

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

Form 990 for the
Year Ended June 30, 2013

Public Disclosure Copy

Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue Service

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

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

A For the 2012 calendar year, or tax year beginning Jul 1 , 2012, **and ending** Jun 30 , 2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
 225 N. MICHIGAN AVE. 17TH FLOOR
 City, town or country State ZIP code + 4
 CHICAGO IL 60601-7633

D Employer identification number 36-3463656
E Telephone number (312) 335-8700

F Name and address of principal officer:
 RICHARD H. HOVLAND 225 N. MICHIGAN AVE. CHICAGO IL 60601-7633

G Gross receipts \$ 77,439,008.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
 See H(c) Stmt

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.ALZ.ORG

K Form of organization: Corporation Trust Association Other **L Year of Formation:** **M State of legal domicile:**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	636
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	635
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,007
	6 Total number of volunteers (estimate if necessary)	6	28,253
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,850.
b Net unrelated business taxable income from Form 990-T, line 34	7b	2,074.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	65,382,775.	62,262,835.
	9 Program service revenue (Part VIII, line 2g)	3,948,639.	4,249,662.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,097,083.	1,209,223.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	314,396.	28,267.
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,742,893.	67,749,987.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,090,522.	1,583,396.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	43,998,863.	43,917,374.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,691,441.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,671,695.	24,234,223.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,761,080.	69,734,993.
19 Revenue less expenses. Subtract line 18 from line 12	-18,187.	-1,985,006.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	78,909,343.	74,382,697.
	21 Total liabilities (Part X, line 26)	9,921,721.	9,813,721.
	22 Net assets or fund balances. Subtract line 21 from line 20	68,987,622.	64,568,976.

Part II Signature Block

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

Sign Here

Signature of officer: Richard H. Hovland Date: 1/31/14

Type or print name and title: RICHARD H. HOVLAND COO/CFO

Paid Preparer Use Only

Print/Type preparer's name: BRIDGET ROCHE Preparer's signature: Bridget Roche Date: 01/27/2014 Check if self-employed PTIN: P00666837

Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558

Firm's address: 175 W. JACKSON BLVD. STE. 2000 CHICAGO, IL 60604 Phone no. (312) 856-0200

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

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

• The books are in the care of ► **RICHARD HOVLAND, COO/CFO**

Telephone No. ► **312-335-5771** FAX No. ► **866-699-1246**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **9344**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20 **14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or

► tax year beginning **JULY 1**, 20 **12**, and ending **JUNE 30**, 20 **13**.

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

Change in accounting period

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

Caution. 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.

Alzheimer's Association
 Year Ended June 30, 2013
 EIN #36-3463656
 GEN #9334

Attachment

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

ST	EIN	CHP #	NAME	ADDRESS	CITY	ZIP
CA	94-2897949	20	Northern California and Nevada	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	Hawaii	1050 Ala Moana Blvd., Suite 2610	Honolulu	96814-4906
IL	37-1224417	58	Central Illinois	606 W. Glen Avenue	Peoria	61614
IL	36-3102348	59	Greater Illinois	8430 West Bryn Mawr, Suite 800	Chicago	60631
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	Wichita	67214
ME	01-0428502	82	Maine	383 U.S. Route 1, Suite 2C	Scarborough	04074
KS	48-0934474	100	Heart of America	3846 West 75th Street	Prairie Village	66208
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	Poughkeepsie	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
OH	34-1454446	135	Greater East Ohio Area	70 W. Streetsboro St., Suite 201	Hudson	44236
OH	34-1311175	139	Cleveland Area	23215 Commerce Park Drive, Suite 300	Beachwood	44122
OH	31-0996236	140	Central Ohio	1379 Dublin Road	Columbus	43215
OH	31-1031867	143	Miami Valley	31 W. Whipp Rd.	Dayton	45459
OH	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 Naito 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	Fairfax	22030
VA	54-1263555	185	Greater Richmond	4600 Cox Road, Suite 130	Glen Allen	23080
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
MS	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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [X]

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If 'Yes,' describe these changes on Schedule O.

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

4 a (Code:) (Expenses \$ 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.) (Revenue \$ 2,527,536.) CONSUMER EDUCATION (WORKSHOPS/CONFERENCES/SEMINARS) -- SEE SCHEDULE O

4 c (Code:) (Expenses \$ 5,238,748. including grants of \$ 665.) (Revenue \$ 218,303.) CARE CONSULTATION -- SEE SCHEDULE O

4 d Other program services. (Describe in Schedule O.) (Expenses \$ 23,764,481. including grants of \$ 1,575,231.) (Revenue \$ 1,605,380.)

4 e Total program service expenses 53,200,924.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [X]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (636); 1b Enter the number of voting members included in line 1a, above, who are independent (635); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. (X); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers of key employees of the organization (X); If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.

Section C. Disclosure

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

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DENISE PRINGLE BOARD DIRECTOR	.80	X						0	0	0
(16) MATTHEW RHODES BOARD DIRECTOR	.80	X						0	0	0
(17) JEFFREY TENG BOARD DIRECTOR	.80	X						0	0	0
(18) ALEX TSAO BOARD DIRECTOR	.80	X						0	0	0
(19) LESLIE WALKER BOARD DIRECTOR	.80	X						0	0	0
(20) SARAH LORANCE BOARD CHAIRMAN	6.00	X		X				0	0	0
(21) TOM HURLEY BOARD VICE CHAIRMAN	6.00	X		X				0	0	0
(22) PHILLIP HEATH BOARD SECRETARY	6.00	X		X				0	0	0
(23) DANIEL THOMAS BOARD TREASURER	4.00	X		X				0	0	0
(24) DON BECHTER, C.F.A. BOARD MEMBER	2.00	X						0	0	0
(25) CHRIS BINKLEY BOARD MEMBER	6.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								6,243,639.	0	602,395.
d Total (add lines 1b and 1c)								6,243,639.	0	602,395.

