(C)
	Name and business ac	Idress							Description of se	ervices		Compensation
								-				
								+		-		
						_		1				
												THE PARTY OF THE P
					nite	d to	thos	se I	isted above) who	received		

Page 8

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employ	yees (d	continued)
(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reporta compensati relate	on from	(F) Estimated amount of other
	hours for related organizations below dotted line)	of director	mstitutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/108		tions -MISC)	compensation from the organization and related organizations
(708) ROBERT M. LE ROY	40.00						Г				
PRESIDENT/CEO				Х				144,230.		0	7,644.
(709) BETH HARVEY DIRECTOR OF FINANCE & ADMIN	40.00			х				27,743.		. 0	1,911.
(710) JANE MARKS	40.00								ļ	_	
EXECUTIVE DIRECTOR	40.00	-		Х			-	60,000.		0	(
(711) KIM KINNER EXECUTIVE DIRECTOR	40.00			Х				75,358.		0	1,095.
(712) THOMAS HLAVACEK EXECUTIVE DIRECTOR	40.00			х				103,228.		0	19,479.
(713) CHRISTINA PACKARD DIRECTOR OF FINANCE & HR	40.00			Х				62,688.		0	20,369.
(714) MARY ""PATTY"" DUNN	40.00						Г				
EXECUTIVE DIRECTOR				Х			L	57,141.		0	6,180
(715) GLENDA BERRY PRESIDENT\CEO JUL-DEC 2012	37.50	<u> </u>		х				106,710.		0	5,400
(716) CAROL SIPFLE	50.00										
EXECUTIVE DIRECTOR		-		Х	_		<u> </u>	98,002.		0	6,004
(717) HOLLY BRADFORD FINANCE DIRECTOR	40.00			х				58,166.		0	9,022
(718) ROBYN MOORE CHIEF DEVELOPMENT OFFICER	40.00					х		111,580.		0	12,960.
Sub-total C Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste	<u> </u>	<u></u>		o re	eceived more than	\$100,000	of	
3 Did the organization list any former office				ıeta	_	kov s	amr	lovee or highes	t compans	ated	Yes No
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ivid	ual							3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	11	"Yes	5, "	complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or indivi	idual	5 X
Section B. Independent Contractors											
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) Name and business add	dress							(B) Description of se	ervices	((C) Compensation
							\perp				
							+				
2 Total number of independent contractors (ii	ncludina bi	ut not	lin	nited	d to	thos	se I	isted above) who	received		
more than \$100,000 in compensation from th											

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ıplo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	continue	d)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson lirec	e than o is both tor/trusi	an tee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able ion from ed itions	Est ame c comp	(F) imated ount of other pensation im the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	nization related nizations
719) CHERYL PARRISH	40.00				Т							
VICE PRESIDENT OF PROGRAMS						Х	L	100,235.		0		12,501.
720) LISA LEE	40.00											
VICE PRESIDENT, DEVELOPMENT 721) MELANIE CHAVIN	40.00	-	_	<u> </u>	<u> </u>	X	-	106,685.		0		16,830.
VICE PRESIDENT, PROGRAMS	40.00					х		102,125.		0		23,143
1b Sub-total c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	ection A						A A A					
Total number of individuals (including but not reportable compensation from the organization)	limited to tl		iste				re	ceived more than	\$100,000	of		
												Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	tru ividu	iste ual	e, 	key 6	emp	loyee, or highes	t compens	ated	3	X
4 For any individual listed on line 1a, is the sorganization and related organizations greater	eater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	le J for			
individual	accrue cor	mpen:	satio	on f	fron	n any	un	related organization	on or indiv	idual	4	X AM AM
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," complet	e Sch	edu	ile J	for	such	per	son		• • •	5	X
 Complete this table for your five highest com- compensation from the organization. Report c year. 												
(A) Name and business add	ress		Ò		·	•		(B) Description of se	rvices	C	(C) Compens	ation
							+					
2 Total number of independent contractors (in	reluding bu	ıt not	lim	niter	d to	thos	 	sted ahove) who	received	JE (1. 2.E		
more than \$100,000 in compensation from the							11	SICA BDOVE; WITO	LOCUIVEU			

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514							
열 1 a	Federated campaigns .	1a	2,058,048.											
) 당	Membership dues	1b		No. 20 August										
를 c	Fundraising events	1c	4,539,027.											
5 0	Related organizations .	1d	499,878.											
園 e	Government grants (contribution	ons) 1e	5,379,412.											
AND OTHER SIMILAR AMOUNTS	All other contributions, gifts, gr similar amounts not included a	rants, and	49,782,370.											
워 :	Noncash contributions include													
. F	Total. Add lines 1a-1f			62,262,835,										
2		dia man	Business Code	Maria de la companya	ALL OF THE SHADE	SECTION OF SECTION								
2 2	CONSUMER EDUCA	PTON	624100	2,365,250.	2,365,250.	0.	0.							
5 E	PRESPITE PROGRAM		624100	781,357.	781,357.	0.	0.							
<u> </u>	CARE CONSULTAT			235,235.	235,235.	0.	0.							
ַן בַּ	EARLY STAGE PRO			183,816.	183,816.	0.	0.							
٤ ١			624100	61,591.	61,591.	0.	0.							
š ;	INFORMATION/REI All other program service			C // C // C // C // C // C // C // C /		0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
~ 1	Total. Add lines 2a-2f		Carrier II	622,413.	622,413.	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	0.							
1 3				4,249,662.	A SECTION AND A		200 E-100 P-100 E-100 3	Investment income (incluother similar amounts) . Income from investment			978,969.	0.	0.	978,969.
5	Royalties					- 000	# F.W 35 - 1							
3	noyalles	(i) Real	(ii) Personal	CHECKS IN COLUMN		enter distribute								
	Gross rents	(i) rical	(ii) i croonal											
			-											
	Less: rental expenses													
	Rental income or (loss)	<u> </u>												
٩	Net rental income or (los		(li) Other	HE AND RESIDENCE TO SERVICE AND RESIDENCE AN	Services inter-connecting	A.M. Darmer School of Street	CONTRACTOR STATE							
7 a	Gross amount from sales of	(i) Securities												
l k	assets other than inventory Less; cost or other basis	7,864,837	745,368.											
	and sales expenses	7,238,506	. 1,141,445.											
0	Gain or (loss)	626,331	396,077.											
0	l Net gain or (loss)			230,254.	0.	0.	230,254.							
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		,539,027.												
	of contributions reported		0.000											
E E	See Part IV, line 18		a 906,141.											
Ę t	Less: direct expenses .		b 1,259,082.											
' °	Net income or (loss) fron	n fundraising ev	ents ►	-352,941.	阿拉拉拉斯	0.	-352,941.							
	Gross income from gami See Part IV, line 19		a 91,206.											
t	Less: direct expenses .		b 20,908.			DENOMINARE.								
	Net income or (loss) from	n gaming activiti	ies ▶	70,298.	0.	0.	70,298.							
10 a	Gross sales of inventory, and allowances	less returns	a 40,530.											
E	Less: cost of goods sold		b 29,080.											
0	: Net income or (loss) from	n sales of invent		11,450.	6,873.	0.	4,577.							
	Miscellaneous Revenu		Business Code			WANTED S								
11 a	CALIFORNIA COU	NCIL	900099	139,021.	139,021.	0.	0.							
	PAFFILIATE REVE		900099	51,010.	0.	0.	51,010.							
			900099	3,850.	0.	3,850.	0.							
	ADVERTISING		200003			3,850.	82,133.							
				105,579.	23,446.	West Control of the C	92,133.							
	Total Add lines 11s.1±d	l	-											
	Total, Add lines 11a-11d Total revenue, See instr			299,460. 67,749,987.	4,419,002.	3,850.	1,064,300.							

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 to any question in this Part IX

	Check if Schedule O contains a res not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	127,208.	127,208.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the	1,456,188.	1,456,188.		
	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	6,964,428.	4,728,067.	1,242,000.	994,361
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				ALCONOMIC TO THE PROPERTY OF T
7	Other salaries and wages	29,794,446.	23,635,009.	1,714,311.	4,445,126
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	302,435.	221,409.	42,136.	38,890
9	Other employee benefits	3,854,891.	2,984,085.	311,781.	559,025
10	Payroli taxes	3,001,174.	2,363,678.	233,673.	403,823
	Fees for services (non-employees):		, = , =		- X
a	Management	172,518.	122,944.	8,732.	40,842
t	Legal	81,889.	59,803.	15,807.	6,279
C	Accounting	849,286.	324,147.	435,974.	89,165
c	I Lobbying	165,520.	165,520.	0.	0
e	Professional fundraising services. See Part IV, line 17				272
	Investment management fees	206,104.	104,461.	94,872.	6,771
g	Other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch O)	2,645,921.	2,149,395.	196,218.	300,308
12	Advertising and promotion	2,529,921.	1,863,501.	22,802.	643,618
13	Office expenses	5,314,445.	3,848,075.	529,249.	937,121
14	Information technology	451,199.	334,970.	47,630.	68,599
15	Royalties				(X
16	Occupancy	4,944,714.	3,951,948.	365,598.	627,168
17	Travel	1,771,983.	1,321,236.	169,846.	280,901
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,031,672.	1,956,288.	72,055.	1,003,329
20	Interest	10,307.	5,553.	3,817.	937
21	Payments to affiliates	450,096.	441,096.	0.	9,000
22	Depreciation, depletion, and amortization	590,711.	463,415.	62,108.	65,188
23 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	304,435.	214,672.	52,964.	36,799
	expenses on Schedule O.)	a production of the			
a	PROGRAM EXPENSE	104,061.	104,061.	0.	0
k	PLEDGE WRITE-OFFS	244,981.	55,968.	171,995.	17,018
c	; 				
e	All other expenses	364,460.	198,227.	49,060.	117,173
25	Total functional expenses. Add lines 1 through 24e	69,734,993.	53,200,924.	5,842,628.	10,691,441
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		ent namen		
	SOP 98-2 (ASC 958-720)	1,154,320.	629,629.	1,358.	523,333

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	16,782,649.	1	13,519,355
2	Savings and temporary cash investments	8,558,483.	2	6,934,006.
3	Pledges and grants receivable, net	5,068,651.	3	4,020,116.
4	Accounts receivable, net	7,062,703.	4	8,584,202
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	(H-1)	7	
8	Inventories for sale or use	17,351.	8	26,288
9	Prepaid expenses and deferred charges	874,434.	9	948,970
11 -	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
k	Less: accumulated depreciation 10b 5,976,484.	2,621,425.	10c	2,968,948
11	Investments – publicly traded securities	26,158,304.	11	29,031,339
12	Investments – other securities. See Part IV, line 11	U.S. Astronomy	12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	11,765,343.	15	8,349,473
16	Total assets. Add lines 1 through 15 (must equal line 34)	78,909,343.	16	74,382,697
17	Accounts payable and accrued expenses	8,105,887.	17	7,966,316
18	Grants payable	32,925.	18	
19	Deferred revenue	419,968.	19	474,671
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			HARACTER AND MIN
			22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	75,000.	24	215,000
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	1,287,941.	25	1,157,734
26	Total liabilities. Add lines 17 through 25	9,921,721.	26	9,813,721
	Organizations that follow SFAS 117 (ASC 958), check here ► kand complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	48,456,166.	27	45,009,699
28	Temporarily restricted net assets	15,642,319.	28	14,538,701
29	Permanently restricted net assets	4,889,137.	29	5,020,576
	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	68,987,622.	33	64,568,976
		2212211221		

BAA Form 990 (2012)

Form	1990 (2012) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36	<u>-3463656</u>		Page 1	2
Pai	t XIII Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI			X	<u>:</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		67,74	9,987	
2	Total expenses (must equal Part IX, column (A), line 25)		69,73	4,993	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,98	5,006	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		68,98	7,622	
5	Net unrealized gains (losses) on investments	5	1,97	0,418	
6	Donated services and use of facilities			3,190	
7	Investment expenses				_
8	Prior period adjustments		6	9,616	•
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,47	6,864	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	40			
Da	column (B))	10	64 <u>,56</u>	8,976	÷
Pai	t XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response to any question in this Part XII				\perp
			10/20/20/20 FA	res No	<u> </u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		題語語		á
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				0.00000
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	а			
	Separate basis Consolidated basis Both consolidated and separate basis		344.4		
k	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, o <u>r</u> both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				ä
ď	If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the at review, or compilation of its financial statements and selection of an independent accountant?	dit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				THE PERSON
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	e 	3 a	х	
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b	х	
BAA			Form 9	9 0 (2012	2)

TEEA0112 08/09/11

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

Employer identification number 36-3463656

									1				
Part	U.	Reason for Pub	lic Charity Status	(All organizations r	nust co	omplet	e this p	art.) S	ee inst	ruction	s.		
The or	gar	nization is not a private	foundation because it	is: (For lines 1 through 1	11, checl	k only or	ne box.)						
1	П	A church, convention	of churches or associa	ition of churches describ	ed in sec	ction 17	0(b)(1)(A	A)(i).					
2	П	A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	П	A hospital or a cooper	rative hospital service (organization described in	section	170(b)	(1)(A)(iii)).					
4	П	A medical research or	rganization operated in	conjunction with a hosp	ital desc	ribed in	section	170(b)(1)(A)(iii).	Enter th	e hospital's		
	_	name, city, and state:											
5		An organization opera 170(b)(1)(A)(iv). (Con		college or university own	ned or o	perated	by a gov	ernmen	tal unit d	escribed	in section		
6	П	A federal, state, or loc	al government or gove	ernmental unit described	in sectio	on 170(b)(1)(A)(\	/).					
7		An organization that n in section 170(b)(1)(A	iormally receives a sub A)(vi). (Complete Part	estantial part of its suppor II.)	rt from a	governi	nental u	nit or fro	m the ge	neral pu	blic describ	ed	
8	Ш	A community trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II.)								
9				re than 33-1/3% of its sup ertain exceptions, and (2 on 511 tax) from businesse									
10	П	An organization organ	nized and operated exc	lusively to test for public	safety.	See sec	tion 509	(a)(4).					
11		supported organizatio		sively for the benefit of, to n 509(a)(1) or section 509 11e through 11h.									
		a Type I b	Type II c	Type III - Function	ally integ	grated		₃	Type III -	- Non-fu	nctionally in	tegrat	ed
е		By checking this box, other than foundation section 509(a)(2).	l certify that the organi managers and other th	zation is not controlled d nan one or more publicly	irectly or support	r indirect ed organ	ly by one izations	e or moi describ	e disqua ed in sec	lified per tion 509	sons (a)(1) or		
f		• • • •	eived a written determ	ination from the IRS that	is a Typ	е І, Туре	Il or Ty	pe III su	pporting	organiza	ation,		. 🗆
g		Since August 17, 200	6, has the organization	accepted any gift or co	ntributio	n from a	ny of the	followir	ng persor	ns?			
		(I) A mayaan u ba di	inaatin ay iadinaatin aan	tuala aithau alama au tana	القارب سيطف		المحمدا		N === 4 (11)			Yes	No
		below, the gove	rning body of the supp	trols, either alone or toge orted organization?							. 11 g (i)		
		(ii) A family membe	er of a person describe	d in (i) above?	• • • •	• • • •					. 11 g (ii)		
		• •		scribed in (i) or (ii) above							· 11 g (iii)		
h		Provide the following i	information about the s	supported organization(s)).						<u>'</u>		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) is organiza column (i) your go docur	ation in) listed in verning	(v) Did yo the organi column (i) supp	zation in of your	(vi) la organiza colum organizad U.S	ation in in (i) d in the	(vii) Amount sup		etary
					Yes	No	Yes	No	Yes	No			
A)								ļ <u>-</u>	<u> </u>				
B)													
					1								
C)					ļ							<u></u>	
D)					Ti								
E)					-1 .								
otal													