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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) FRANCIS BROWN, ESQ. BOARD MEMBER	2.00	X						0	0	
(27) MARGY CHRISTIAN BOARD MEMBER	2.00	X						0	0	
(28) ADAM DUERR BOARD MEMBER	2.00	X						0	0	
(29) PERRY HERRMANN BOARD MEMBER	2.00	X						0	0	
(30) MARK IORIO BOARD MEMBER	1.00	X						0	0	
(31) J.J. JORDAN BOARD MEMBER	6.00	X						0	0	
(32) VENETIA MARSHALL, J.D. BOARD MEMBER	2.00	X						0	0	
(33) DONALD OBERNDORF BOARD MEMBER	2.00	X						0	0	
(34) LINDA PEOTTER BOARD MEMBER	2.00	X						0	0	
(35) GREG PFAHL BOARD MEMBER	2.00	X						0	0	
(36) BERNARD POSKUS, ESQ. BOARD MEMBER	3.00	X						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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) KELLY ROGERS BOARD MEMBER	2.00	X					0	0	0	
(38) MICHAEL TODD, M.D. BOARD MEMBER	1.00	X					0	0	0	
(39) CHIP WATSON BOARD MEMBER	1.00	X					0	0	0	
(40) HARRY WHITE, M.D. BOARD MEMBER	1.00	X					0	0	0	
(41) MARISSA CREAN BOARD CHAIR	2.00	X		X			0	0	0	
(42) WILLIAM KOWALEWSKI BOARD VICE CHAIRMAN	1.50	X		X			0	0	0	
(43) AL GATI BOARD TREASURER	1.50	X		X			0	0	0	
(44) MOLLY REESE-GAVIN BOARD SECRETARY	1.50	X		X			0	0	0	
(45) PATRICIA GIBBS BOARD PAST CHAIR	1.00	X		X			0	0	0	
(46) JULIETTA GUARINO BOARD DIRECTOR	.80	X					0	0	0	
(47) GREGORY SMITH BOARD DIRECTOR	.80	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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) CATHY BUTLER BOARD DIRECTOR	.80	X					0	0	0	
(49) RICHARD MEISENHEIMER BOARD DIRECTOR	.80	X					0	0	0	
(50) CRAIG JOHNSON BOARD DIRECTOR	.80	X					0	0	0	
(51) MIKR MARINACCIO BOARD DIRECTOR	.80	X					0	0	0	
(52) RICHARD FISHER BOARD DIRECTOR	.80	X					0	0	0	
(53) SOWMYA KURTAKOTI BOARD DIRECTOR	.80	X					0	0	0	
(54) ENRIQUE PINEIRO BOARD CHAIR	4.00	X		X			0	0	0	
(55) ELLIOTT STARMAN BOARD VICE CHAIR	2.00	X		X			0	0	0	
(56) MONIKA KRUMBOCK BOARD TREASURER	2.00	X		X			0	0	0	
(57) JOYCE MCLENDON BOARD DIRECTOR	1.00	X					0	0	0	
(58) WILLIAM SUSSMAN, ESQ BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) JOEL LEVY BOARD DIRECTOR	1.00	X						0	0	0
(60) DEBORA THOMPSON BOARD DIRECTOR	1.00	X						0	0	0
(61) MARK TODD BOARD DIRECTOR	1.00	X						0	0	0
(62) SAMUEL FERRERI BOARD DIRECTOR	1.00	X						0	0	0
(63) PHILLIP MROZINSKI BOARD MEMBER-ADVISORY	1.00	X						0	0	0
(64) CARL SADOWSKY BOARD MEMBER-ADVISORY	1.00	X						0	0	0
(65) STUART GAINES BOARD CHAIR	2.00	X		X				0	0	0
(66) PAMELA GHEZZI BOARD TREASURER	1.00	X		X				0	0	0
(67) JAMIE GLAVICH BOARD VICE CHAIR/SECRETARY	1.00	X		X				0	0	0
(68) RANDY C. BRYAN BOARD MEMBER	1.00	X						0	0	0
(69) SALLIE DREYER BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) BRANDY GREGG BOARD MEMBER	1.00	X					0	0	0	
(71) CARLOS HERNANDEZ BOARD MEMBER	1.00	X					0	0	0	
(72) KENT JUSTICE BOARD MEMBER	1.00	X					0	0	0	
(73) KENYATTA RIVERS BOARD MEMBER	1.00	X					0	0	0	
(74) ROBERT MORGAN BOARD MEMBER	1.00	X					0	0	0	
(75) TONY PESARE BOARD MEMBER	1.00	X					0	0	0	
(76) ADAM RUTSTEIN BOARD MEMBER	1.00	X					0	0	0	
(77) TRICIA MEDEIROS BOARD CHAIR	1.00	X	X				0	0	0	
(78) WENDY TAKESHITA WONG BOARD VICE CHAIR	1.00	X	X				0	0	0	
(79) MICHAEL F.K. (MIKE) BUCK BOARD TREASURER	1.00	X	X				0	0	0	
(80) SUZIE NEUFELDT BOARD SECRETARY	1.00	X	X				0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(81) CRAIG K. NAKAMOTO BOARD DIRECTOR	1.00	X					0	0	0
(82) ALENKA REMEC BOARD DIRECTOR	1.00	X					0	0	0
(83) ADELE RUGG BOARD DIRECTOR	1.00	X					0	0	0
(84) CHAD YOUNG BOARD DIRECTOR	1.00	X					0	0	0
(85) SUSAN DAWSON-TIBBITS BOARD PRESIDENT	.50	X		X			0	0	0
(86) NICK ESSER BOARD VICE PRESIDENT	.50	X		X			0	0	0
(87) KIM SANDERS BOARD SECRETARY	.50	X		X			0	0	0
(88) ERIK PETTIT BOARD TREASURER	.50	X		X			0	0	0
(89) LISA BALRAJ BOARD MEMBER AT-LARGE	.50	X		X			0	0	0
(90) CHRIS BLAKEMAN BOARD MEMBER AT-LARGE	.50	X		X			0	0	0
(91) DOUGLAS ALLEN BOARD MEMBER	.50	X					0	0	0
1b Sub-total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) THOMAS CALDERA JR. BOARD MEMBER	.50	X					0	0	0	
(93) KATHY CHAMBERLAIN BOARD MEMBER	.50	X					0	0	0	
(94) AMANDA CICCARELLI BOARD MEMBER	.50	X					0	0	0	
(95) JEFFERY JOHNSON BOARD MEMBER	.50	X					0	0	0	
(96) WILLIAMS PHILLIPS IV BOARD MEMBER	.50	X					0	0	0	