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

Calendar year (or fiscal year beginning in) - 1 Gibb, grate, contributions, and control in the programation is benefit and either paid to or expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended and either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended either paid to expended	Sec	tion A. Public Support						
Tar revenues levied for he mode en yousest grams.	Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
organizations benefit and either paid to or expended on its behalf in it	1	membership fees received. (Do not	76,355,603.	73,509,025.	69,489,983.	65,382,775.	62,262,835.	347,000,221.
facilities furnished by a governmental unit to the governmental unit to the governmental unit to the governmental unit to the governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) . 6 Public support. Status (e) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total benefits on securities and security of the state of a securities of the security of	2	organization's benefit and either paid to or expended			N 950 AP			
5 The portion of total contributions by each person (other than a governmental unit or public supports of the present of the public supports of the public suppo	3	facilities furnished by a governmental unit to the						
contributions by each person (other than a governmental unit or publicly supported or line 1 (other than a governmental unit or publicly supported or line 1 (other than a governmental unit or publicly supports or line 11, column (f) . 6 Public support. Subtract line 5 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total beginning in) - 7 Amounts from line 4	4	Total. Add lines 1 through 3	76,355,603.	73,509,025.	69,489,983.	65,382,775.	62,262,835.	347,000,221.
Section B. Total Support	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in)	6	Public support. Subtract line 5 from line 4						347,000,221.
To Amounts from line 4	Sec	tion B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 1, 253,494. 1, 276,921. 1,003,401. 995,233. 978,969. 5,508,018. Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 262,446. 4,634,803. 1,979,019. 1,551,939. 1,142,038. 9,570,245. 11 Total support. Add lines 7 through 10. 262,446. 4,634,803. 1,979,019. 1,551,939. 1,142,038. 9,570,245. 12 Gross receipts from related activities, etc (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2012 (fine 6, column (f) divided by line 11, column (f)). 15 95,79 % 16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test. The organization of t	Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
dividends, payments received on securities loans, rents, royalties and income from similar sources	7	Amounts from line 4	76,355,603.	73,509,025.	69,489,983.	65,382,775.	62,262,835.	347,000,221.
business activities, whether or not the business is regularly carried on	8	dividends, payments received on securities loans, rents, royalties and income from	1,253,494.	1,276,921.	1,003,401.	995,233.	978,969.	5,508,018.
gain or loss from the sale of capital assets (Explain in Part IV.) 262,446. 4,634,803. 1,979,019. 1,551,939. 1,142,038. 9,570,245. 11 Total support. Add lines 7 through 10	9	business activities, whether or not the business is regularly				850.	3,074.	3,924.
through 10	10	gain or loss from the sale of capital assets (Explain in	262,446.	4,634,803.	1,979,019.	1,551,939.	1,142,038.	9,570,245.
First five years. If the Form 990 is tor 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 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	11							362,082,408.
Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	4,441,111.
Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
Public support percentage from 2011 Schedule A, Part II, line 14	Sec	tion C. Computation of Pu	blic Support F	Percentage				
16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								95.83%
and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage from 20	11 Schedule A, P.	art II, line 14		· · · · · · · · · · ·	15	95.79%
and stop here. The organization qualifies as a publicly supported organization	16 a	33-1/3% support test — 2012. If and stop here. The organization of	the organization di qualifies as a public	id not check the bo cly supported orga	ox on line 13, and t nization	he line 14 is 33-1/3	3% or more, check	this box
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	b	33-1/3% support test — 2011. If t and stop here. The organization o	he organization die qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization · · · · ·	and line 15 is 33-1/	3% or more, check	this box
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	17 a	or more, and if the organization me	eets the 'facts-and	-circumstances' te:	st, check this box a	and stop here. Exp	olain in Part IV hov	v
		or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a pub	and stop here. Exp plicly supported org	olain in Part IV hov janization	v the
	18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruction	ons · · · · · ►

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.)

Sect	ion A. Public Support							73-
Calend	ar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include			777 (1791)				
	any 'unusual grants.')					111126		
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			5500				
,	governmental unit to the organization without charge.							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							77
	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							#1 5 1
C	Add lines 7a and 7b	Augustonia a sull		and the second				
	Public support (Subtract line 7c from line 6.)							
Sect	ion B. Total Support					****		
Calend	ar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
9 .	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
i 1	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					12		
11	Add lines 10a and 10b							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. (Add Ins 9, 10c, 11, and 12.)						T	
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3		▶ □
	ion C. Computation of Pu							
	Public support percentage for 201:	• •	•	* * * *			15	
	Public support percentage from 20			***	<u>.</u>		16	 8
	ion D. Computation of Inv		-					
	Investment income percentage for	•	•	•	• •		17	<u> </u>
	Investment income percentage fro						18	%
19a	33-1/3% support tests 2012. If is not more than 33-1/3%, check the	the organization d his box and stop h	id not check the be ere. The organiza	ox on line 14, and tion qualifies as a	line 15 is more tha publicly supported	n 33-1/3%, a organization	nd line 1	¹⁷ · · · · · · ► [
b	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%, o	the organization d check this box and	id not check a box stop here. The o	on line 14 or line rganization qualifie	19a, and line 16 is es as a publicly sup	more than 33 ported organ	3-1/3%, iization	and · · · · · . ▶ □
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see	instructions.		🟲 📋

Schedule A (Form 990 or 990-EZ) 2012 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Page	4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
OTHER INCOME, PART II LINE 10	-
2012 TOTAL OTHER INCOME \$1,142,038 INCLUDES:	
INCOME FROM FUNDRAISING EVENTS-GROSS \$997,347	-
GROSS_SALES_OF_INVENTORY\$11,548	_
MISCELLANEOUS REVENUE \$133,143	-
2011 TOTAL OTHER INCOME \$1,551,939 INCLUDES:	_
INCOME FROM FUNDRAISING EVENTS-GROSS _ \$1,394,141	-
GROSS SALES OF INVENTORY \$2.656	-
MISCELLANEOUS_REVENUE\$155,142	
2010 TOTAL OTHER INCOME \$1,979,019 INCLUDES:	
INCOME FROM FUNDRAISING EVENTS-GROSS _ \$1,865,794	-
REIMBURSEMENTS \$17,555	_
REFUNDS \$11.505	_
MISCELLANEOUS REVENUE \$84,165	-
2009 TOTAL OTHER INCOME \$4,634,803 INCLUDES:	_
INCOME_FROM FUNDRAISING EVENTS-NET \$4,434,793	-
GROSS SALES OF INVENTORY \$110,261	_
MISCELLANEOUS REVENUE \$89,749	
2008 TOTAL OTHER INCOME INCLUDES:	
MISCELLANEOUS REVENUE \$262,446	
	-
	_

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization		Employer identification number								
ALZHEIMER'S DISEASE & ASSOCIATION	RELATED DISORDERS	36-3463656								
Organization type (check one):										
Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private 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									
instructions. General Rule For an organization fi	ting Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 o	or more (in money or								
property) from any or	e contributor. Complete Parts I and II.									
Special Rules										
under sections 509(a	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 200 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II.	e year, a contribution of								
during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitales, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,								
during the year, contr not total to more than year for an exclusively applies to this organiz	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a ibutions for use exclusively for religious, charitable, etc., purposes, but the \$1,000. If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless tation because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the ss the General Rule butions of \$5,000 or								
_	not covered by the General Rule and/or the Special Rules does not file Special Rules are not special Rules and special Rules are not special Rules and special Rules are not special Rules and special Rules and special Rules are not special Rules and special Rules are not special Rules and special Rules are not special Rules and special Rules are not special Rules and special Rules and special Rules are not special Rules and special Rules are not special Rules									

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2012)

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_		\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$ 60,650.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$56,408.	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$20,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$42,914.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 _		\$91,691.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 2 Employer identification number Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION 36-3463656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution _ _ 7 Person **Payroll** 25,000. Noncash (Complete Part II if there is a noncash contribution.) (d) (a) (c) (b) Type of contribution Total contributions No. Name, address, and ZIP + 4 Х __8 Person **Payroll** 76,000. Noncash (Complete Part II if there is a noncash contribution.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ _ _ 9 Person **Payroll** 90,665. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. _ 10 Person Payroll 186,548. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х _ 11 Person **Payroll** 320,000. Noncash (Complete Part II if there is

 110.100011	
(Complete F	Part II if there is
a noncash c	ontribution.)

Person Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

(c)

Total contributions

15,000.

a noncash contribution.)

(d)

Type of contribution

(a)

No.

__12

(b)

Name, address, and ZIP + 4

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_		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 14 _		\$ 250,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$143,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 17 _		\$ <u>15,000.</u>	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$77,264.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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		\$45,000 <u>.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
20		\$30,345.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 21 _		\$37,500 <u>.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 22 _		\$88,50 <u>0.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
23		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24		\$60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

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		\$150,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$35,413.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _		\$96,737.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 28 _		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 29 _		\$ 89,087.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u>88,769</u> .	Person X Payrolt Noncash (Complete Part II if there is a noncash contribution.)

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 31 _		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 32 _		\$30,059.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 33_		\$163,078.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
34		\$ <u>170,214.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
35		\$ <u>43,927.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 36 _		\$37,553.	Person X Payroli X Noncash (Complete Part II if there is a noncash contribution.)	

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 _		\$37,259 <u>.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 38_		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 39		\$175,375.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
40		\$20,891.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 41 _		\$44,573.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 42 _		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

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 _		\$110,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 44 _		\$70,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 45 _		\$250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
46_		\$51,700.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
47_		\$52,851.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
48		\$ <u>117,873.</u>	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)	

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 _		\$26,515.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$103,736.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$167,154.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 52 _		\$1,046,445.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 53 _		\$92,594.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 54 _		\$77,1 <u>04</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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		\$63 <u>,853.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 56 _		\$216,161.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 57 _		\$30,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 58 _		\$200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ <u>59</u> _		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
60		\$357,033.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

36-3463656

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
- 61		\$81,933.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
62_		\$17,202.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
63		\$97,001.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
64		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
65		\$ <u>499,878.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 66 .		\$122,154.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Employer Identification number Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS

ASSOCIATION 36-3463656 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution __67 Person Payroll 20,000. Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Х __68 Person Payroll 101,522. Noncash (Complete Part II if there is a noncash contribution.) (d) (a) (b) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. Х __69 Person **Payroll** 40,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 70 Person **Pavroll** 20,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** _ _71 Person Х Payroll 23,945. Noncash (Complete Part II if there is a noncash contribution.) (b) (c) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 72 Person Payroll 13,110. Noncash (Complete Part II if there is a noncash contribution.)

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 73 _		\$54,681.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 74 _		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 75 _		\$600,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
76		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
77_		\$56,535.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 78 _		\$20,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

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 9_		\$86,8 <u>10.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 80 _		\$62,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
81		\$37,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 83 _		\$59,884.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 84 _		\$20,173.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

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_		\$59,030.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
86_		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 87 _		\$66,954.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 88 _		\$50,981.	Person X Payrotl Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
89		\$250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 90 _		\$ 90,205.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2012)		Page :
Name of or	ganization ALZHEIMER'S DISEASE & RELATED DISORDER ASSOCIATION	RS	Employer identification number 36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	···
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 91 _		\$34,114.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 92 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93 _		\$47,327.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94 _		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95_		\$150,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 96 _		t 112 536	Person X Payroll

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

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		\$26,459.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 98 _		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
99		\$36,561.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
100		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
101		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
102		\$ <u>73,591</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

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		\$23 <u>,349</u> .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$360,491.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$270,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
- 1			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4	(c) Total contributions \$25,000.	(d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 106_	Name, address, and ZIP + 4	*25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 106 (a) No.	Name, address, and ZIP + 4	\$25,000.	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Name of o	rganization ALZHEIMER'S DISEASE & RELATED DISORDER ASSOCIATION	S	Employer identification number 36-3463656
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$2 <u>7,452</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$50,9 <u>19</u> .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$18,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$49,507.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114			Person X Payroll

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

Noncash

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
115		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
116		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
117		\$300,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
118		\$15,983.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
119_		\$41,920.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_120		\$39,623.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
121		\$185,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
122	Name, address, and 2n · ·	\$180,902.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
123		\$67,102.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
124		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
125		\$28,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
126		\$100,999.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
127		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
128		\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
129		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
130		\$60,383.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
131		\$35,104.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_132 _		\$ <u>51,282.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
133		\$64,645.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_134		\$45,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
135		\$103,849.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
136		\$95,636.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
137		\$52,700.	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
138		\$68,945.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
139		\$97,780.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
140	wante, addicas, and an in a	\$20,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
141_		\$20,200.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
142		\$196,393.	Person X Payroll Noncash (Complete Part If if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
143		\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_144		\$30,550.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 2 Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number 36-3463656 ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Х 145 Person Payroll 200,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 146 Х Person **Payroll** 15,381. Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 147 Х Person Payroli 19,550. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х _148 Person Payroll 22,500. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash

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

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

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2012) Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS **Employer identification number** 36-3463656 ASSOCIATION Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(c) Use of gift

(d) Description of how gift is held

(a) No. from

Part I

(b) Purpose of gift

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

2012

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service See separate instructions. If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2012

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 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. Part B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ lN۵ Yes l lNo 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). Enter the amount directly expended by the filing organization for section 527 exempt function activities > \$ Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures, Add lines 1 and 2. Enter here and on Form 1120-POL. line 17b 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. (e) Amount of political contributions received and promptly and directly delivered to a separate (a) Name (b) Address (d) Amount paid from filing organization's lunds. If none, enter-0-. political organization. If none, enter -0-. (1) (2) (3)(4) (5)(6)

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

Schedule C (Form 990 or 990-EZ) 20	⁾¹² ALZHEIMER'S	DISEASE AND RELAT	ED DISORDERS AS:	SOCIATION 36-3463	3656 Page 2
	the organization	on is exempt under se			
A Check ► if the filin	g organization belo	ngs to an affiliated group (and	d list in Part IV each affili	ated group member's nam	e,
address,	EIN, expenses, an	d share of excess lobbying ex	rpenditures).		
B Check ► I if the filin	g organization chec	cked box A and 'limited contro	l' provisions apply.		
(The term	Limits on Lobb	ying Expenditures eans amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence put	olic opinion (grass roots lobby	ing)		
	•	gislative body (direct lobbying	-		
		nd 1b)			
	,	, 		-	
	•	es 1c and 1d)			
f Lobbying nontaxable am	ount. Enter the amo	ount from the following table in	n :		In
If the amount on line 1e, col		The lobbying nontaxable			
Not over \$500,000	ulilit (a) or (b) is.	20% of the amount on line 1e.	amount is:		
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		\$175,000 plus 10% of the excess		9	
Over \$1,500,000 but not over		\$225,000 plus 5% of the excess	THE REAL PROPERTY AND ADDRESS OF THE PERSON		
Over \$17,000,000	¥11,000,000	\$1,000,000.	2701 41/000/0001		
A	mount (enter 25% c	of line 1f)			
-	•	enter -0			
•		enter -0			
		er line 1h or line 1i, did the or			Yes No
(Som		4-Year Averaging Period U at made a section 501(h) el nns below. See the instructi	ection do not have to o		
	Lob	bying Expenditures During	4-Year Averaging Peri	od	11.00
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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				Schedule C (Form	990 or 990-EZ) 2012

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)).

			(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		x	Committee of the Commit
d Mailings to members, legislators, or the public?	х		51,013.
e Publications, or published or broadcast statements?	X		7,245.
f Grants to other organizations for lobbying purposes?	X		7,403.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		417,818.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		104,308.
i Other activities?	X		28,494.
j Total. Add lines 1¢ through 1i	185384		616,281.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	NAME OF TAXABLE PARTY.	х	
b If 'Yes,' enter the amount of any tax incurred under section 4912	37753	10000	Access Commenced Street
c If Yes, enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1.21ta/10095	AND WITH THE PARTY OF THE PARTY
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	Or	
section 501(c)(6).	(0)(0)	, 01	
			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?			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ection 501(c)
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) I answered 'Yes.'	Part í	ÍI-A, Í	ine 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2 a	
b Carryover from last year		2 b	
c Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
expenditure next year?		5	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (a Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	ıffiliate	d grou	p list);
Pt_II-B_Line_li_LOBBYING_ACTIVITIES:			
NEARLY ALL OF THE CHAPTER NETWORK LOBBYING IS THROUGH	 Э <u>н</u> _s	 TAFF	
	oots.	ACT	IVITIES
AND ADVOCACY.			

Schedule C (Form 990 or 990-EZ) 2012ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Page Part IV Supplemental Information (continued)	3 4
AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES, BUSINESSES	
AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE COMING CLOSE TO FINDING	
BETTER TREATMENTS THAT COULD DRASTICALLY ALTER THE COURSE OF THE	
DISEASE. THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES	
AIMED AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION,	
METHODS OF PREVENTION AND ULTIMATELY A CURE, AS WELL AS FOR HEALTH	
AND LONG-TERM COVERAGE TO ENSURE HIGH QUALITY COST EFFECTIVE CARE	
FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. MORE THAN	
500,000 GRASSROOTS ADVOCATES SPEAK UP FOR THE NEEDS AND RIGHTS OF	
PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND HELP ENCOURAGE	
CONGRESS TO INCREASE FUNDING FOR RESEARCH AND CARE. POLICY	
ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO	
IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 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 contributions to (during year) . . . 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? 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? No Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the 2 last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 🟲 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year *\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No 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: 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:

▶ \$

Schedule D (Form 990) 2012 ALZHEII Part III Organizations Maintai	MER'S DISEASE AND ning Collections				463656 Page 2 Assets (continued)
3 Using the organization's acquisition	, accession, and other	records, check ar	y of the following that	are a significant use	of its collection
items (check all that apply):		. 🗀.			
a Public exhibition		\vdash	exchange programs		
b Scholarly research		e Other	· ·		
c Preservation for future generati 4 Provide a description of the organiz		explain how they	further the organizatio	n's exempt purpose i	n
Part XIII. 5 During the year, did the organization		•	Ū		.,
to be sold to raise funds rather than	to be maintained as p	art of the organiza	ition's collection?		
Part IV Escrow and Custodial reported an amount on	Arrangements. Co Form 990, Part X,	implete if the or line 21.	ganization answer	ed 'Yes' to Form 9	190, Part IV, line 9, or
1 a Is the organization an agent, truster on Form 990, Part X?	e, custodian, or other in	ntermediary for co	ntributions or other as	sets not included	Yes No
b If 'Yes,' explain the arrangement in	Part XIII and complete	the following table	e:		
					Amount
c Beginning balance			. 	1 c	
d Additions during the year				1	
e Distributions during the year					
f Ending balance					
2a Did the organization include an amo					
b If 'Yes,' explain the arrangement in	Part XIII. Check here i	the explantion ha	is been provided in Pa	rt XIII	
Part V Endowment Funds. Co	omplete if the orga	ınization answ	ered 'Yes' to Form	n 990, Part IV, lin	e 10.
	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	7,734,169.	7,617,05	6. 6,701,29	4. 4,303,0	04. 3,665,995.
b Contributions	543,550.	652,14	4. 309,66	0. 2,461,1	01. 844,567.
c Net investment earnings, gains, and losses	753,910.	120,79	2. 954,93	5. 282,9	88144,735.
d Grants or scholarships	-6,968.	 	0. 55		0.
e Other expenditures for facilities					
and programs	391,711.	643,29			
g End of year balance	86,472.	12,53			
2 Provide the estimated percentage of	8,560,414.	7,734,165		6.l 6,701,2:	94.1 4,303,004.
a Board designated or quasi-endowm	•	%	ordinin (a)) nerd as.		
b Permanent endowment					
c Temporarily restricted endowment	<u>•</u>	8			
The percentages in lines 2a, 2b, and		- %.			
3 a Are there endowment funds not in the	•			and days the a	
organization by:	ne possession of the o	rganization that ar	e neid and administer	ed for the	Yes No
(i) unrelated organizations					3a(i) X
(ii) related organizations					3a(ii) X
b If 'Yes' to 3a(ii), are the related orga	nizations listed as req	uired on Schedule	R?		3b
4 Describe in Part XIII the intended us	es of the organization	's endowment fund	ds.		
Part VI Land, Buildings, and E	quipment. See F	orm 990, Part	X, line 10.		
Description of property		or other basis /estment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		6,000.	40,101.		46,101.
b Buildings			1,166,884.	180,393	986,491.
c Leasehold improvements			1,582,049.	856,42	1. 725,628.
d Equipment			5,281,484.	4,319,564	4. 961,920.
e Other			868,914.	620,106	
Total. Add lines 1a through 1e. (Column (d) must equal Form 9	90, Part X, column	(B), line 10(c).)		
BAA				Sc	hedule D (Form 990) 2012

Schedule D (Form 990) 20		36-3463656	Page 4
	ation of Revenue per Audited Financial Statements With Revenue		
 Total revenue, gains 	s, and other support per audited financial statements	1	
2 Amounts included o	n line 1 but not on Form 990, Part VIII, line 12:	系统原则	
•	s on investments		
b Donated services ar	nd use of facilities		
c Recoveries of prior	year grants · · · · · · · · · · · · · · · · · · ·	9464	
*	Part XIII.)	Sign	
•	7 2d	I -1	
	n line 1	3	
	n Form 990, Part VIII, line 12, but not on line 1:	5454	
*	s not included on Form 990, Part VIII, line 7b		
	Part XIII.)	1975	
	ines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	ition of Expenses per Audited Financial Statements With Expens		
	losses per audited financial statements	1	
	n line 1 but not on Form 990, Part IX, line 25:		
	nd use of facilities		
	nts		
	2c		
•	Part XIII.)		
	n 2d		
	n line 1	3	
	n Form 990, Part IX, line 25, but not on line 1:		
	s not included on Form 990, Part VIII, line 7b		
	at (Am.)	4 c	
	l lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	I	
Part XIII Suppleme		<u></u>	
		/ lines 1h and 2h: Part V	
line 4; Part X, line 2; Part	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV KI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional information.	
Dr V Line 4	PT V ENDOWMENT FUNDS		
	PI V ENDOWMENT FUNDS		
	THE DATA ENTERED IN COLUMNIC (B) DRIOD VEAD (C) TW	O AEYDG DYCA (D).	TUDEE
	THE DATA ENTERED IN COLUMNS (B) PRIOR YEAR, (C) TW	O IBARS BACK, (D)	TUKEE .
	VENDS BACK AND (E) BOID VENDS BACK DIDERS BROW TH	ים הספעדהוופדע בדום	D
	YEARS BACK AND (E) FOUR YEARS BACK DIFFER FROM TH	E EKEATOOPPI LIPE	
	TAX RETURN. THE SCHEDULE REFLECTS PRIOR YEAR(S)	אריידעודייע ברים יינים	
	TAN RETORY. THE SCHEDULE REPLIETS FRIOR TEAR (S)	ACTIVITITE FOR THE	
	CHAPTERS INCLUDED IN THIS YEAR'S TAX RETURN.		
-	CIALIBRO INCLODED IN INIS IBAR 5 IAA RETORV.		
	17 CHAPTERS IN THE GROUP TAX RETURN HAVE ENDOWNED	NTS BELOW IS	
	THE BREAKOUT BY PERCENTAGE OF THE TYPES OF ENDOW	MENTS AND THE	
BAA	The same and the s	Schedule D (Form 9	90) 2012
		,	

Schedule D (Form 990) 2012	ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION al Information (continued)	36-3463656	Page 5
Fart XIII Cuppicine	at information (continued)		
	INTENDED USE OF THE ENDOWMENT FUNDS FOR EACH OF THE	17_CHAPTERS:	
	NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER -		
	100% PERMANENT ENDOWMENT		
	THE ENDOWMENT FUNDS ARE FOR THE USE OF RESPITE PAYM	MENTS.	
	SOUTHEAST FLORIDA CHAPTER -		
	100% PERMANENT ENDOWMENT.		
	ENDOWMENT FUNDS ARE USED TO FUND PROGRAMS, SERVICES	S, AND	
	OPERATIONS.	12	
	CENTRAL AND NORTH FLORIDA CHAPTER -		
	100% PERMANENT ENDOWMENT		
	THE INCOME FROM THIS PERMANENT ENDOWMENT IS TO BE U	SED TO FUND	
	OPERATIONS.		
	ALOHA CHAPTER -		
	12% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	88% PERMANENT ENDOWMENT		
	THE FERN HAYES ENDOWMENT (\$100,000) SUPPORTS THE PU	RCHASE OF BOOKS	_ <u>ON</u>
	ALZHEIMER'S DISEASE FOR LIBRARIES ON THE ISLAND OF	KAUAI. THE QUAS	<u> </u>
	ENDOWMENT (\$13,675) IS SPECIFICALLY FOR THE USE OF	BOOKS, NEWSLETT	ERS,
	AND_OUTREACH		
	· · · · · · · · · · · · · · · · · · ·		
	EAST CENTRAL IOWA CHAPTER -		-
	100% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	THE FUND WAS CREATED WITH PROCEEDS FROM VARIOUS MON	IEY MARKET	
	ACCOUNTS USED FOR CASH RESERVE PURPOSES WITH THE IN		-

Schedule D (Form 990) 2012	ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION tal Information (continued)	36-3463656	Page 5
art XIII Cappionion	an investigation (continued)		
	A HIGHER RETURN ON THE RESERVES FUND. THE NATURE	OF THE FUNDS ARE	
	LIQUID AND ALLOWS THE BOARD ACCESS TO THE REVENUE	FOR THE SOLE	
	PURPOSE OF IMPLEMENTING THE MISSION OF THE ASSOCI	ATION.	
	ROCHESTER CHAPTER -	. 	
	45% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	30% PERMANENT ENDOWMENT		
	25% TEMPORARILY RESTRICTED ENDOWMENT		
	THE BOARD DESIGNATED FUNDS WILL BE USED TO SUPPOR	T THE ORGANIZATIO	N'S
	PROGRAMS AS DEEMED NECESSARY. THE PERMANENT AND T	EMPORARILY	
	RESTRICTED ENDOWMENTS ARE USED TO SUPPORT PROGRAM	s AND SERVICES	
	AS SPECIFIED BY THE DONORS.		
	WESTERN NEW YORK CHAPTER -		
	100% PERMANENT ENDOWMENT		
	THE ENDOWMENT WILL BE HELD AS A PERMANENT ENDOWME	NT FOR THE	
	FORSEEABLE FUTURE. EARNINGS ARE RETURNED AND USED	FOR OPERATIONS.	
	* 		
	CLEVELAND AREA CHAPTER -		
	99.99% BOARD DESIGNATED OR QUASI-ENDOWMENT	, 	
206322	00.01% PERMANENT ENDOWMENT		
	THE CHAPTER KEEPS ONE YEAR IN A QUASI-ENDOWMENT A	S CASH RESERVES.	
	THE EXCESS RESERVES ARE GOING TO BE UTILIZED FOR	UPCOMING PROGRAMS	<u> </u>
	BASED ON BOARD DESIGNATED PRIORITIES. \$1,000, WHI	CH IS PART OF	
	THE CHAPTER'S ENDOWMENT FUNDS, IS PERMANENTLY RES	TRICTED.	
	CENTRAL OHIO CHAPTER -		
	100% PERMANENT ENDOWMENT		

Schedule D (Form 990) 2012		36-3463656	Page 5
Part XIII Supplement	tal Information (continued)		
	THE ASSOCIATION IS THE BENEFICIARY OF FUNDS HELD IN	TRUST BY THE	
	COLUMBUS FOUNDATION, WHICH ARE NOT UNDER THE CONTRO	L_OF_THE	
	ASSOCIATION TRUSTEES. THERE WILL BE NO RESTRICTIONS	S_WHEN_THE	- -
	FUND IS RELEASED TO THE ASSOCIATION AND IT WILL BE	USED FOR	
	OPERATING COSTS FOR PROGRAMS AND SERVICES.		
	MIAMI VALLEY CHAPTER -		
	42% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	58% PERMANENT ENDOWMENT		
	THE ENDOWMENT USE IS UNRESTRICTED AND UNSPECIFIED A	T THIS TIME.	
*****	OKLAHOMA/ARKANSAS CHAPTER -		
	11% BOARD DESIGNATED OR QUASI-ENDOWMENT		-
	89% PERMANENT ENDOWMENT		
	THE INITIAL ENDOWMENT FUNDS WERE RECEIVED IN THE PA	ST YEAR, THEREF	ORE
	THE ASSOCIATION IS IN THE PROCESS OF IMPLEMENTING A	A POLICY OF	
	APPROPRIATING ITS ENDWOMENT FUND FOR DISTRIBUTION.	THE DISTRIBUTIO	N
	POLICY WILL REQUIRE THE APPROVAL OF THE FINANCE COM	MITTEE. IN	
	ESTABLISHING THE POLICY, THE ASSOCIATION WILL CONSI	DER THE LONG-TE	RM
	EXPECTED RETURN ON THE ENDOWMENT. ACCORDINGLY, OVER	THE LONG TERM,	
	THE ASSOCIATION EXPECTS ITS SPENDING POLICY TO ALLO	W ITS ENDOWMENT	s
	TO GROW. THIS IS CONSISTENT WITH THE ASSOCIATION'S	OBJECTIVE	
	TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT A	ASSETS HELD	
	IN PERPETUITY OR FOR A SPECIFIED TERM, AS WELL AS I	O PROVIDE	
	ADDITIONAL REAL GROWTH THROUGH GIFTS AND INVESTMENT	RETURN.	
			- -
	OREGON CHAPTER -		
	99% PERMANENT ENDOWMENT		