(97) THERESA TAYLOR BOARD MEMBER	.50	X					0	0	0	
(98) TERESA TUCKER BOARD MEMBER	.50	X					0	0	0	
(99) MELODY YUTAKIS BOARD MEMBER	.50	X					0	0	0	
(100) PAUL CAPONIGRI BOARD CHAIR	5.00	X	X				0	0	0	
(101) MIKE O'BRIEN BOARD TREASURER	5.00	X	X				0	0	0	
(102) BRYAN SELANDER BOARD SECRETARY	5.00	X	X				0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) SCOTT PERRY BOARD VICE CHAIR	2.00	X		X				0	0	0
(104) JOAN BARRIS BOARD MEMBER	2.00	X						0	0	0
(105) KARA CAMPBELL BOARD MEMBER	2.00	X						0	0	0
(106) JOSEPH HARRINGTON BOARD MEMBER	2.00	X						0	0	0
(107) DANI JACINO BOARD MEMBER	2.00	X						0	0	0
(108) TOM MAZUR BOARD MEMBER	2.00	X						0	0	0
(109) SHELIA MCCLENDON BOARD MEMBER	2.00	X						0	0	0
(110) KERRY PECK BOARD MEMBER	2.00	X						0	0	0
(111) ANGELA RILEY BOARD MEMBER	2.00	X						0	0	0
(112) RAJ SHAH BOARD MEMBER	2.00	X						0	0	0
(113) SHERI SUPENA BOARD MEMBER	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) JANIS TRATNIK BOARD MEMBER	2.00	X					0	0	0	
(115) MARY WASIK BOARD MEMBER	2.00	X					0	0	0	
(116) MAUREEN BECHER SAGE BOARD TREASURER	6.00	X		X			0	0	0	
(117) DEE DEE KATZMAN BOARD SECRETARY	6.00	X		X			0	0	0	
(118) AURTHUR WACHHOLZ BOARD RESOURCE MGMT CHAIR	4.30	X		X			0	0	0	
(119) PHIL NICELY BOARD PRESIDENT	6.00	X		X			0	0	0	
(120) DANIEL REXROTH BOARD MISSION & OUTREACH CHAIR	4.30	X		X			0	0	0	
(121) CAROLYN CUNNINGHAM BOARD PAST PRESIDENT	5.00	X					0	0	0	
(122) MICHAEL BARTH BOARD MEMBER	4.30	X					0	0	0	
(123) JIM BOYERS BOARD MEMBER	4.30	X					0	0	0	
(124) TOM CYRUS BOARD MEMBER	4.30	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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) SHERRI DAVIES BOARD MEMBER	4.30	X						0	0	0
(126) ERIC EASTER BOARD MEMBER	4.30	X						0	0	0
(127) JEFF EDWARDS BOARD MEMBER	4.30	X						0	0	0
(128) ANITA GALLIARD BOARD MEMBER	4.30	X						0	0	0
(129) BRIAN HEALEY BOARD MEMBER	4.30	X						0	0	0
(130) STEVEN MANNING BOARD MEMBER	4.30	X						0	0	0
(131) RICHARD MOHS BOARD MEMBER	4.30	X						0	0	0
(132) RICK RHODES BOARD MEMBER	4.30	X						0	0	0
(133) ANDREA SMILEY BOARD MEMBER	4.30	X						0	0	0
(134) JIM STONE BOARD MEMBER	4.30	X						0	0	0
(135) PATRICK ALLEN BOARD PRESIDENT	1.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) GARY WICKLUND BOARD VICE-PRESIDENT	1.00	X		X				0	0	
(137) JEREMY MEAD BOARD TREASURER	1.00	X		X				0	0	
(138) DEBBIE CRAIG BOARD SECRETARY	1.00	X		X				0	0	
(139) HAROLD GETTY BOARD DIRECTOR	1.00	X						0	0	
(140) DOUG JONTZ BOARD DIRECTOR	1.00	X						0	0	
(141) MONA KNOLL BOARD DIRECTOR	1.00	X						0	0	
(142) ANNE LENZEN BOARD DIRECTOR	1.00	X						0	0	
(143) GLORIA GIBSON BOARD DIRECTOR	1.00	X						0	0	
(144) KATHY GOOD BOARD DIRECTOR	1.00	X						0	0	
(145) ANN HAUGLAND BOARD DIRECTOR	1.00	X						0	0	
(146) ERIC JOHNSON BOARD DIRECTOR	1.00	X						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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) KENT ROEDER BOARD DIRECTOR	1.00	X					0	0	0	
(148) JOEL SCHMIDT BOARD DIRECTOR	1.00	X					0	0	0	
(149) MICHAEL T. (TIM) SYMOUR BOARD DIRECTOR	1.00	X					0	0	0	
(150) LAURIE JOHNSON BOARD DIRECTOR	1.00	X					0	0	0	
(151) ALFRED (AL) WILLETT BOARD DIRECTOR	1.00	X					0	0	0	
(152) WAYNE WINN BOARD DIRECTOR	1.00	X					0	0	0	
(153) CAROLYN BARKO BOARD DIRECTOR	1.00	X					0	0	0	
(154) DEBBI ELMORE BOARD CHAIR	.30	X		X			0	0	0	
(155) FRED HERMES BOARD VICE CHAIR	.30	X		X			0	0	0	
(156) MARY CORRIGAN BOARD SECRETARY	.30	X		X			0	0	0	
(157) LARRY REGIER BOARD TREASURER	.30	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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) SUZANNE MEEKER BOARD OFFICER	.30	X					0	0	0	
(159) DAVID HAASE BOARD OFFICER	.30	X					0	0	0	
(160) DOUG WATSON BOARD OFFICER	.30	X					0	0	0	
(161) RICHARD ZABEL BOARD OFFICER	.30	X					0	0	0	
(162) DEEANNE FAHNESTOCK BOARD OFFICER	.30	X					0	0	0	
(163) DOUG STARK BOARD OFFICER	.30	X					0	0	0	
(164) STEPHEN BENSON BOARD OFFICER	.30	X					0	0	0	
(165) CELIA KOUDELE BOARD OFFICER	.30	X					0	0	0	
(166) MARK NALE BOARD PRESIDENT	1.00	X		X			0	0	0	
(167) FELICIA GARANT BOARD TREASURER	1.00	X		X			0	0	0	
(168) DEANE LANPHEAR BOARD SECRETARY	1.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) DR. RONALD BAILYN BOARD DIRECTOR	1.00	X					0	0	0	