Schedule D (Form 990) 2012	2 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION tal Information (continued)	36-3463656	Page 5
Part XIII Supplemen	tal information (continued)		
	1% TEMPORARILY RESTRICTED ENDOWMENT		
	THE ENDOWMENT IS USED FOR RESPITE CARE FOR THE M	CGINTY CONFERENCE.	
	ONLY THE INTEREST EARNED ON THE ENDOWMENT CAN BE	_USED	
	_DELAWARE_VALLEY_CHAPTER		98
	10% PERMANENT ENDOWMENT		
	90% TEMPORARILY RESTRICTED ENDOWMENT		
	THE ENDOWMENT INCOME SUPPORTS GENERAL OPERATIONS	AND ADVOCACY EFFOR	<u>TS.</u>
	SOUTH CAROLINA CHAPTER -		
	100% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	THE ENDOWMENT FUNDS ARE UNRESTRICTED, THUS THE PARTY OF T	AYOUTS	
	FROM THE ENDOWMENTS ARE USED FOR OPERATING FUNDS	÷	
	SOUTH DAKOTA CHAPTER -		
	9% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	91% PERMANENT ENDOWMENT		
	THERE IS AN INTEREST PAYOUT EVERY YEAR THAT THE	CHAPTER CAN USE.	
	*		
	SOUTHEASTERN WISCONSIN CHAPTER -		
	100% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	THE BOARD DESIGNATED ENDOWMENT FUND WAS ESTABLIS	HED BY THE BOARD	
	OF DIRECTORS TO HELP PROVIDE FOR THE LONG-TERM F	INANCIAL STABILITY	OF
	THE CHAPTER IN FULFILLING ITS OVERALL MISSION. T	HE ENDOWMENT	
	FUND CREATES A MECHANISM FOR THE CHAPTER TO SET	ASIDE A PORTION OF	
	_UNRESTRICTED, LARGER_BEQUESTS, OR OTHER_EXCESS_S	UPPORT TO INVEST IN	<u></u>
	LONGER-TERM INVESTMENTS TO ACHIEVE HIGHER RATES	OF_RETURNTHE	
-	EARNINGS FROM THE FUND'S INVESTMENTS, AT THE DIS	CRETION OF THE	

Schedule D (Form 990) 2012 Part XIII Supplemen	2 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION tal Information (continued)	36-3463656	Page 5
	FINANCE COMMITTEE, MAY BE USED TO HELP FUND CURRENT	r_programs_and_	
	EXPENSES OR BE RETAINED WITHIN THE ENDOWMENT FUND.		
	100% BOARD DESIGNATED OR QUASI-ENDOWMENT		
	THE USE OF THE ENDOWMENT FUNDS ARE FOR PROGRAMMING	IN JASPER	
-	COUNTY, RE-INVESTMENT IN THE ENDOWMENT, AND RESEARC	CH	
Pt X Line 2	FIN 48 FOOTNOTE	· -	
		. – – – – – – – – – – – – – – – – – – –	
	IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION 1	NO. 48	
	("FIN 48") (NOW REFERRED TO AS ASC740-10-25-6, "ASC	740"),	
	"ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN IN	NTERPRETATION	
	OF FASE STATEMENT 109", WHICH CLARIFIES THE ACCOUNT	fing for	
	UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERI	PRISE'S	
	FINANCIAL STATEMENTS IN ACCORDANCE WITH THE BROADER	CONCEPTS	
	PREVIOUSLY OUTLINED IN ASC 740. THE CHAPTERS ADOPTE	ED_THIS_NEW	
	GUIDANCE AS OF JULY 1, 2009. THIS GUIDANCE CLARIFIE	S THE	
	ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN (OR EXPECTED TO	
	BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING	TO FINANCIAL	
- 	STATEMENT RECOGNIZED AND MEASUREMENT. THIS SECTION	PROVIDES	
	THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION	CAN BE	
-	RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE	POSITION IS	
	MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION	ON_WERE_TO_BE	
	CHALLENGED BY THE TAXING AUTHORITY. THE ASSESSMENT	OF THE TAX	
	POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF	THE POSITION,	
	WITHOUT REGARD TO THE LIKELIHOOD THAT THE POSITION	MAY BE	

Schedule D (Form 990) 2012 Part XIII Supplement	ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION (al Information (continued)	36-3463656	Page 5
	CHALLENGED. THE CHAPTERS ARE EXEMPT FROM INCOME	TAX_UNDER	
	INTERNAL CONTROL CODE ("IRC") SECTION 501(C)(3),	THOUGH IT IS	
	SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT	PURPOSES, UNLESS	
	THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. TH	HE TAX RETURN YEARS	
	ENDING 2009, 2010, 2011 AND 2012 ARE STILL OPEN	TO AUDIT FOR BOTH	
	FEDERAL AND STATE PURPOSES. THE ADOPTION OF THIS	GUIDANCE DID	
	NOT HAVE ANY IMPACT ON THE CHAPTERS' FINANCIAL S	STATEMENTS. THE	
	CHAPTERS RECEIVE INDIVIDUAL AUDITS AND 26 CHAPTE	ERS_INCLUDED_A	
	FOOTNOTE THAT ADDRESSES THE LIABILITY FOR UNCERT	MAIN TAX POSITIONS.	
		·	
	· = » · · · · · · · · · · · · · · · · ·		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants a Internet and email solicitations Solicitation of government grants þ c Phone solicitations Special fundraising events In-person solicitations 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 (v) Amount paid to (vi) Amount paid to (ii) Activity (iv) Gross receipts (iii) Did fundraiser or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 8 9 10 Total . 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.

Schedule G (Form 990 or 990-EZ) 2012 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 P

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

		List events with gross receipts grea	ter than \$5,000.					
R E V			(a) Event #1 GALA (S) (event type)	(b) Event #2 DINNER (S) (event type)	(c) Other events 3.7 (total number)	(d) Total events (add column (a) through column (c))		
V E N U	1	Gross receipts	2,246,958.	951,498.	2,224,061.	5,422,517.		
Ě	2	Less: Charitable contributions	1,931,940.	753,718.	1,844,041.	4,529,699.		
	3	Gross income (line 1 minus line 2)	315,018.	197,780.	380,020.	892,818.		
	4	Cash prizes	700.	1,250.	2,100.	4,050.		
n	5	Noncash prizes			4,625.	4,625.		
DIRECT	6	Rent/facility costs	46,138.	19,931.	98,643.	164,712.		
	7	Food and beverages	190,859.	95,343.	291,469.	577,671.		
EXPENSES	8	Entertainment	10,800.	300.	30,274.	41,374.		
N S E	9	Other direct expenses	235,436.	69,023.	159,958.	464,417.		
s	10	Direct expense summary. Add lines 4 through	•			1,256,849.		
D'L	11 Net income summary. Combine line 3, column (d), and line 10 -364, 03 Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than							
rai	\$15,000 on Form 990-EZ, line 6a.							
R E V E N	(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo							
E —	1 Gross revenue							
E	2 Cash prizes							
D X P E E N C T	3 Non-cash prizes 14,000 14,000 4 Rent/facility costs 576 576							
T E	4	Rent/facility costs			576.	<u>576.</u>		
	5	Other direct expenses			6,332.	6,332.		
	6	Volunteer labor	Yes %	Yes %	X Yes %			
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)			20,908.		
	8	Net gaming income summary. Combine line	s 1, column (d) and line	7		70,298.		
a	ls th	er the state(s) in which the organization opera ne organization licensed to operate gaming ac o,' explain:		See Part III, Line 9 (c		· Yes X No		
	<u>TH</u> Wer	CHESTER CHAPTER - THE RAFFI RESHOLDS FOR THE LICENSE RE re any of the organization's gaming licenses re es,' explain:	QUIREMENTS . evoked, suspended or te		year?	Yes XNo		

SUITE	some a (Louis aan ot aa	JU-EZ) ZU 14	STATE IMER'S DI	SEASE AND RELATED I	DISORDERS ASSOCIATION	UN 36-3463656	Page 3
11	Does the organization	operate ga	ming activities with nor	members?		X Y	es No
12	Is the organization a gradminister charitable g	rantor, ben jaming? .	eficiary or trustee of a t	rust or a member of a parti	nership or other entity form	ned to	es X No
	Indicate the percentag						
a	The organization's faci	ility				13a	용
	•					<u> </u>	용
14	Enter the name and ac	ddress of th	e person who prepares	the organization's gaming	/special events books and	records:	
	Name ► <u>SEE PAR</u>	T_IV_S	<u> JPPLEMENTARY _S</u>	CHEDULE			
	Address				· ·		
b	If 'Yes,' enter the amou of gaming revenue reta	unt of gamin ained by the	ng revenue received by e third party	the organization 🕒 \$	n receives gaming revenue	and the amount	Yes X No
C	: If 'Yes,' enter name an	d address	of the third party:				
	Name •						
	Address						
16	Gaming manager infor	mation:					
	Name ▶ CEE DAD	יי דע פו	IDDI EMENTADY CA	cupnii e			
	Gaming manager comp	pensation	* \$				
	Description of services	provided	-				
	X Director/officer		X Employee	XIndepend	ent contractor		
17	Mandatory distributions	s					
а	Is the organization requ	uired under	r state law to make cha	ritable distributions from th	e gaming proceeds to reta	in the	
	state gaming license?						Yes X No
D					exempt organizations or s	pent in the	
Dar			es during the tax year	> \$ his part to provide the	e explanations requir	od by Part L line	2h
r al	columns (iii)	and (v), a	and Part III, lines 9	, 9b, 10b, 15b, 15c, 1 ation (see instruction	6, and 17b, as applic	able. Also compl	lete
PAR	T III, LINE 6		TEER LABOR				
		ROCHE	STER - 50% VOI	UNTEER			
				IIA - 100% VOLUN	TEER		
			··	90% VOLUNTEER			
				SIN - 80% VOLUN	TEER		
		GREAT.	ER IOWA - 100%	VOLUNTEER			
PAR	T III,LINE 11	ORGAN	IZATION OPERAT	ES GAMING ACTIV	ITIES WITH NONME	MBERS	
		THE A	LZHEIMER'S DIS	EASE AND RELATE	D DISORDERS ASSO	CIATION IS N	JOT A
		MEMBE	RSHIP ORGANIZA	TION AS DESCRIB	ED BY THE IRS. T	THE ASSOCIATI	ON,
				CONSIDER ITS D	ONORS MEMBERS. T	THEREFORE, TH	IE
	Part IV Supplemental In	formation (Continued)	700000000000000000000000000000000000000	0.1	adula O /F 000	- 000 E7) 0040
BAA				TEEA3703 01/07/13	Sche	edule G (Form 990 o	r 990-೬∠) 2012

SCHEDULE ((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.

OMB No. 1545-0047 2012

Open to Public Inspection

Schedule I (Form 990) (2012)	Scheduli	11/30/12	TEEA3901 1		s for Form 990.	, see the Instruction	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990
2	· · · · · · · · · · · · · · · · · · ·				able	ns listed in the line 1 t	3 Enter total number of other organizations listed in the line 1 table
ر ن	*			:	nizations listed in the	and government orga	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
							(8)
RESPITE				16,755.		39-6040444	L 1280 W CLAIREMONT AVE
RESPITE				7,709.	501 (C) 3	39-6040444	SERVICES COUNTY TRUNK I CENTRE COUNTY TRUNK I CENTRE COUNTY TRUNK I 54729 CHIPPEWA FALLS WI 54729
RESPITE				8,963.		45-2848201	
RESPITE				7,500.	501(C)3	75-6002868	(4) UT. SW MEDICAL CTR
RESPITE				12,006.	501 (C) 3	75-1085555	(3) THE SENIOR SOURCE3910_HARRY HINES_BLVD DALLAS_TX_75390
RESOURCE CIR				20,000.	501 (C) 3	31-0732831	(2) WRIGHT STATE UNIV-NURSING3640_COLONEL_GLENN HWY_ DAYTON OH 45435
DATA COLLECT				20,000.	501 (A)	48-6029925	
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(t) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	† (a) Name and address of organization or government
s' to	on answered 'Yes' is needed.	nplete if the organization answered ted if additional space is needed.	ed States. Comple can be duplicated	than \$5,000. Part II	ents and Organiat received more	nce to Governm or any recipient the	Part II Grants and Other Assistance to Governments and Organizations in the United States. Com Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated the state of th
X Yes No		s or assistance, and	s' eligibility for the grants	or assistance, the grantees	mount of the grants o	to substantiate the a grants or assistance: rocedures for monitor	 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the gthe selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
)	ance	rants and Assis	Part I General Information on Grants and Assistance
n ation number	Employer identification number			M	De Aesociami	במשפח חופספחם	Name of the organization
Inspection).	Attach to Form 990.	ú		Department of the Treasury Internal Revenue Service

Schedule I (Form 990) (2012) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

[Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2012)					
		5 5 5 5 5 5 5 5 5	Sheet)	rmation (Continuation	See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)
	. THE APPLICATIONS FOR RESPITE CARE	<u>APPLICATIONS_E</u>	TAKES_ IN	ROGRAM MANAGE:	PROGRAM MARDORY LANOISER RUC
		1 1 1 1 1 1			
	RECOGNIZED FOTTOWING COST PRINCIPLES CONTAINED IN OMB	<u>PRINCIPLES CO</u>	_EOLLOWING_COST	<u>RE RECOGNIZED</u>	EXPENDITURES ARE
	AM_ PERSONNEL	<u>PROPRIATE PROGR</u>	ARE MONITORED AND APPROVED BY APPROPRIATE PROGRAM.	<u>ONITORED_AND_</u>	expenses are m
	FOR EACH GRANT.	<u>ARE MAINTAINED</u>	SIEHSCVENETS	<u> </u>	SPREALILED REVENUE AND EXPENSE SPREADSHEETS ARE MAINTAINED
			1	_CALIFORNIA_AND_NEVADA_CHAPTER_ :	NORTHERN CALIF
	 		:		
	27_CHAPTERS:	<u>RANT_EUNDS_FOR</u>	NG IHE NSE OF C	_ <u>FOR_MONITORI</u>	Pt_L Line_2THE_PROCEDURES_FOR MONITORING THE USE OF GRANT FUNDS FOR
(b), and any other	line 2, Part III, column (b), and any other	n required in Part I,	ovide the information	lete this part to pr	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line additional information.
					6
					S.
					4
			98,956.	248	3 SAFE RETURN PROGRAM
			1,000.	ω	2 CONFERENCE REGISTRATION/STUDIES
			1,356,232.	4,178	1 RESPITE - VARIOUS
(t) Description of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of non-cash assistance	(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

ALZHEIMER'S DISEASE AND RELATED		36-3463656		
Part I Questions Regarding Compensa	ition			
			Yes	No
1 a Check the appropriate box(es) if the organization VII, Section A, line 1a. Complete Part III to provide	n provided any of the following to or for a person listed in de any relevant information regarding these items.	Form 990, Part		
First-class or charter travel	Housing allowance or residence for	personal use		
Travel for companions	Payments for business use of perso	nal residence		1200
Tax indemnification and gross-up payments	Health or social club dues or initiation	on fees		
Discretionary spending account	Personal services (e.g., maid, chauf	ffeur, chef)		
	ne organization follow a written policy regarding payment is described above? If 'No,' complete Part III to explain.		b attacks	
	to reimbursing or allowing expenses incurred by all office ding the items checked in line 1a?		2 THESO	
Indicate which, if any, of the following the filing of CEO/Executive Director. Check all that apply. Do establish compensation of the CEO/Executive Di	rganization used to establish the compensation of the orgonot check any boxes for methods used by a related orgonizetor, but explain in Part III.	ganization's anization to		機
▼ Compensation committee	Written employment contract	137		
Independent compensation consultant	Compensation survey or study	7/ 20	開業	
Form 990 of other organizations	X Approval by the board or compensa	tion committee		
During the year, did any person listed in Form 99 or a related organization:	90, Part VII, Section A, line 1a with respect to the filing or	ganization		
	trol payment?		а	Х
	mental nonqualified retirement plan?		-	X
	y-based compensation arrangement?			Х
If 'Yes' to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizat	tions must complete lines 5-9.			
5 For persons listed in Form 990, Part VII, Section contingent on the revenues of:	A, line 1a, did the organization pay or accrue any compe	ensation		
			а	Х
b Any related organization?		5		Х
contingent on the net earnings of:	A, line 1a, did the organization pay or accrue any compe	207		
-			+	X
	••••	6	b	X
If 'Yes' to line 6a or 6b, describe in Part III.		9029	1 62250	HILES
7 For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If 'Yes,	A, line 1a, did the organization provide any non-fixed describe in Part III			х
to the initial contract exception described in Regu	II, paid or accrued pursuant to a contract that was subjectulations section 53.4958-4(a)(3)?			х
9 If 'Yes' to line 8, did the organization also follow t section 53.4958-6(c)?	the rebuttable presumption procedure described in Regul	ations		

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

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

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

Schedule J (Form 990) 2012	Schedule J		į	2	TEEA4102 12/11/12			BAA
1 1 1 1		 	 	 	1		(ii)	16
							(1)	
1 1 1 1 1 1 1 1 1	1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	1 1 1 1 1 1 1 1		(ii)	15
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							(1)	13
					 	 	3	}
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						l I	8	
1 1 1	 						(ii)	1
					i		3	
 	! ! ! ! ! !		 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(ii)	10
							(0)	
1 1 1		 	 				(ii)	9
							(2)	
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	151,874.	7_644.			1 1 1 1 1 1 1 1 1	144,230,1	LE ROY	ROBERT M.
					0.	0.	DEVELOPMENT (ii)	7 VP OF 1
1 1 0	150,750.	-880 6	4_159.	0:	5_000	132,503.	CHERNEY	SUSAN
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	150,262.	9_170_			5 -000 -	128_297.		BEN
:	1		0.		0	0.	PRESIDENT/CEO (II)	5 PRESID
	205,524.	9_235;	10,868.		7_359	128,062.	KUDLA FINN (i)	SUSAN
0.			0.		0.		IVE DIRECTOR (II)	4 EXECUTIVE
	168,471.	-196 78T	4_533.		25 _059 -	119_918_	HERSHBERGER (i)	HEATHER
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	234,_592	19_402_	19_898_			192,292,1	COLBORN (I)	ERNA C
0.					0.	0.	PRESIDENT/CEO (ii)	2 PRESID
	151,026.		5,473.		11_988-	133, 565.]	MITCHELL (i)	LINDA
 			0.		0.		(f)	1 CEO
1 1 1 0 .	222,007.	5_ <u></u>	16,024.		4_444	195, 622,]	4 FISHER (I)	WILLIAM
reported as deferred in prior Form 990			and other deferred compensation	(iii) Other reportable compensation	(ii) Bonus and incentive compensation	(I) Base compensation	(A) Name and Title	
(F) Compensation	(E) Total of	(D) Nontaxable	ä	compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of		
			1					

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

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

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and organization (d) Corrected? (a) Name of disqualified person (c) Description of transaction 1 Yes No (1) (2) (3)(4)(5)

(6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa from organi	in to or the zation?	(e) Original principal amount	(f) Balance due	(g) In c	lefault?	(h) App by bos comm	proved and or ittee?	(i) Wri agreen	tten nent?
			То	From	1		Yes	No	Yes	No	Yes	No
(1)												
(2)			1	<u> </u>								
(3)												
(4)												
(5)							1					
(6)												
(7)												
(8)	1											
(9)												
(10)										<u> </u>		
Total					> \$	·				Seat S	dr.E.	

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

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

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

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar organiza reveni	ation's
				Yes	No
(1) CENTRIC PROJECTS	BOARD MEMBER IS OWNER	302,837.	CONSTRUCTION SERVICES	1	X
(2)				1	
(4)				 	
(5)				1.	
(6)					
(7)					
(8)					
(10)					
Part V Supplemental Information	· · · · · · · · · · · · · · · · · · ·				
Complete this part to provide additional	al information for responses	s to questions on Sched	ule L (see instructions).		
Pt IV, Line 1 BUSINESS TRA	wsactions - inte	RESTED PERSONS		. – – –	
RICHARD WETZ	EL IS A BOARD ME	MBER OF THE HE	ART OF AMERICA CHAPTER		
AND IS THE C	OWNER OF THE COMP	ANY CENTRIC PR	OJECTS. DURING		
THE FISCAL Y	EAR, HEART OF AM	ERICA OBTAINED	_CONSTRUCTION		
SERVICES FRO	M_CENTRIC_PROJEC	TS WHILE RICHA	RD WETZEL WAS		
AN OWNER OF	CENTRIC PROJECTS	. THIS TRANSA	CTION IS REPORTED		
ON SCHEDULE	L. RICHARD WETZE	L WAS NOT INVO	LVED_IN_THE	-	
BUSINESS TRA	NSACTION OR THE	DECISION TO EN	GAGE CENTRIC PROJECTS.		
HEART OF AME	RICA CONSIDERED	OTHER COMPETIT	IVE_OFFERINGS		- 50
THE TRANSACT	TION WAS CONDUCTE	D AT ARM'S LEN	GTH AND AT FAIR		
MARKET_VALUE	Z				
				. – – –	
					

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Part I Types of Property (b) Number of (a) Check if (c) Noncash contribution (d) Method of determining applicable contributions or amounts reported noncash contribution amounts items contributed on Form 990, Part VIII, line 1g Art - Works of art Art - Fractional interests 3 4 Clothing and household goods 5 X 500 DONOR REPORTED VALUE Х 6 26 10,928 SELLING PRICE Boats and planes......... 7 8 Securities - Publicly traded Х 9 16 47,406 MARKET VALUE Securities - Closely held stock. 10 Securities - Partnership, LLC, or trust interests. . 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other. . . . 15 16 17 Real estate - Other 18 19 Х 8,566 50,258. COST 20 21 22 23 24 25 Other ▶ (EVENT_SUPPLIES____ 511 151,160 COST Х 26 (COMPUTER_SOFTWARE____ 38,250. Other ► COST 27 Other ► 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the 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 30 a b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a b If 'Yes,' describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2012

and whether th	Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, see organization is reporting in Part I, column (b), the number of contributions, the number of items combination of both. Also complete this part for any additional information.
Pt I col(b)	THE NUMBER OF CONTRIBUTIONS REPORTED IS A COMBINATION OF THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED.
Pt I Line 32b	NONCASH CONTRIBUTIONS - THIRD PARTIES
	ROCHESTER CHAPTER AND COLORADO CHAPTER - THE CHAPTER'S INVESTMENT FIRM LIQUIDATES THE STOCK CONTRIBUTIONS.
	COLORADO CHAPTER - SEVERAL COMPANIES RECEIVE CARS DONATED TO THE CHAPTER. THE COMPANIES PICK-UP THE CARS, AUCTION THEM AND ISSUE
	A FORM 1098-C TO THE DONOR REFLECTING THE SALE AMOUNT. THE COMPANY THEN FORWARDS THE NET CASH PROCEEDS TO THE CHAPTER.

Schedule M (Form 990) 2012 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656

Page 2

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
► Attach certified copies of any articles of dissolution, resolutions, or plans.
► Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Part I OTHER ASSETS FIXED ASSETS, CASH/INVESTMENTS Name of the organization ACCRUED LIABILITIES PREPAIDS ACCOUNTS RECEIVABLE ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III. d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? Did or will any officer, director, trustee, or key employee of the organization: **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ. (a) Description of asset(s) distributed or transaction expenses paid ine 36. Part I can be duplicated if additional space is needed. 06/30/13 06/30/13 06/30/13 06/30/13 06/30/13 06/30/13 (b) Date of distribution (c) Fair market value of asset(s) distributed or amount of transaction 806,643 548,971 856,896. 280,469 26,050 33,321 BOOK VALUE BOOK VALUE (d) Method of determining FMV for asset(s) distributed or transaction expenses BOOK VALUE BOOK VALUE BOOK VALUE BOOK VALUE 13-3039601 13-3039601 13-3039601 13-3039601 13-3039601 .3-3039601 (e) EIN of recipient 225 N.MICH.AVE CHICAGO IL 60601 ALZHEIMER'S ASSOC. ALZHEIMER'S ASSOC 225 N.MICH.AVE CHICAGO ALZHEIMER'S ASSOC. ALZHEIMER'S ASSOC ALZHEIMER'S ASSOC. 225 N.MICH.AVE CHICAGO ALZHEIMER'S ASSOC 225 N.MICH.AVE CHICAGO 225 N.MICH.AVE CHICAGO 225 N.MICH.AVE CHICAGO (f) Name and address of recipient SEE PART III SUPPLEMENTAL 36-3463656 Employer identification number IL 60601 IL 60601 IL 60601 IL 60601 IL 60601 2 d 2 c 26 2 501 (C) 3 501 (C) 3 501 (C) 3 501(C)3(g) IRC section of recipient(s) (if tax-501 (C) 3 501 (C) 3 exempt) or type of Yes S ×

Part III Sale, Exchange, Disposition, or Other Transfer of More than 25% of the Organization's Assets. Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed. Part | | | | Liquidation, Termination, or Dissolution (continued) N e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III. d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? a Become a director or trustee of a successor or transferee organization? c If 'Yes,' to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No,' explain in b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? Did or will any officer, director, trustee, or key employee of the organization: Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-. (a) Description of asset(s) distributed or transaction expenses paid (b) Date of distribution ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION (c) Fair market value of asset(s) distributed or amount of transaction (d) Method of determining FMV for asset(s) distributed or transaction expenses (e) EIN of recipient (f) Name and address of recipient 36-3463656 2 c 2 b 2 a ហ 46 **4** a (g) IRC section of recipient(s) (if tax-exempt) or type of Yes Yes × × × × Page 2 ۵ د 8

Schedule N (FORM 990 of 99		Page 3
Part III Supplement and 6c, and	tal Information. Complete to provide the information required by Part I, lines 2e Part II, line 2e. Also complete this part to provide any additional information.	
	PART I - LIQUIDATION, TERMINATION, OR DISSOLUTION	
	THE MIDLANDS, OREGON AND GREATER WISCONSIN CHAPTERS DISSOLVED ON	!
	JUNE 30, 2013. ALL ASSETS AND LIABILITIES OF THE MIDLANDS,	-
	OREGON AND GREATER WISCONSIN CHAPTERS WERE TRANSFERRED TO THE	
	NATIONAL ALZHEIMER'S ASSOCIATION.	
Part I, Line 2e	EMPLOYEES OF TRANSFEREE ORGANIZATIONS	
	OFFICERS OF THE MIDLANDS CHAPTER, VIV EWING AND DEBBIE SOULA;	
	THE GREATER WISCONSIN CHAPTER, KIM KINNER; AND THE OREGON	
	CHAPTER, KATHLEEN CODY, BECAME EMPLOYEES OF THE NATIONAL	
	ASSOCIATION AS OF JULY 1, 2013.	
		
		
		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	ON 36-3463656
Pt III, Line 4	
STATEMENT OF PROGRAM SERVICE ACCO	MPLISHMENTS
PROGRAM SERVICES - CHAPTERS PARTIC	CIPATE IN THE
ALZHEIMER'S ASSOCIATION* NATIONWI	
PLAN. THE ASSOCIATION'S PORTFOLIO	
	OF PROGRAM INCHORE.
INFORMATION AND REFERRAL - PROVIDE	ES SUPPORT AND INFORMATION
ABOUT ALZHEIMER'S DISEASE AND REL	
SERVICES PROVIDED BY THE ASSOCIAT:	
AS THEY RELATE TO ALZHEIMER'S DISI	
THROUGH A 24/7 TOLL-FREE HELPLINE	AND FACE TO FACE MEETINGS.
IN FY2013, THE ALZHEIMER'S ASSOCIA	ATION CONDUCTED 342,252
INFORMATION_AND_REFERRAL_SESSIONS	AND RECEIVED 293,654 CALLS
TO THE HELPLINE. THE ASSOCIATION'S	S WEBSITE (ALZ.ORG) RECEIVES
APPROXIMATELY 1.8 MILLION VISITS I	EACH MONTH, ONLINE PROGRAMS
INCLUDE SELF-SERVICE EDUCATION PRO	OGRAMS, ALZ CONNECTED*, A
SOCIAL NETWORKING SUPPORT TOOL, A	ZHEIMER'S NAVIGATOR*, AN ACTION
PLANNING TOOL, AN INTERACTIVE BRAN	IN TOUR (AVAILABLE IN 14
LANGUAGES), ACCESS TO COMPREHENSIV	/E_DISEASE_INFORMATION,
PORTALS IN SPANISH, CHINESE, VIETN	JAMESE, JAPANESE, AND KOREAN,
A VIRTUAL LIBRARY, AND A SAFETY C	ENTER.
CARE CONSULTATION - IMPROVES THE A	AFFECTED INDIVIDUAL AND THEIR
CAREGIVER'S QUALITY OF LIFE AND DE	CREASES THE STRESSFUL IMPACT
OF ALZHEIMER'S AND DEMENTIA. CARE	CONSULTANTS IDENTIFY AREAS

Schedule O (Form 990 or 990-EZ) 2012	Page :
Name of the organization	Employer identification number
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC	CIATION  36-3463656
OF NEED AND PROVIDE ASSISTANCE	CE AND PSYCHOSOCIAL SUPPORT THROUGH
EDUCATION ABOUT THE DISEASE A	AND SYMPTOM MANAGEMENT, PROBLEM
SOLVING, PLANNING FOR FUTURE	NEEDS AND LINKAGES WITH RESOURCES,
PARTICULARLY DURING TRANSITION	ONAL OR CRISIS SITUATIONS. IN FY2013,
94,076 CARE CONSULTATIONS WEF	RE DELIVERED.
CONSUMER EDUCATION - CHAPTERS	S PROVIDE A VARIETY OF EDUCATIONAL
SEMINARS OFFERED IN COMMUNIT	IES_NATIONWIDEIN_FY2013, 305,621
INDIVIDUALS ATTENDED 423,842	EDUCATION PROGRAMS.
(HERE)	
SUPPORT GROUPS - CHAPTERS PRO	OVIDE SUPPORT GROUPS FOR
CAREGIVERS AND PERSONS WITH T	THE DISEASE OFFERED IN A VARIETY
OF LOCATIONS TO MEET THE NEED	OS OF DIVERSE COMMUNITIES.
IN FY2013, 287,134 SUCH PROGR	RAMS_WERE_DELIVERED.
SAFETY SERVICES - CHAPTERS PR	ROVIDE NATIONWIDE PROGRAMS, SUCH
AS MEDICALERT + ALZHEIMER'S A	ASSOCIATION_SAFE_RETURN* AND
ALZHEIMER'S ASSOCIATION COMFO	ORT_ZONE*, WHICH ADDRESS THE
SAFETY NEEDS OF PERSONS WITH	THE DISEASE AND THEIR CAREGIVERS.
EARLY STAGE PROGRAMMING - ADD	PRESSES THE UNIQUE NEEDS OF
INDIVIDUALS IN THE EARLY STAG	GES OF ALZHEIMER'S OR A RELATED
DEMENTIA. CHAPTERS ADDRESS EA	ARLY STAGE NEEDS THROUGH EDUCATION
PROGRAMS, SUPPORT GROUPS AND	ENGAGEMENT OPPORTUNITIES DESIGNED
TO HELP INDIVIDUALS AND FAMIL	IES COPE WITH THE DIAGNOSIS AND
EMPOWER THEM TO MAKE DECISION	S REGARDING THEIR FUTURE AND
MAKE THE MOST OF LIFE FOLLOWI	NG THEIR DIAGNOSIS. IN FY2013,