(170) CYNTHIA CAVE BOARD DIRECTOR	1.00	X					0	0	0	
(171) MARLENE COSTA BOARD DIRECTOR	1.00	X					0	0	0	
(172) WILLIAM JENKS BOARD DIRECTOR	1.00	X					0	0	0	
(173) ROBERT O'KEEFE BOARD DIRECTOR	1.00	X					0	0	0	
(174) ELISABETH PAINE BOARD DIRECTOR	1.00	X					0	0	0	
(175) MARILYN PAGE BOARD DIRECTOR	1.00	X					0	0	0	
(176) CHRIS JONES BOARD PRESIDENT	1.50	X		X			0	0	0	
(177) JOSEPH P. PLATT BOARD TREASURER	1.00	X		X			0	0	0	
(178) DEBBIE BIEHL BOARD SECRETARY	1.50	X		X			0	0	0	
(179) DAVID MARKS BOARD PAST PRESIDENT	1.50	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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) CATHY TIVOL MASLAN BOARD PAST PRESIDENT	1.00	X		X				0	0	0
(181) JOHN AISENBREY BOARD MEMBER	1.00	X						0	0	0
(182) BENJAMIN BILLER BOARD MEMBER	1.00	X						0	0	0
(183) KAY GAFFNEY BOARD MEMBER	1.00	X						0	0	0
(184) JANE DICKINSON KRESS BOARD MEMBER	1.00	X						0	0	0
(185) MIKE LEVITAN BOARD MEMBER	1.00	X						0	0	0
(186) ERIN MARGOLIN BOARD MEMBER	1.00	X						0	0	0
(187) DAVID SCHLEE BOARD MEMBER	1.00	X						0	0	0
(188) MARY STADLER BOARD MEMBER	1.00	X						0	0	0
(189) ROB SWEATT BOARD MEMBER	1.00	X						0	0	0
(190) RICHARD WETZEL BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) SUZANNE WILLIAMS BOARD MEMBER	1.00	X					0	0	0	
(192) HOLLY HUERTER MORGAN BOARD CHAIR	1.00	X		X			0	0	0	
(193) ROBIN DONOVAN BOARD VICE CHAIR	1.00	X		X			0	0	0	
(194) KIRSTINE SULLIVAN BOARD SECRETARY	1.00	X		X			0	0	0	
(195) JAKE HOLDENRIED BOARD TREASURER	1.00	X		X			0	0	0	
(196) WILLIAM BURKE BOARD MEMBER	1.00	X					0	0	0	
(197) MATTHEW DRISCOLL BOARD MEMBER	1.00	X					0	0	0	
(198) C. K. DURYEA BOARD MEMBER	1.00	X					0	0	0	
(199) SHARI FLOWERS BOARD MEMBER	1.00	X					0	0	0	
(200) WAYNE HOUSTON BOARD MEMBER	1.00	X					0	0	0	
(201) JANE PROCHASKA BOARD MEMBER	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) JACK RUESCH ----- BOARD MEMBER	1.00	X					0	0	0	
(203) JESSIE SITZ ----- BOARD MEMBER	1.00	X					0	0	0	
(204) KATRINA WELLS PARTAIN ----- BOARD MEMBER	1.00	X					0	0	0	
(205) KATHY TEWHILL ----- BOARD MEMBER	1.00	X					0	0	0	
(206) STEVE ZUBROD ----- BOARD MEMBER	1.00	X					0	0	0	
(207) KAREN LESPERANCE ----- BOARD CHAIR	4.00	X		X			0	0	0	
(208) WILLIAM M. CAHN ----- BOARD VICE CHAIR	4.00	X		X			0	0	0	
(209) NEIL KLAR ----- BOARD VICE CHAIR 2ND	4.00	X		X			0	0	0	
(210) FRANCES PANTALEO ----- BOARD SECRETARY	4.00	X		X			0	0	0	
(211) RICHARD MCGUINESS ----- BOARD TREASURER	4.00	X		X			0	0	0	
(212) D. A. ABRAMS ----- BOARD MEMBER	2.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) DIANE APARISIO BOARD MEMBER	2.00	X						0	0	0
(214) DONNA MARIA BLANCERO BOARD MEMBER	2.00	X						0	0	0
(215) KAREN BURNS BOARD MEMBER	2.00	X						0	0	0
(216) DOMINIC CALGI BOARD MEMBER	2.00	X						0	0	0
(217) ALAN DILLON BOARD MEMBER	2.00	X						0	0	0
(218) LAWRENCE FORCE BOARD MEMBER	2.00	X						0	0	0
(219) KAREN GANIS BOARD MEMBER	2.00	X						0	0	0
(220) JOANN KRONER BOARD MEMBER	2.00	X						0	0	0
(221) CAROL MONTELEONI BOARD MEMBER	2.00	X						0	0	0
(222) NANCY O'CONNOR BOARD MEMBER	2.00	X						0	0	0
(223) RON STANTON BOARD MEMBER	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) DANIEL KATZ BOARD CHAIR	1.00	X		X				0	0	0
(225) VICTORIA HINES BOARD IMMEDIATE PAST CHAIR	1.00	X		X				0	0	0
(226) MOLLIE RICHARDS BOARD VICE CHAIR	1.00	X		X				0	0	0
(227) RANDY TERHO BOARD SECRETARY	1.00	X		X				0	0	0
(228) CHARLIE RUNYON BOARD TREASURER	1.00	X		X				0	0	0
(229) LISA BOYLE, M.D., MPH BOARD DIRECTOR	1.00	X						0	0	0
(230) MARCUS BURRELL BOARD DIRECTOR	1.00	X						0	0	0
(231) TODD BUTLER BOARD DIRECTOR	1.00	X						0	0	0
(232) MARY DAIN BOARD DIRECTOR	1.00	X						0	0	0
(233) TARA GERMANO BOARD DIRECTOR	1.00	X						0	0	0
(234) KATHY GRIMES BOARD DIRECTOR	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) SUSAN HALPERN BOARD DIRECTOR	1.00	X						0	0	0
(236) BRIAN HEPPARD BOARD DIRECTOR	1.00	X						0	0	0
(237) NORMA HOLLAND BOARD DIRECTOR	1.00	X						0	0	0
(238) SHEILA KONAR BOARD DIRECTOR	1.00	X						0	0	0
(239) LOIS WILLIAMS-NORMAN BOARD DIRECTOR	1.00	X						0	0	0
(240) BILL RYAN BOARD DIRECTOR	1.00	X						0	0	0
(241) G. RUSSELL WEST BOARD DIRECTOR	1.00	X						0	0	0