Schedule O (Form 990 or 990-EZ) 2012         Page 2			
Name of the organization	SE AND RELATED DISORDERS ASSOCIATION	Employer Identification number 36-3463656	
ADDRESTREM 3 DISEA	_10,792 INDIVIDUALS WITH EARLY STAGE DEMENTIA REG		
	* THESE ARE NAMES THAT ARE TRADEMARKS TO THE AL	ZHEIMER'S ASSOCIATION	
•••	PT IV, LINE 12A		
******	ALL CHAPTERS INCLUDED IN THE GROUP RETURN OBTAIN		
	_ INDEPENDENT_AUDITS. THERE IS NOT AN AUDIT FOR T	HE GROUP.	
	PT V, LINE 7B		
	VALUE OF GOODS OR SERVICES PROVIDED		
	ONLY ONE CHAPTER, THE CENTRAL AND WESTERN VIRGI		
	RESPONDED "NO" INDICATING THEY DID NOT NOTIFY TO OF THE VALUE OF THE GOODS OR SERVICES PROVIDED.		
	REMAINING CHAPTERS RESPONDED "YES".		
Pt_VI, Line_la	GOVERNING BODY		
	THE CHAPTERS HAVE INDIVIDUAL GOVERNING BODIES A	<del> </del>	
	CHAPTER BY-LAWS DESCRIBE THE PROCESS BY WHICH CO		
	BOARD OF DIRECTORS ARE CREATED AND MEMBERS APPO		
	EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOAD		

Schedule O (Form 990 or	990-EZ) 2012	Page 2	
Name of the organization  ALZHEIMER'S DISI	EASE AND RELATED DISORDERS ASSOCIATION	Employer Identification number  36-3463656	
	OF THE BUSINESS AND IN THE AFFAIRS OF THE CORPO	PRATION, AS NEEDED AND	
	SUBJECT TO LIMITATIONS CONTAINED WITHIN THE BY-		
	CORRORATE TAM		
	CORPORATE LAW.	<b></b>	
	THE_CHAPTERS MAY HAVE OTHER COMMITTEES AS REQUI	RED BY	
	THE_ALZHEIMER'S_ASSOCIATION_POLICIES_AND_PROCED	URES	
	OR ARE OTHERWISE FORMED TO CARRYOUT THE PURPOSE	S OF THE	
	CHAPTER_AND_NOT_HAVING_OR_EXERCISING_THE_AUTHOR	TITY OF THE BOARD OF	
	DIRECTORS 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-SERVI	CE PROVIDED BY	
	THE NATIONAL ALZHEIMER'S ASSOCIATION. THE TYPES	OF SERVICES	
	PROVIDED VARIES BY CHAPTER, BUT MAY INCLUDE BEI	NG RESPONSIBLE	
<b></b>	FOR THE INTEGRITY OF THE FINANCIAL REPORTING; D	EVELOPING	
	ACCOUNTING POLICY AND CONTROL PROCEDURES; ISSUI	NG FINANCIAL	
	STATEMENTS; PRESENTING FINANCIAL INFORMATION TO	CHAPTER	
	EXECUTIVE DIRECTORS AND BOARDS; ASSISTING CHAPT	ER EXECUTIVE	
	DIRECTORS IN PREPARING ANNUAL FINANCIAL BUDGETS	;_AND/OR	
	PREPARING THE ANNUAL FINANCIAL STATEMENTS AND D	ISCLOSURE	
	NOTES THAT ARE EXAMINED BY EXTERNAL AUDITORS.		
	BOA SERVICES ARE PROVIDED TO THE FOLLOWING 12 C	HAPTERS:	
	ALOHA CHAPTER		
	CENTRAL ILLINOIS CHAPTER		
	EAST CENTRAL IOWA CHAPTER		

Schedule O (Form 990 or 990	0-EZ) 2012	Page 2
Name of the organization ALZHEIMER'S DISEA	SE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
	MAINE CHAPTER	
	OKLAHOMA AND ARKANSAS CHAPTER	
	OREGON CHAPTER	·
	SOUTH CAROLINA CHAPTER	· <b></b>
	SOUTH DAKOTA CHAPTER	
	CENTRAL AND WESTERN VIRGINIA CHAPTER	
	SOUTHEASTERN VIRGINIA CHAPTER	
<b></b>	GREATER WISCONSIN CHAPTER	
	MID SOUTH CHAPTER	
		. <b></b>
Pt VI, Line 11b	FORM 990 REVIEW PROCESS	
	THE CHAPTER DATA FOR THE 990 TAX RETURN WAS COMP	LED FROM THE CHAPTERS'
	FINANCIAL STATEMENTS AND ACCOMPANYING DOCUMENTAT	
	AND COMPILED BY THE NATIONAL ORGANIZATION STAFF.	
	REVIEWED BY GRANT THORNTON LLP. THE GROUP 990 TAX	RETURN WAS NOT REVIEWED
	BY INDIVIDUAL CHAPTER BOARDS.	
	<b></b>	. – – – – – – – – – – – – – – – – – – –
Pt_VI, Line 12c	CONFLICT OF INTEREST POLICY MONITORING AND ENFOR	CEMENT
	THE CHAPTERS CONFLICT OF INTEREST POLICY FOLLOWS	THESE
	GUIDELINES. THE RESPONSIBILITY FOR DISCLOSING AN	IY KNOWN OR
	REASONABLE FORESEEN ACTUAL OR POTENTIAL CONFLICT	
	BE UPON THE INTERESTED PARTY WHOSE INTEREST ARE	
	BE IN CONFLICT WITH THE ASSOCIATION. ALL INTERE	
	REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSU	RE STATEMENT PRIOR
<b></b>	TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE	WITH THE ASSOCIATION

Schedule O (Form 990 or 990-EZ) 2012  Name of the organization	Page 2 Employer identification number
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	36-3463656
AND THEREAFTER SHALL FILE WITH THE ASSOCIATION A	N UPDATED
DISCLOSURE STATEMENT AS MAY BE REQUIRED FROM TIM	E TO TIME BY THE
INDIVIDUAL CHAPTERS BOARD OF DIRECTORS OR COMMIT	TEE DESIGNEE AND IN NO
EVENT LESS OFTEN THAN ANNUALLY. WHEN ANY SUCH CONFLIC	CT OF INTEREST IS RELEVANT
TO THE MATTER REQUIRING ACTION BY A BOARD OF DIR	ECTORS OR A
COMMITTEE OF THE BOARD, THE INTERESTED PERSONS S	HALL 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 B	OARD OF DIRECTORS
OR THE DESIGNATED COMMITTEE AS THE CASE MAY BE.	
Pt VI, Line 15a COMPENSATION REVIEW & APPROVAL PROCESS-EXECUTIVE	OFFICER
COMPENSATION IS ESTABLISHED FOR THE EXECUTIVE OF	FICERS BY THE
COMPENSATION COMMITTEES AND THE BOARD OF DIRECTO	RS AFTER A
THOROUGH SALARY/MARKET REVIEW OF REGIONAL AND IN	DUSTRY STATISTICS.
THE COMPENSATION REVIEW FOR THE EXECUTIVE OFFICE	RS WAS LAST DONE
IN 2013. THE COMPENSATION COMMITTEES EVALUATE TH	E EXECUTIVE
OFFICERS' PERFORMANCE THROUGH A ROBUST ASSESSMEN	T PROCESS
COMPARING RESULTS TO GOALS. THE COMMITTEES AND B	OARDS USE
THIS DATA TO DETERMINE COMPENSATION LEVELS AND E	LIGIBILITY FOR
INCENTIVE COMPENSATION, IF AVAILABLE.	

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

THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND

COMPENSATION REVIEW BY THE EXECUTIVE OFFICERS. THE EVALUATION AND

Schedule O (Form 990 or	990-EZ) 2012	Page 2
Name of the organization  AI.ZURTMER'S DIS	EASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 36-3463656
ADDREST S DIS	COMPENSATION REVIEW FOR THE SENIOR STAFF WAS LA	·
Pt VI, Line 19	GOVERNING DOCUMENTS	
	CHAPTERS MAKE THEIR GOVERNING DOCUMENTS, CONFLI	CT OF INTEREST
	POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON	N_REQUEST.
	SOME CHAPTERS WILL POST THE GROUP 990 ON THEIR	
	INDIVIDUAL CHAPTER'S WEBSITE. THE GROUP 990 IS	POSTED TO THE
	NATIONAL_ALZHEIMER'S ASSOCIATION WEBSITE AT ALZ	S.ORG. CHAPTERS WILL
	ALSO MAKE THE 990 AVAILABLE UPON REQUEST IF IT	IS NOT POSTED ON
	THEIR_WEBSITE.	
<u>Pt_X</u>	BALANCE_SHEET	
	THE BALANCES REFLECTED IN COLUMN (A) BEGINNING	OF YEAR DIFFERS
	_ FROM THE PREVIOUSLY FILED RETURN. THE OPENING E	BALANCES REFLECT
	THE_CHAPTERS INCLUDED IN THIS YEAR'S TAX RETURN	V <u>.                                    </u>
D+ VT	"OTHER CHANGES IN NET ASSETS" REPRESENTS (\$4,45	A 400) IN TRANSPER
	OF NET ASSETS DUE TO DISSOLUTION OF CHAPTERS AN	
	DUE TO DISPOSITION OF ASSETS.	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

## SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 2012

Open to Public inspection

Part II ___ROCHESTER_NY_14620____ (3) COALITION OF NEW YORK STATE ALZHEIMER'S CHARTERS, INC (2) 435 E. HENRIETTA ROAD__ Department of the Treasury Internal Revenue Service (1) ALZ. DISEASE&RELATED DISORDER'S ASN. FOUND ROCHESTER, NY, INC Name of the organization Part Ig Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION ROCHESTER_NY_14620 _ 86-1175985 _ _ _ 13-4076596 (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN (if applicable) of disregarded entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 1 1 1 PUBLIC POLICY ACTIVITIES NY FINANCIAL SUPPORT (b) Primary activity (b) Primary activity Ϋ́N (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) 501 (C) 3 501 (C) 3 (d) Exempt Code section (d) Total income (e)
Public charity status
(if section 501(c)(3)) 11c, III-FI (e) End-of-year assets (f) Direct controlling 36-3463656 Employer identification number (f) Direct controlling (g) Sec 512(b)(13) controlled entity? entity Yes S × ×

Schedule R (Form 990) 2012 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

| Part | III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Page 2

rest, and ElN of Primaty activity  rest, and ElN of Primaty activity  rest, and ElN of Primaty activity  rest, and ElN of Primaty activity  rest, and ElN of Primaty activity  rest, and ElN of Primaty activity  rest, and ElN of related Organizations as a Corporation or Trust (Complete if the Organization or Related Organizations related as a corporation or trust during the tax year)  rest, and ElN of related organizations  rest related organizations as a Corporation or Trust (Complete if the Organization answered "Yes" to Form 990, Part IV,  rest related organizations related as a corporation or trust during the tax year)  rest related organizations as a corporation or trust during the tax year)  rest related organizations as a corporation or trust during the tax year)  rest related organizations as a corporation or trust during the tax year)  rest related organizations as a corporation or trust during the tax year)  rest related organizations related organizations as a corporation or trust during the tax year)  rest related organizations related organizations as a corporation or trust during the tax year)  rest related organizations related organizations as a corporation or trust during the tax year)  rest related organizations related organizations as a corporation or trust during the tax year)  rest related organizations related organizations as a corporation or trust during the tax year)  rest related organizations related organizations as a corporation or trust during the tax year)  rest related organizations related organizations as a corporation or trust during the tax year)  rest related organizations related organizations as a corporation or trust during the tax year)  rest related organization organizations as a corporation organization organization organizations as a corporation organization organization organizations as a corporation organization organization organizations as a corporation organization organization organization organization organization organization organization organization organiza	(z) (z) (3) (3)	(a) Name, address, and EIN of related organization	Part IV Identification o	(3)	<u>(2)</u>	(1)	(a) Name, address, and EIN of related organization
Legal Controlling (related, unrelated, state or controlling (related, unrelated, under sections country))  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (a)  Promany activity (b)  Promany activity (a)  Promany activity (a)  Promany activity (b)  Promany activity (a)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany activity (b)  Promany (b)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (c)  Promany (		of related organization	it had one or mo				
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Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content   Percentinal content			Taxable as dorganizatio				(d) Direct controlling entity
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re of total re of total recome end-of-year assets allocations? Dispropor- amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in box amount in bo		(d) Direct controlling entity	<b>n or Trus</b> a corpora				
Share of end-of-year assets    Code VUBI General or Percentage amount in box amount in box amount in box amount in box managing partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner?   20 of Schedule partner   20 of Schedule partner   20 of Schedule partner   20 of Schedule partner   20 of Schedule partner   20 of Schedule partner   20 of Schedule partner   20 of Schedule partner   20 of Schedule pa			t (Complete tion or trust				(f) tre of total income
Obsproportionate amount in box partner?  Ves No 1065)  Ves No 1065)  Ves No 1065)  Percentage managing partner?  K-1 (Form Yes No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)  Ves No 1065)		S corp,	if the or during th				(g) Share end-of- asse
Disproportionate amount in box allocations?  Ves No 1065)  Yes No 1065)  The partner?  Ves No 1065)  The partner?  Ves No 1065)  The partner?  Ves No 1065)  The partner?  Ves No 1065)  The partner?  Ves No 1065)  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partner?  The partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in partners in p		Share c total incc	ganizatio ne tax ye				
Code V-UBI General or amount in box managing partner?  20 of Schedule V-UBI Managing partner?  K-1 (Form Yes No Ves No No No No No No No No No No No No No			n answei ar.)				(h) Disproportionate allocations
General or managing partner?  Yes No  Yes No  Yes No  Yes No  Yes No  (h) Percentage controlled entity Yes No		(g) hare of end-of- year assets	red 'Yes' to Fo				•
or Percentage ownership ownership ownership ownership ownership ownership ownership No		(h) Percentage ownership	rm 990, P				
		Sec 512(b)(13)	art IV,				

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TEEA5002 12/28/12

Schedule R (Form 990) 2012

Page 3

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

R (Form 990) 2012		Schedule		BAA TEEA5003 12/28/12
				(6)
				(5)
			•	(4)
				(3)
	!			(2)
				(1)
termining volved	(d) Method of determining amount involved	Amount involved Me	(b) Transaction type (a-s)	Name of other organization
		transaction thresholds.	lationships and	2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered re
	1 s			s Other transfer of cash or property from related organization(s)
1925	- 1			r Other transfer of cash or property to related organization(s)
1	1 q			q Heimbursement paid by related organization(s) for expenses
	1p			p Reimbursement paid to related organization(s) for expenses
	10			:
	1 n			
	<u> </u>			m Performance of services or membership or fundraising solicitations by related organization(s)
+	=   ;			
	1 K	•	· · · · · · · · · · · · · · · · · · ·	k Lease of facilities, equipment, or other assets from related organization(s)
	<u>-1</u> .			j Lease of facilities, equipment, or other assets to related organization(s)
	<b>-</b>			
	1 h			Purchase of assets from related organization(s)
	1 g			g Sale of assets to related organization(s)
}	=			f Dividends from related organization(s)
表				
				e Loans or loan guarantees by related organization(s)
	1 0		• • • • • • • • • • • • • • • • • • • •	d Loans or loan guarantees to or for related organization(s)
	10		•	
	15			
	<u></u>			a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
-			isted in Parts II-IV?	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed
Yes No				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