(242) MILES ZATKOWSKY BOARD DIRECTOR	1.00	X						0	0	0
(243) ERIC G. WIEDEMANN, PSY.D BOARD PRESIDENT	1.00	X		X				0	0	0
(244) RICHARD GEHRING, LCSW BOARD VICE PRESIDENT	1.00	X		X				0	0	0
(245) KYLE J. ROOKEY, CPA BOARD TREASURER	1.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) MICHELLE RAINKA, PHARM.D BOARD SECRETARY	1.00	X		X			0	0	0	
(247) ESTELLE BRICKNER, MSW BOARD DIRECTOR	1.00	X					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 BOARD DIRECTOR	1.00	X					0	0	0	
(251) JUDY HUTSON, MSW BOARD DIRECTOR	1.00	X					0	0	0	
(252) LAURIE MENZIES, ESQ. BOARD DIRECTOR	1.00	X					0	0	0	
(253) PAM PERKINS BOARD DIRECTOR	1.00	X					0	0	0	
(254) LINDA L. STEEG, RN, ANP/BC BOARD DIRECTOR	1.00	X					0	0	0	
(255) MARK STEVENS BOARD DIRECTOR	1.00	X					0	0	0	
(256) BARBARA S. TSCHAMLER BOARD DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) DAVID ZAPFEL, MPA BOARD DIRECTOR	1.00	X					0	0	0	
(258) SUE STEIGER BOARD PRESIDENT	.30	X		X			0	0	0	
(259) D. JOE FLEMMING BOARD VICE PRESIDENT	.30	X		X			0	0	0	
(260) ELIZABETH KOZENKO BOARD TREASURER	.30	X		X			0	0	0	
(261) DOUG MACKAY BOARD SECRETARY	.30	X		X			0	0	0	
(262) JENNIFER LILE BOARD TRUSTEE	.30	X					0	0	0	
(263) MICHELLE HENRY BOARD TRUSTEE	.30	X					0	0	0	
(264) LARRY RAY BOARD TRUSTEE	.30	X					0	0	0	
(265) DR. DAN VANDUSSEN BOARD TRUSTEE	.30	X					0	0	0	
(266) DEBBIE GUILLERMO BOARD TRUSTEE	.30	X					0	0	0	
(267) JOAN URONIS BOARD TRUSTEE	.30	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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) CINDY CHRISTIAN BOARD TRUSTEE	.30	X						0	0	0
(269) DR. DEANNA FRYE BOARD TRUSTEE	.30	X						0	0	0
(270) BRIAN J. RICHARDSON BOARD PRESIDENT	.50	X		X				0	0	0
(271) BONNIE H. MARCUS BOARD SECRETARY	.50	X		X				0	0	0
(272) LEWIS M. BAUM BOARD TREASURER	.50	X		X				0	0	0
(273) JAN CULVER BOARD PRESIDENT-ELECT	.50	X						0	0	0
(274) ROBERT A. DURHAM BOARD VICE PRESIDENT	.50	X						0	0	0
(275) COLLETTE APPOLITO BOARD VICE PRESIDENT	.50	X						0	0	0
(276) STEVEN OSGOOD BOARD VICE PRESIDENT	.50	X						0	0	0
(277) GAIL L. SANDS BOARD VICE PRESIDENT	.50	X						0	0	0
(278) RONALD C. STANSBURY BOARD VICE PRESIDENT	.50	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) JIM NASH BOARD VICE PRESIDENT AT LARGE	.50	X						0	0	0
(280) JEFFERY K. PATTERSON BOARD VICE PRESIDENT AT LARGE	.50	X						0	0	0
(281) CHRISTINE F. BRANCHE BOARD TRUSTEE	.50	X						0	0	0
(282) PABLO A. CASTRO, III BOARD TRUSTEE	.50	X						0	0	0
(283) BONNIE N. DICK BOARD TRUSTEE	.50	X						0	0	0
(284) KEITH A. FEICKS BOARD TRUSTEE	.50	X						0	0	0
(285) NEIL GOLLI BOARD TRUSTEE	.50	X						0	0	0
(286) BETSY JOHNSON BOARD TRUSTEE	.50	X						0	0	0
(287) BRUCE T. LAMB BOARD TRUSTEE	.50	X						0	0	0
(288) JAMES E. LARUE BOARD TRUSTEE	.50	X						0	0	0
(289) DANIELLE M. MORRIS BOARD TRUSTEE	.50	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) PATRICK G. PAOLETTA BOARD TRUSTEE	.50	X					0	0	0	
(291) ESTHER POSTASH BOARD TRUSTEE	.50	X					0	0	0	
(292) ANTONY BONVITA BOARD TRUSTEE	.50	X					0	0	0	
(293) MARY ANN H. SHAMIS BOARD TRUSTEE	.50	X					0	0	0	
(294) MARSHA K. SPITZ BOARD TRUSTEE	.50	X					0	0	0	
(295) ADRIAN D. THOMPSON BOARD TRUSTEE	.50	X					0	0	0	
(296) JILL WHELAN BOARD TRUSTEE	.50	X					0	0	0	
(297) GREG COMFORT BOARD PRESIDENT	1.00	X		X			0	0	0	
(298) JOHN PETRO BOARD VICE PRESIDENT	1.00	X		X			0	0	0	
(299) PATRICK KELLY BOARD SECRETARY	1.00	X		X			0	0	0	
(300) JIM KEIM BOARD TREASURER	1.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) JOANIE JOHNSON BOARD PAST PRESIDENT	1.00	X						0	0	0
(302) BILL BLACK BOARD MEMBER	1.00	X						0	0	0
(303) JOHN BURKHART, MD BOARD MEMBER	1.00	X						0	0	0
(304) PETER BURY BOARD MEMBER	1.00	X						0	0	0
(305) JIM FLYNN BOARD MEMBER	1.00	X						0	0	0
(306) COLLEEN GLYNN BOARD MEMBER	1.00	X						0	0	0
(307) GLORIA GROAT BOARD MEMBER	1.00	X						0	0	0
(308) CHARLES HAUBIEL BOARD MEMBER	1.00	X						0	0	0
(309) CAROL DRESKA BOARD MEMBER	1.00	X						0	0	0
(310) PAM LIEBERT BOARD MEMBER	1.00	X						0	0	0
(311) JEFFREY MILKS BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) CHARLIE SMITH BOARD MEMBER	1.00	X						0	0	0
(313) TYUS NEDD BOARD MEMBER	1.00	X						0	0	0
(314) JEANNY SMIAITIS BOARD MEMBER	1.00	X						0	0	0