0) 2012	Schedule R (Form 990) 2012	Schedul				TEEA5004 12/28/12	TEE			BAA
										11
							-			(8)
					i					(7)
									•	(6)
									•	
									•	<u>(5)</u>
										(4)
							·			
										(3)
										(2)
										(t)(t)
	Yes No		Yes No			Yes No	section 512-514)			
	partner?	20 of Schedule K-1 Form (1065)	allocations?			501(c)(3) organizations?	(related, unre- lated, excluded from tax rinder			
(k) Percentage ownership	(j) General or managing	Code V-UBI	(h) Dispropor- tionate	Share of end-of-year	(f) Share of total income	(e) Are all partners section	(d) Predominant income	(c) Legal domicile (state or foreign	(b) Primary activity	(a) Name, address, and EIN of entity
					-					

Schedule R (Form 990) 2012 ALZHEIMER'S DISE	MASE AND RELATED DISORDERS ASSOCIATION	36-3463656	Page 5
Part VII Supplemental Information Complete this part to provide ad (see instructions).	ditional information for responses to questions	on Schedule R	
	<b></b>		
		<del>-</del>	
	<b>**</b>		

Form	9	9(	D
Questi	0	n	Н

## List of Affiliates Included in Return

2012

me ZHEIMER'S DISEASE AND RELAT		Employer Identification N 36-3463656
oup Exemption Number (GEN)		► <u>9334</u>
(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
NORTHERN CALIFORNIA AND NEVADA	1060 LA AVENIDA	94-2897949
	MOUNTAIN VIEW CA 9404	3
Foreign City/Country if applicable COLORADO	455 SHERMAN STREET, SUITE 500	84-0908354
COLORADO	DENVER CO 80203-353	CHARLES CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY
Foreign City/Country if applicable	30 0000 000	
CONNECTICUT	2075 SILAS DEANE HIGHWAY, SUITE 10	0 42-1540769
	ROCKY HILL CT 0606	7
Foreign City/Country if applicable		SHARE BELLEVIOLE
SOUTHEAST FLORIDA	3333 FOREST HILL BLVD.	59-2008883
Foreign City/Country if applicable	WEST PALM BEACH FL 3340	6
See List of Affliliates Included in Return		
Foreign City/Country if applicable	<del></del>	

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

Briefly describe the organization's mission:

THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH. OUR VISION IS A WORLD WITHOUT ALZHEIMER'S DISEASE.

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

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

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

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

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

HOSTING AN INTERNATIONAL CONFERENCE FOCUSING ON RESEARCH.

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

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

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

Describe the 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	0
Expenses	23,764,481.			•			
Grants Of	1,575,231.						
Revenue.	1,605,380.						
		SIO RESERVED					

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

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

New York	
Virginia	_
Wisconsin	
Iowa	

Schedule G (Form 990 or 990-EZ)

Part IV Supplemental Information (Continued)

Line Number	Explanation
	ORGANIZATION HAS CHECKED BOX 11 IN PART III OF SCHEDULE G, "YES".
PART III, LINE 13	GAMING ACTIVITY OPERATING IN CHAPTER'S/OUTSIDE FACILITY
	ROCHESTER CHAPTER - 100% OUTSIDE FACILITY
	SOUTHEASTERN VIRGINIA CHAPTER - 100% OUTSIDE FACILITY
	GREATER WISCONSIN CHAPTER - 100% OUTSIDE FACILITY
	SOUTHEASTERN WISCONSIN CHAPTER - 100% OUTSIDE FACILITY
	GREATER IOWA CHAPTER - 100% CHAPTER FACILITY
PART III, LINE 14	PERSONS PREPARING GAMING/SPECIAL EVENT BOOKS AND RECORDS
	ROCHESTER CHAPTER -
	HANNE STEVENS
	435 EAST HENRIETTA ROAD, ROCHESTER, NY 14620
	SOUTHEASTERN VIRGINIA CHAPTER -
·	PATRICIA WOODIS
	6350 CENTER DRIVE, SUITE 102, NORFOLK, VA 23502
	CREATED MICCONCIN OUR PEUP
	GREATER WISCONSIN CHAPTER -
	DIANA BUTZ
	2900 CURRY LANE, SUITE A, GREEN BAY, WI 54311
	SOUTHEASTERN WISCONSIN CHAPTER -
	CHRISTINA PACKARD
	620 S. 76TH STREET, SUITE 160, MILWAUKEE, WI 53214
	GREATER IOWA CHAPTER -
	JEFFREY BOYKIN, JR.
	225 N MICHIGAN AVE, FL 17, CHICAGO, IL 60601
PART III, LINE 16	GAMING MANAGER(S)
	ROCHESTER CHAPTER - DIRECTOR/OFFICER
	BILL RYAN, \$0.00 COMPENSATION, MANAGED OPERATIONS
	SOUTHEASTERN VIRGINIA CHAPTER - INDEPENDENT CONTRACTOR
	MARY ANN MOREAU, \$0.00 COMPENSATION, MANAGED RAFFLE TICKET INVENTORY
	GREATER WISCONSIN CHAPTER - EMPLOYEE
	DIANA BUTZ, \$0.00 COMPENSATION, MANAGED OPERATIONS
	SOUTHEASTERN WISCONSIN CHAPTER -
	MARYANN VANCE, \$300.00, COLLECTED & ORGANIZED RAFFLE ITEMS
	AND MANAGED TICKET SALES/DISTRIBUTION
	GREATER IOWA CHAPTER -
	CAROL SPIFLE, \$500.00 COMPENSATION, MANAGED OPERATIONS

REGEIVED. THE GRANTS HERE AWARDED AFTER THE GRANTEES HAD ATTENDED THE EVENTS  IN WASHINGTON, D.C. CARE CONSULTATION DISCOUNTS ARE AWARDED AT THE TIME THE  SERVICE IS PROVIDED.  GREATER INDIANA CHAPTER -  FUNDS ARE PROVIDED TO PERSONS MITH ALZHEIMER'S DISEASE AND A FAMILY CAREGIVER TO  ENROLL IN THE MEDICALERT & SAFE RETURN PROGRAM. THESE PERSONS ARE DETERMINED  TO BE IN NEED OF ASSISTANCE DURING A PERSONAL CONFERENCE MITH OUR CARE CONSULTANT.  CENTRAL AND WESTERN KANSAS CHAPTER -  CENTRAL AND WESTERN KANSAS CHAPTER -  CENTRAL AND WESTERN KANSAS CHAPTER -  THE RAUGH GRANT RECEIVED FROM THE MATIONAL ALZHEIMER'S ASSOCIATION TO INCLUDE  THE ALZHEIMER'S ASSOCIATION ON THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM  (BRESS) MODULE TO HELP THE CHAPTER CONDUCTING THE BEHAVIORAL RISK FACTOR  SURVEILLANCE SYSTEM IN KANSAS. EIGHT QUESTIONS WERE INCLUDED ON THE COGNITIVE  INPAIRMENT STATE-ADDED MODULE IN THE 2013 KANSAS BRESS AND STATISTICS WILL BE  RECEIVED. THE GRANTS THAT ARE AWARDED TO INDIVIDUALS ARE RESPITE GRANTS. FOR THE  LIIE GRANT THE CHAPTER AWARDS SO MANY DAYS OF DAYGANG OF HOURS OF IN-HOME RESPITE.  THE REQUIREMENTS ARE 1)THE PERSON MUST LIVE IN SECONICK, BUTLER, OR HARVEY COUNTY,  2) DOCUMENTATION OF A PHYSICIAN STATING A DIAGNOSIS OF ALZHEIMER'S DISEASES ON  RELATED DISORDER, AND 3)THE PERSON NEEDING CARE MUST BE 65+ YEARS OLD. FOR THE MEMORIAL  (GOLF) GRANT, EACH PERSON IS AWARDED A REIMBURSEMENT FOR RESPITE CARE UP TO \$600  FREATER YEAR A SERVICE MEED THAT IS DIRECTLY RELATED TO THE CARE OF THE PATIENT NEEDS THE SERVICE THEY ARE APPLYING FOR, AND  3)THE CAREGIVER HAS A SERVICE MEED THAT IS DIRECTLY RELATED TO THE PATIENT AND
PUBLIC POLICY GRANTS WERE AWARDED AFTER THE GRANTEES HAD ATTENDED THE EVENTS IN WASHINGTON, D.C. CARE CONSULTATION DISCOUNTS ARE AWARDED AT THE TIME THE SERVICE IS PROVIDED.  GREATER INDIANA CHAPTER - FUNDS ARE PROVIDED TO PERSONS WITH ALZHEIMER'S DISEASE AND A FAMILY CAREGIVER TO ENROLL IN THE MEDICALERT & SAFE RETURN PROGRAM. THESE PERSONS ARE DETERMINED TO BE IN NEED OF ASSISTANCE DURING A PERSONAL CONFERENCE WITH OUR CARE CONSULTANT.  CENTRAL AND WESTERN KANSAS CHAPTER - THE KANSAS DEPARTMENT OF HEALTH/ENVIRONMENT (KDHE), GRANT WAS A ONE TIME GRANT. IT WAS A PASS THROUGH GRANT RECEIVED FROM THE NATIONAL ALZHEIMER'S ASSOCIATION TO INCLUDE THE ALZHEIMER'S ASSOCIATION ON THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRRSS) MODULE TO HELP THE CHAPTER COLLECT DATA ON COGNITIVE IMPAIRMENT FOR ADULTS. KDHE IS RESPONSIBLE FOR CONDUCTING THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM IN KANSAS. EIGHT QUESTIONS WERE INCLUDED ON THE COGNITIVE IMPAIRMENT STATE-ADDED MODULE IN THE 2013 KANSAS BRESS AND STATISTICS WILL BE RECEIVED. THE CHAPTER AWARDS SO MANY DAYS OF DAYCARE OR HOURS OF IN-HOME RESPITE. THE REQUIREMENTS ARE 11THE PERSON MUST LIVE IN SEDGMICK, BUTTLER, OR HARVEY COUNTY, 2) DOCUMENTATION FROM A PYSSICIAN STATING A DIAGNOSIS OF ALZHEIMER'S DISEASE OR RELATED DISORDER, AND 3)THE PERSON NEEDING CARE MUST LIVE IN ORR RESPITE CARE UP TO \$600 FOR THE YEAR. THE REQUIREMENTS ARE 1)THE PERSON MUST LIVE IN ORR RESPITE CARE UP TO \$500 FOR THE YEAR. THE REQUIREMENTS ARE 1)THE PERSON MUST LIVE IN ONE OF THE 66 COUNTIES THAT THE CHAPTER SERVES, 2) THE PATIENT NEEDS THE SERVICES.
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THE GRANTS LISTED ARE FOR MEMBERSHIPS FOR THE "MEDICALERT + SAFE RETURN"  PROGRAM THE CHAPTER WORKS IN REGISTERING INDIVIDIALS WHO ADDIT DIRECTLY TO
IN THE GENERAL LEDGER, AND THEN RECONCILED TO INTERNAL DOCUMENTS FOR THE GRANT.
ACTUAL FINANCIAL RECORDS BY AMOUNT AND TO WHOM PAID ARE MAINTAINED AND RECORDED
CENTRAL AND NORTH FLORIDA CHAPTER -
THE FINANCE DEPARTMENT THEN REVIEWS EACH REQUEST AND MAKES THE PAYMENTS.
I Line 2 REVIEWS THEM FOR ACCURACY AND COMPLIANCE AND THEN APPROVES THEM FOR PAYMENT.

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

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

Line N MUST PRODUCE DOCUMENTATION TO SUPPORT THEIR REQUEST THE APPLICATION MUST BE APPROVED BY THE CARE INDIVIDUALS MUST FILL OUT CLEVELAND AREA CHAPTER -OF RESIDENCE AND MEDICAL NEED THE GRANT FUNDS ARE USED GREATER EAST OHIO AREA CHAPTER -GRANTS ARE PROVIDED AFTER A THOROUGH REVIEW BY ANNUALLY. THE GRANTS ARE PAID DIRECTLY TO THE FACILITY PROVIDING THE CARE. THE CHAPTER PROVIDES \$400 GRANTS FOR EMERGENCY RESPITE UP TO A TOTAL OF \$2,500 WESTERN NEW YORK CHAPTER -UTILIZATION IS ADJUSTED AS NECESSARY AFTER THE STATEMENTS MADE DIRECTLY BY OUR ORGANIZATION TO THIRD PARTIES TO PROVIDE ASSISTANCE TYPICALLY, IT IS FOR LOW OR LIMITED INCOME INDIVIDUALS. THE CHAPTER DETERMINES WHO RECEIVES RESPITE AND SAFE RETURN ASSISTANCE ROCHESTER CHAPTER -ALSO AN AGREEMENT THAT IS PUT IN PLACE BETWEEN THE ALZHEIMER'S ASSOCIATION THE USE OF THE GRANT IN ORDER TO ENSURE THE FULL AMOUNT IS USED. THERE IS PROGRAMS AND SERVICES, THE CARE CONSULTANT THEN WORKS WITH THE FAMILY TO PUT A TIME AWAY GRANT. ONCE THE APPLICATION HAS BEEN APPROVED BY THE DIRECTOR OF THERE IS AN APPLICATION THAT IS COMPLETED BY THE CAREGIVER IN ORDER HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY CHAPTER MONEY IS PAID OUT. THE CHAPTER PAID OUT A MAXIMUM OF \$780 PER RECIPIENT. RESPITE REIMBURSEMENT AND SUBMITS PROOF OF PAYMENT FOR SERVICES BEFORE GRANT THE RECIPIENT SUBMITS A MIDLANDS CHAPTER -TO TREAT DISEASE). RECORDS ARE KEPT ON A SPREADSHEET FOR SERVICES (RESPITE SERVICES, PURCHASES OF INCONTINENCE PAYMENT IS BASED ON THE REIMBURSEMENT MODEL. HEART OF AMERICA CHAPTER -INDIVIDUALS. FINANCIAL STATEMENTS ARE REVIEWED MONTHLY AND PARTICIPANT AND THE AGENCY THE FAMILY CHOOSES SO THAT PROPER BILLING TAKES PLACE IN PLACE THE APPROPRIATE RESPITE INTERVENTION. THE CARE CONSULTANT MONITORS DOCTOR'S NOTICE FOR GRANT AN APPLICATION TO QUALIFY FOR REQUESTS COMPLETES THE GRANTEE BY CAREGIVERS CONSULTANT THE CHAPTER'S SOCIAL WORKERS AN APPLICATION FORM FOR PRODUCTS, PRESENTS AND EMERGENCY RESPITE THE PAYMENTS ARE BASED ARE THE REVIEWED 잁 PAID RECEIPTS AND MEDICINES INDIVIDUAL THE TO RECEIVE COUNTY Ö