(315) MIKE ZIEG BOARD MEMBER	1.00	X						0	0	0
(316) CHUCK WHITE BOARD MEMBER	1.00	X						0	0	0
(317) JOHN WISEMAN BOARD MEMBER	1.00	X						0	0	0
(318) DAVID DUDON BOARD PRESIDENT	6.00	X		X				0	0	0
(319) STEVE ARNOLD BOARD TREASURER/ VP FINANCE	5.00	X		X				0	0	0
(320) DENNIS STAUFFER BOARD SECRETARY	5.00	X		X				0	0	0
(321) VICKIE CARRAHER BOARD VP PUBLIC POLICY	4.00	X						0	0	0
(322) LARRY LAWHORNE BOARD VP CHAPTER PROGRAMS	5.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) MARK LEVY BOARD VP DEVELOPMENT	5.00	X						0	0	0
(324) CHARLIE HOLDERMAN BOARD MEMBER	6.00	X						0	0	0
(325) MICHELE LUCUK BOARD MEMBER	1.00	X						0	0	0
(326) JOEL SIEFERT BOARD MEMBER	5.00	X						0	0	0
(327) JOE STEWART BOARD MEMBER	5.00	X						0	0	0
(328) JUDY WYATT BOARD MEMBER	5.00	X						0	0	0
(329) GALE DOXSIE BOARD PRESIDENT	2.00	X		X				0	0	0
(330) WILLIAM MESSER BOARD VICE PRESIDENT	1.00	X		X				0	0	0
(331) DAVID DIMMER BOARD VICE PRESIDENT	1.00	X		X				0	0	0
(332) DAVE KOENIG BOARD TREASURER	2.00	X		X				0	0	0
(333) WILLIAM H. CONLISK BOARD SECRETARY	1.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) RICHARD BAKER BOARD MEMBER	.50	X					0	0	0	
(335) FARLEY K. BANKS BOARD MEMBER	.50	X					0	0	0	
(336) ALEX CATCHINGS BOARD MEMBER	.50	X					0	0	0	
(337) PATTY GELB BOARD MEMBER	.50	X					0	0	0	
(338) ERIC GOLUS BOARD MEMBER	.50	X					0	0	0	
(339) JUDITH KEESEE BOARD MEMBER	.50	X					0	0	0	
(340) RICHARD KENNY BOARD MEMBER	.50	X					0	0	0	
(341) MATT LANGHAM BOARD MEMBER	.50	X					0	0	0	
(342) ELIZABETH LATIMER BOARD MEMBER	.50	X					0	0	0	
(343) REV. TIMOTHY M. STORMS BOARD MEMBER	.50	X					0	0	0	
(344) DIANE WINGER BOARD MEMBER	.50	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(345) CRAIG SILBERG BOARD CHAIR	5.00	X		X				0	0	0
(346) JEFF COPE BOARD VICE-CHAIR	4.00	X		X				0	0	0
(347) DAVID DEARMAN BOARD TREASURER & SECRETARY	4.00	X		X				0	0	0
(348) CHRISTIAN BALDWIN BOARD DIRECTOR	3.00	X						0	0	0
(349) CALVIN BATTLE BOARD DIRECTOR	3.00	X						0	0	0
(350) GALE BOLLINGER BOARD DIRECTOR	3.00	X						0	0	0
(351) JUSTIN BROWN BOARD DIRECTOR	3.00	X						0	0	0
(352) DENNIS CAMERON BOARD DIRECTOR	3.00	X						0	0	0
(353) BEVERLY CASTLEBERRY BOARD DIRECTOR	3.00	X						0	0	0
(354) ALICE DAHLGREN BOARD DIRECTOR	3.00	X						0	0	0
(355) COLLEEN DAME BOARD DIRECTOR	3.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(356) SUSAN DORNBLASER BOARD DIRECTOR	3.00	X					0	0	0	
(357) DAVID FERGUSON BOARD DIRECTOR	3.00	X					0	0	0	
(358) DOUG FRANKLIN BOARD DIRECTOR	3.00	X					0	0	0	
(359) KIM FRENCH BOARD DIRECTOR	3.00	X					0	0	0	
(360) ROB GARRETT BOARD DIRECTOR	3.00	X					0	0	0	
(361) JUDY GIBSON BOARD DIRECTOR	3.00	X					0	0	0	
(362) SCOTT GRAUER BOARD DIRECTOR	3.00	X					0	0	0	
(363) RICK HADRAVA BOARD DIRECTOR	3.00	X					0	0	0	
(364) CHARLIE HARDING BOARD DIRECTOR	3.00	X					0	0	0	
(365) JOHN HICKEY BOARD DIRECTOR	3.00	X					0	0	0	
(366) JIM HOLMAN BOARD DIRECTOR	3.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(367) SALLY HOOD BOARD DIRECTOR	3.00	X						0	0	0
(368) LETITIA JACKSON BOARD DIRECTOR	3.00	X						0	0	0
(369) DAVID LAWSON BOARD DIRECTOR	3.00	X						0	0	0
(370) DAVID LOFTIS BOARD DIRECTOR	3.00	X						0	0	0
(371) DAVID MEANS BOARD DIRECTOR	3.00	X						0	0	0
(372) DAVID MURLETTE BOARD DIRECTOR	3.00	X						0	0	0
(373) DR. WILLIAM ORR BOARD DIRECTOR	3.00	X						0	0	0
(374) KAY PALMER BOARD DIRECTOR	3.00	X						0	0	0
(375) TOM PALMER BOARD DIRECTOR	3.00	X						0	0	0
(376) DE WAYNE PATTERSON BOARD DIRECTOR	3.00	X						0	0	0
(377) ERIN PETERS BOARD DIRECTOR	3.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(378) DR. CALIN PRODAN BOARD DIRECTOR	3.00	X					0	0	0	
(379) JOE RAY BOARD DIRECTOR	3.00	X					0	0	0	
(380) DR. CHANDINI SHARMA BOARD DIRECTOR	3.00	X					0	0	0	
(381) GREGORY SHAW BOARD DIRECTOR	3.00	X					0	0	0	
(382) HARRY SHELIN BOARD DIRECTOR	3.00	X					0	0	0	
(383) JULIE SLOAN BOARD DIRECTOR	3.00	X					0	0	0	
(384) ROY SMITH BOARD DIRECTOR	3.00	X					0	0	0	
(385) LEE SWARTHOUT BOARD DIRECTOR	3.00	X					0	0	0	
(386) SUSAN WALKER BOARD DIRECTOR	3.00	X					0	0	0	
(387) JIM WEBB BOARD DIRECTOR	3.00	X					0	0	0	
(388) PAUL WILLIAMS BOARD DIRECTOR	3.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(389) MATT WILSON BOARD DIRECTOR	3.00	X					0	0	0	
(390) TODD WHATLEY BOARD DIRECTOR	3.00	X					0	0	0	
(391) ADELE TIBERIUS BOARD PRESIDENT	1.00	X		X			0	0	0	
(392) DR. MICHAEL VILLANUEVA BOARD TREASURER	1.00	X		X			0	0	0	
(393) KATHERINE JIMENEZ BOARD SECRETARY	1.00	X		X			0	0	0	
(394) WENDY BOND BOARD MEMBER	.50	X					0	0	0	
(395) ROBERT TOZER BOARD MEMBER	.50	X					0	0	0	
(396) SCOTT BURTON BOARD MEMBER	.50	X					0	0	0	
(397) DAVID WALTERS BOARD MEMBER	.50	X					0	0	0	
(398) JUDY CLARK BOARD MEMBER	.50	X					0	0	0	
(399) GAIL GREBE BOARD MEMBER	.50	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(400) ROBERTA WEBER BOARD MEMBER	.50	X						0	0	0
(401) KURT SCHRADER HONORARY BOARD MEMBER	.50	X						0	0	0
(402) RON WYDEN HONORARY BOARD MEMBER	.50	X						0	0	0
(403) ANDREA CLEARVIN BOARD CHAIR	1.00	X		X				0	0	0
(404) ANDREW HUNT BOARD VICE CHAIR	1.00	X		X				0	0	0
(405) GREG TIGANI BOARD VICE CHAIR	1.00	X		X				0	0	0
(406) DOUG CHAET BOARD SECRETARY	1.00	X		X				0	0	0
(407) CHAD DEHART BOARD TREASURER	1.00	X		X				0	0	0
(408) CHRISTOPHER BIEBERBACH BOARD MEMBER	1.00	X						0	0	0
(409) ADEAN BRIDGES BOARD MEMBER	1.00	X						0	0	0
(410) GEORGE CHAMBERLAIN BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(411) ROBERT CONOVER BOARD MEMBER	1.00	X						0	0	0
(412) CYNTHIA EISEN BOARD MEMBER	1.00	X						0	0	0
(413) STEVE FELDMAN BOARD MEMBER	1.00	X						0	0	0
(414) CHRIS GRUBER BOARD MEMBER	1.00	X						0	0	0
(415) KAREN GURSKI BOARD MEMBER	1.00	X						0	0	0
(416) GEORGE HAGER BOARD MEMBER	1.00	X						0	0	0
(417) DEB HAUGH BOARD MEMBER	1.00	X						0	0	0
(418) DAVID HOFFMAN BOARD MEMBER	1.00	X						0	0	0
(419) RICARDO HURTADO BOARD MEMBER	1.00	X						0	0	0
(420) CAROL LIPPA BOARD MEMBER	1.00	X						0	0	0
(421) ROBERT MARINO BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(422) PATRICK MCKOY BOARD MEMBER	1.00	X					0	0	0	
(423) VAL NUNNENKAMP BOARD MEMBER	1.00	X					0	0	0	
(424) MICHAEL RUSSOMANO BOARD MEMBER	1.00	X					0	0	0	
(425) THOMAS SIBSON BOARD MEMBER	1.00	X					0	0	0	
(426) CARL UNDERLAND BOARD MEMBER	1.00	X					0	0	0	
(427) MICHAEL WALKER BOARD MEMBER	1.00	X					0	0	0	
(428) GORDON WASE BOARD MEMBER	1.00	X					0	0	0	
(429) BEN MUSTIAN BOARD CHAIR	5.00	X		X			0	0	0	
(430) GAIL STOKES BOARD VICE CHAIR	5.00	X		X			0	0	0	
(431) TOM KIRBY BOARD TREASURER	5.00	X		X			0	0	0	
(432) DEB LEWIS BOARD SECRETARY	5.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(433) AMANDA LONG BOARD DIRECTOR	2.00	X						0	0	0
(434) ANNA MANGUM BOARD DIRECTOR	2.00	X						0	0	0
(435) CHARLES BROWN BOARD DIRECTOR	2.00	X						0	0	0
(436) CHARLIE WILLIAMS BOARD DIRECTOR	2.00	X						0	0	0
(437) FORD PEARSE BOARD DIRECTOR	2.00	X						0	0	0
(438) GERALD HUSKAMP BOARD DIRECTOR	2.00	X						0	0	0
(439) JOHN ABSHER BOARD DIRECTOR	2.00	X						0	0	0
(440) JOHN BELISSARY BOARD DIRECTOR	2.00	X						0	0	0
(441) LUCIEN RICHARDSON BOARD DIRECTOR	2.00	X						0	0	0
(442) MARGARET COKER BOARD DIRECTOR	2.00	X						0	0	0
(443) PAUL OKEN BOARD DIRECTOR	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(444) RENE KILBURN BOARD DIRECTOR	2.00	X						0	0	0
(445) SARAH ROWAN BOARD DIRECTOR	2.00	X						0	0	0
(446) SETH ZAMAK BOARD DIRECTOR	2.00	X						0	0	0
(447) WALTON MCLEOD BOARD DIRECTOR	2.00	X						0	0	0
(448) WILLIAM VAN HORN BOARD DIRECTOR	2.00	X						0	0	0
(449) GREG WILCOX BOARD CO-PRESIDENT	1.00	X		X				0	0	0
(450) CRAIG ELLERBROEK BOARD CO-PRESIDENT	1.00	X		X				0	0	0
(451) RUTH SCHEMMELE BOARD SECRETARY	1.00	X		X				0	0	0
(452) COLEEN THOMPSON BOARD TREASURER	1.00	X		X				0	0	0
(453) DR. JAMES BARKER BOARD DIRECTOR	1.00	X						0	0	0
(454) JOCELYN DEPATIE BOARD DIRECTOR	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(455) MICHAEL MCVAY BOARD DIRECTOR	1.00	X					0	0	0	
(456) THOMAS SIMMONS BOARD DIRECTOR	1.00	X					0	0	0	
(457) STEVEN WESSTRA BOARD DIRECTOR	1.00	X					0	0	0	
(458) REBECCA WILSON BOARD DIRECTOR	1.00	X					0	0	0	
(459) KEITH ASHBURN BOARD CHAIRMAN	2.00	X		X			0	0	0	
(460) MATT JOHNSON BOARD VICE CHAIRMAN	2.00	X		X			0	0	0	
(461) STACEY JONES ANGEL BOARD TREASURER	2.00	X		X			0	0	0	
(462) BETTY NEUMAN BOARD SECRETARY	2.00	X		X			0	0	0	
(463) REBECCA CONRAD BOARD PUBLIC POLICY COMMITTEE	2.00	X					0	0	0	
(464) DEDE WILLIS BOARD PUBLIC POLICY COMMITTEE	2.00	X					0	0	0	