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

I Line 2 RESPITE CARE. CAREGIVER. ALSO, THE CHAPTER PROVIDES UP TO \$1,200 PER FAMILY FOR RESPITE CARE. PARTICIPATING FAMILIES MUST HAVE A CARE CONSULT PRIOR TO GETTING THE PARTIES, SING-A-LONGS, ETC. THE GOAL IS TO NOT ONLY PROVIDE ACTIVITES FOR THE MIAMI VALLEY CHAPTER -DETERMINE THE EFFECTIVENESS OF THE PROGRAM ASSOCIATION IS PROVIDING SURVEYS TO THE BENJAMINE ROSE INSTITUTE TO AFFECTED PERSON, AN ASSESSMENT ON THEIR ABILITIES AND THEN A CUSTOMIZED SET OF ACTIVITIES REPORTED TO THE DAYTON FOUNDATION (GRANTOR) ... THE MEMORY RESOURCE CENTER PROVIDES AND THE ALZHEIMER'S ASSOCIATION WAS RESPONSIBLE FOR THE FINAL ACCOUNTING CHAPTER HAS SOLE RESPONSIBILITY FOR THE PROJECT. ALL PURCHASES WERE MONITORED THE MEMORY RESOURCE CENTER PROJECT. NOW THAT THE BUILDING HAS BEEN SET UP THE IN THE HOPES THAT THEY WILL UTILIZE IT IN THE FUTURE. CENTER-PUZZLES, VIDEOS, ETC. THERE ARE ALSO GROUP INTERACTIONS SUCH AS ART IS PRINTED FOR THEM. ALL INTERACTIVE ACTIVITES ARE AVAILABLE AT THE LOCATION FOR CAREGIVERS AND THEIR AFFECT FAMILY MEMBER TO GO. ALZHEIMER'S ASSOCIATION WAS HEAVILY INVOLVED THE GOAL IS TO ACQUAINT THE FAMILY WITH THIS TYPE OF SERVICE BUT TO PROVIDE SOCIALIZATION FOR BOTH THE PERSON AND THE IN PLANNING AND DIRECTING THE ALZHEIMER'S THEY RECEIVE

BOARD APPROVED BUDGET. DIAGNOSIS OF DEMENTIA. THE INDIVIDUAL SUBMITS PROOF OF PAYMENT TO THE THE CHAPTER OFFERS REIMBURSEMENT IN THE FORM OF RESPITE NORTHWEST OHIO CHAPTER -CHAPTER WHO WILL REIMBURSE THE COMPLETES AN APPLICATION AND SUBMITS THE APPLICATION WITH A PHYSICIAN'S TO INDIVIDUALS THROUGHOUT THE CHAPTER'S 24-COUNTY AREA. AN INDIVIDUAL INDIVIDUAL AN AMOUNT BASED UPON THE

FINANCIAL ASSISTANCE

A STATE EXEC DELAWARE VALLEY CHAPTER STATE EXECUTIVE DIRECTOR REVIEWS ALL APPLICATIONS AND GRANTS ARE AWARDED

SOUTH CAROLINA CHAPTER -

AMOUNT REDEEMED AND MAINTAINED TO TRACK GRANTEE INFORMATION, CARE PROVIDERS AND FACILITY CARE PROVIDERS. A SEPARATE DATABASE IS AFFLICTED ARE EVALUATED TO DETERMINE ELIGIBILITY. ELIGIBLE FAMILIES APPLICATIONS RECEIVED FROM FAMILY MEMBERS AND CAREGIVERS OF THOSE PACKAGES WITH \$500 VOUCHERS AND A LISTING OF PRE-APPROVED THIRD PARTY HHE AMOUNT OUTSTANDING ISSUE DATES OF VOUCHERS, THE ARE SENT

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

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Continued

I Line CAREGIVER VOUCHER IS THE SUPPORTING DOCUMENT VOUCHER IS FILLED OUT WITH DETAILS OF DATES, HOURS WORKED AND SIGNED. THE , OHM GRANT FUNDS ARE USED FOR RESPITE PAYMENTS TO INDIVIDUALS AND ORGANIZATIONS GREATER WISCONSIN CHAPTER -SOUTHEASTERN VIRGINIA CHAPTER CENTRAL AND WESTERN VIRGINIA CHAPTER THIS WAS A ONE-TIME GRANT TO PAY FOR A ACCOMPANIED BY RECEIPTS EVIDENCING EXPENSES INCURRED REIMBURSEMENT OF EXPENSES ONLY. EACH REQUEST FOR REIMBURSEMENT MUST BE BE ELIGIBLE TO PARTICIPATE IN THE PROGRAMS. FINANCIAL ASSISTANCE IS FOR PROGRAM. THE CHAPTER MAINTAINS A RESPITE PROGRAM AND A SAFE RETURN SCHOLARSHIP PROVIDERS LICENSED STAFF FOR APPROVAL. STATUS AS THE PRIMARY CAREGIVER. THE APPLICATION IS REVIEWED BY PROGRAM DEMENTIA. THROUGH HOME VISITS THE CONSULTANT CONFIRMS THE APPLICANTS INCLUDING A PHYSICIAN'S STATEMENT CONFIRMING THE PATIENT HAS SOME FORM OF DAY CARE UPON RECEIPT OF AN INVOICE. CAREGIVERS SUBMIT AN APPLICATION DELEGATE ASSEMBLY. THE DELEGATE FILLED OUT A NON-EMPLOYEE EXPENSE GREATER DALLAS CHAPTER WEST VIRGINIA CHAPTER -FUNDS ARE PAID DIRECTLY TO THE FACILITY, GREATER RICHMOND CHAPTER -PROCESSING THE PAYMENT REPORTS ARE REVIEWED AND DATA IS UPDATED TO THE GRANT WORKBOOK PRIOR TO REPORTS FOR PAYMENT. THE REPORT HAS PARTICIPANT AND REIMBURSEMENT DATA. ORGANIZATIONS AND INDIVIDUALS ARE REQUIRED WHICH WAS SIGNED BY THE EXECUTIVE DIRECTOR AND SUBSEQUENTLY PAID REVIEWED BY THE PROGRAM SERVICE MANAGER PRIOR TO PROCESSING THE PAYMENT PAYMENT. THE REPORT HAS PARTICIPANT AND REIMBURSEMENT DATA. ORGANIZATIONS AND INDIVIDUALS ARE REQUIRED IN TURN, PAY STATE APPROVED RESPITE PROVIDERS. A RESPITE CAREGIVER CAREGIVERS MUST PROVIDE A DOCTOR'S DIAGNOSIS OF THE DISEASE BY THE STATE IF APPROVED, RECIPIENTS ARE REQUIRED TO USE RESPITE DELEGATE'S EXPENSES IN-HOME CARE PROVIDER OR ADULT TO SUBMIT STANDARDIZED RESPITE TO SUBMIT RESPITE FOR PAYMENT BY THE Ö REPORTS ARE REPORTS THE CHAPTER REPORT FOR Ö

Schedule I (Form 9	Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)
Pt I Line 2	SOUTHEASTERN WISCONSIN CHAPTER -
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	TO THE VENDOR. THE PROGRAMS ARE FUNDED BY PRIVATE AND GOVERNMENT GRANTS.
	MID SOUTH CHAPTER -
	ORGANIZATIONS AND INDIVIDUALS ARE REQUIRED TO SUBMIT RESPITE REPORTS FOR
	PAYMENT. THE REPORT INCLUDES PARTICIPANT AND REIMBURSEMENT DATA. RESPITE
	REPORTS ARE REVIEWED BY THE PROGRAM SERVICE MANAGER PRIOR TO PROCESSING
	THE PAYMENT.
	GREATER IOWA CHAPTER -
	ORGANIZATIONS AND INDIVIDUALS ARE REQUIRED TO SUBMIT RESPITE REPORTS FOR
	PAYMENT. THE REPORT INCLUDES PARTICIPANT AND REIMBURSEMENT DATA. RESPITE
	REPORTS ARE REVIEWED BY THE PROGRAM SERVICE MANAGER PRIOR TO PROCESSING THE PAYMENT.
Pt III, col (b)	THE NUMBER OF RECIPIENTS LISTED IS BASED ON THE DATA COLLECTED ON THE
	CHAPTER RECORDS OF INDIVIDUALS SERVED.

Form 990, Question H List of Affiliates Included in Return

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
CENTRAL AND NORTH FLORIDA	378 CENTER POINTE CIRCLE, SUITE 1280	26-2497166
CENTRAL AND NORTH FLORIDA	ALTAMONTE SPRINGS FL 32701	36-3487166
Foreign City/Country if applicable	ADTAMONTE SPRINGS FB 32701	
ALOHA	1050 ALA MOANA BLVD., SUITE 2610	99-0212360
	HONOLULU HI 96814-4906	99-0212360
Foreign City/Country if applicable	HONOLOGO H1 36614-4306	
CENTRAL ILLINOIS	COC W CI EN AVENUE	37-1224417
CENTRAL TELLINOIS	606 W. GLEN AVENUE PEORIA IL 61614	37-1224417
Foreign City/Country if applicable	PEORIA IL 61614	
GREATER ILLINOIS	0420 MECH PRANT MAND CHITTE 000	26 2102240
GREATER ILLINOIS	8430 WEST BRYN MAWR, SUITE 800	36-3102348
Earnign City/Country if applicable	CHICAGO IL 60631	
Foreign City/Country if applicable	FO TROP OF CORPORATE CULTURE INC.	25 1515226
GREATER INDIANA	50 EAST 91ST STREET, SUITE 100	35-1747836
Faraign City/Caunty if libl-	INDIANAPOLIS IN 46240	V.
Foreign City/Country if applicable		
EAST CENTRAL IOWA	317 SEVENTH AVENUE, SE, SUITE 402	42-1333384
Favolan City/Osymbol 15 - Paul 1	CEDAR RAPIDS IA 52401	
Foreign City/Country if applicable		
CENTRAL AND WESTERN KANSAS	1820 E. DOUGLAS AVENUE	20-5107941
	WITCHITA KS 67214	
Foreign City/Country if applicable		THE PERSON NAMED IN COLUMN
MAINE	383 U.S. ROUTE 1, SUITE 2C	01-0428502
	SCARBOROUGH ME 04074	
Foreign City/Country if applicable		
HEART OF AMERICA	3846 WEST 75TH STREET	48-0934474
	PRAIRIE VILLAGE KS 66208	
Foreign City/Country if applicable		
MIDLANDS	1941 SOUTH 42ND STREET, SUITE 205	47-0648438
	OMAHA         NE         68105	
Foreign City/Country if applicable		
JUDSON VALLEY/ROCKLAND/WESTCHESTER, NY	2 JEFFERSON PLAZA, SUITE 103	14-1695487
	POUGHKEEPSIE NY 12601-4027	
Foreign City/Country if applicable		
ROCHESTER	435 EAST HENRIETTA ROAD	16-1159941
	ROCHESTER NY 14620	
Foreign City/Country if applicable		STATE OF
VESTERN NEW YORK	2805 WEHRLE DRIVE, SUITE 6	16-1181599
<b>小客 医进程器 万峰 1. 1898 [125] 异时</b> 岩	WILLIAMSVILLE NY 14221	
Foreign City/Country if applicable		
GREATER EAST OHIO AREA	70 W. STREETSBORO STREET, SUITE 201	34-1454446
DENETE LED ENVIOLENCE	HUDSON OH 44236	
oreign City/Country if applicable		
CLEVELAND AREA	23215 COMMERCE PARK DRIVE, SUITE 300	34-1311175
and the long length service had	BEACHWOOD OH 44122	
oreign City/Country if applicable		te lui de
CENTRAL OHIO	1379 DUBLIN ROAD	31-0996236
	COLUMBUS OH 43215	
Foreign City/Country if applicable		
MIAMI VALLEY	31 W. WHIPP RD.	31-1031867
	DAYTON OH 45459	
Foreign City/Country if applicable		1

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

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
NORTHWEST OHIO	2500 NORTH REYNOLDS ROAD	34-1423768
	TOLEDO OH 43615-2820	
Foreign City/Country if applicable		
OKLAHOMA/ARKANSAS	2448 E. 81ST STREET, SUITE 3000	73-1183372
	TULSA OK 74137	Mark Strate Land
Foreign City/Country if applicable		
OREGON	1650 NORTHWEST NAITO PARKWAY, SUITE 190	93-0813252
	PORTLAND OR 97209	
Foreign City/Country if applicable		
DELAWARE VALLEY	399 MARKET STREET, SUITE 102	23-2280056
	PHILADELPHIA PA 19106	
Foreign City/Country if applicable		
SOUTH CAROLINA	4124 CLEMSON BLVD., SUITE L	57-0792592
CONTRACTOR VANDESCOVERS	ANDERSON SC 29621	
Foreign City/Country If applicable	30	
SOUTH DAKOTA	1000 NORTH WEST AVENUE, #250	32-0151779
	SIOUX FALLS SD 57104	
Foreign City/Country if applicable	37101	
GREATER DALLAS	4144 NORTH CENTRAL EXPRESSWAY, SUITE 750	75-2041194
	DALLAS TX 75204	ASSESSMENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF
Foreign City/Country if applicable	211221	提供管理的
CENTRAL AND WESTERN VIRGINIA	THE JORDAN BUILDING, 1160 PEPSI PLACE, SUITE 306	54-1309570
	CHARLOTTESVILLE VA 22901	77 1303370
Foreign City/Country if applicable	CHRESTIBSVIBER VA 22501	
SOUTHEASTERN VIRGINIA	6350 CENTER DRIVE, SUITE 102	54-1204329
SOUTHEASTERN VINGINIA	NORFOLK VA 23502	34-1204329
Foreign City/Country if applicable	NORTOBIC VA 25502	
NATIONAL CAPITAL AREA	3701 PENDER DRIVE, SUITE 400	52-1196162
	FAIRFAX VA 22030	32-1190102
Foreign City/Country if applicable	TAIRIAN VA ZZOSO	
GREATER RICHMOND	4600 COX ROAD, SUITE 130	54-1263555
	GLEN ALLEN VA 23060	34-1203333
Foreign City/Country if applicable	GLEN ALLEN VA 23000	
WESTERN & CENTRAL WASHINGTON STATE	100 W. HARRISON STREET, NORTH TOWER, N200	91-1075926
MESTERN & CENTRAL WASHINGTON STATE		91-10/3926
Foreign City/Country if applicable	SEATLLE WA 98119	
WEST VIRGINIA	1601 SECOND AVENUE	36_3407170
HEGI AIVOIMIN	CHARLESTON WV 25387	36-3487172
Foreign City/Country if applicable	CHARDESTON WV 25387	
GREATER WISCONSIN	2000 CURRY IANE CHITE A	20 1402223
JADAIER WISCONSIN	2900 CURRY LANE, SUITE A	39-1493227
Foreign City/Country if conficeble	GREEN BAY WI 54311	
Foreign City/Country if applicable	COA COMPU ZERU CERRER CULTURE 1 CO	20 1250055
SOUTHEASTERN WISCONSIN	620 SOUTH 76TH STREET, SUITE 160	39-1350965
Caraina City/Caratas & a. C. 11	MILWAUKEE WI 53214	
Foreign City/Country if applicable		THEXAS SERVICES AND ASSESSMENT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY
MISSISSIPPI	196 CHARMANT DRIVE, SUITE 4	64-0786327
	RIDGELAND MS 39157	
Foreign City/Country if applicable		NE ENDOS
MID SOUTH	4825 TROUSDALE DRIVE, SUITE 220	62-1860364
	NASHVILLE TN 37220	THE SOLD OF SOLD IN

Form 990, Question H List of Affiliates Included in Return

Continued

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
GREATER IOWA	1730 28TH STREET WEST DES MOINES IA 50266	42-1520582
Foreign City/Country if applicable	WEST DES MOTNES IN 30200	