(465) GAIL PLUMMER BOARD DEVELOPMENT COMMITTEE	2.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(466) DEBORAH GARRETT BOARD COMPENSATION COMMITTEE	2.00	X					0	0	0	
(467) JEFF OWENS BOARD AUDIT COMMITTEE	2.00	X					0	0	0	
(468) JAY FINEGOLD BOARD MEMBER	2.00	X					0	0	0	
(469) DIANNE ADLETA BOARD MEMBER	2.00	X					0	0	0	
(470) STEVE FOLSOM BOARD MEMBER	2.00	X					0	0	0	
(471) BOB BEZZANT BOARD MEMBER	2.00	X					0	0	0	
(472) KAY HAMMOND BOARD MEMBER	2.00	X					0	0	0	
(473) LAURIE BIDDLE BOARD MEMBER	2.00	X					0	0	0	
(474) SALLY HOGLUND BOARD MEMBER	2.00	X					0	0	0	
(475) DAVID DEALY BOARD MEMBER	2.00	X					0	0	0	
(476) JUDY JARMON DIAMOND BOARD MEMBER	2.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(477) MARY QUICENO BOARD MEMBER	2.00	X						0	0	0
(478) ANNE STARK BOARD MEMBER	2.00	X						0	0	0
(479) NELDA STRONG BOARD MEMBER	2.00	X						0	0	0
(480) BARBARA SYPULT BOARD MEMBER	2.00	X						0	0	0
(481) JACK BROYLES BOARD MEMBER	2.00	X						0	0	0
(482) BOB THOMPSON BOARD MEMBER	2.00	X						0	0	0
(483) E. RAY DINSTEL BOARD CHAIRMAN	1.00	X		X				0	0	0
(484) CAROL A. MANNING, PHD BOARD VICE CHAIRMAN	1.00	X		X				0	0	0
(485) JENNIFER FEIST BOARD TREASURER	1.00	X		X				0	0	0
(486) MONIQUE M. SHOLES, MA, LHNA BOARD SECRETARY	1.00	X		X				0	0	0
(487) BRIAN B. PHELPS BOARD DIRECTOR	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(488) RON FEINMAN, ESQUIRE BOARD DIRECTOR	1.00	X						0	0	0
(489) VINCENT CIBBARELLI, PHD BOARD DIRECTOR	1.00	X						0	0	0
(490) ROGER BOLES BOARD DIRECTOR	1.00	X						0	0	0
(491) BARRY N. MOORE, PHD BOARD DIRECTOR	1.00	X						0	0	0
(492) MARGIE SHAVER BOARD DIRECTOR	1.00	X						0	0	0
(493) JEFFERY D. ULMER, CPA BOARD DIRECTOR	1.00	X						0	0	0
(494) WILLIAM L. HOWARD BOARD DIRECTOR	1.00	X						0	0	0
(495) DAVID R. STEPHENS BOARD CHAIR	6.00	X		X				0	0	0
(496) MARION E. BACKUS BOARD VICE CHAIR	8.00	X		X				0	0	0
(497) GLENN A. JENNER BOARD TREASURER	2.00	X		X				0	0	0
(498) JOHN H. KELLAM BOARD SECRETARY	2.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(499) KELLEY R. WILLIAMS PEARSON BOARD DIRECTOR	1.00	X					0	0	0	
(500) SHANNON KANE BOARD DIRECTOR	1.00	X					0	0	0	
(501) JAMIE ALBANO BOARD DIRECTOR	1.00	X					0	0	0	
(502) LEE JAMERSON BOARD DIRECTOR	2.00	X					0	0	0	
(503) KATRINA PARKER BOARD DIRECTOR	2.00	X					0	0	0	
(504) BETTY JO ROBERTS BOARD DIRECTOR	2.00	X					0	0	0	
(505) LISA DECOSTE BOARD DIRECTOR	2.00	X					0	0	0	
(506) SCOTT N. ALPERIN BOARD DIRECTOR	1.00	X					0	0	0	
(507) HUGH D. COHEN BOARD DIRECTOR	1.00	X					0	0	0	
(508) LINDA DYER BOARD DIRECTOR	1.00	X					0	0	0	
(509) JORDAN SMYTH, JR. BOARD CHAIR	2.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(510) DAVID HADDOCK BOARD VICE CHAIR	2.00	X		X				0	0	0
(511) JODI LYONS BOARD SECRETARY	2.00	X		X				0	0	0
(512) ERIC STEINMILLER BOARD FINANCE CHAIR	2.00	X						0	0	0
(513) MICHAEL L. HERRINTON BOARD AUDIT CHAIR	2.00	X						0	0	0
(514) DR. JAMES BICKSEL BOARD DIRECTOR	2.00	X						0	0	0
(515) MARK BIERBOWER BOARD DIRECTOR	2.00	X						0	0	0
(516) PATRICK BRANNELLY BOARD DIRECTOR	2.00	X						0	0	0
(517) TIMOTHY F. BELANGER BOARD DIRECTOR	2.00	X						0	0	0
(518) ANNE P. CONSTANT, ED.D. BOARD DIRECTOR	2.00	X						0	0	0
(519) JANE OTTENBERG BOARD DIRECTOR	2.00	X						0	0	0
(520) GREG WHITE BOARD DIRECTOR	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(521) PETER ABRAHAMS BOARD DIRECTOR	2.00	X					0	0	0	
(522) ALEX BOURELLY BOARD DIRECTOR	2.00	X					0	0	0	
(523) LAINIE BUXTON MULLER BOARD DIRECTOR	2.00	X					0	0	0	
(524) JULIE PANGELINAN BOARD DIRECTOR	2.00	X					0	0	0	
(525) TOM WIITHMAN BOARD DIRECTOR	2.00	X					0	0	0	
(526) MARILYN TUCKER BOARD DIRECTOR	2.00	X					0	0	0	
(527) MARIE KOLENDO BOARD PRESIDENT	5.00	X		X			0	0	0	
(528) ANDREA YORK BOARD VICE PRESIDENT	5.00	X		X			0	0	0	
(529) STEVEN ZABEL BOARD TREASURER	5.00	X		X			0	0	0	
(530) BRENDA MITCHELL BOARD SECRETARY	2.00	X		X			0	0	0	
(531) HATTIE BARLEY BOARD MEMBER	2.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(532) DIANA BRIGHT BOARD MEMBER	2.00	X						0	0	0
(533) PHEOBE HALL BOARD MEMBER	2.00	X						0	0	0
(534) MATT HARPER BOARD MEMBER	2.00	X						0	0	0
(535) FRANK MCCARTHY BOARD MEMBER	2.00	X						0	0	0
(536) JUDITH OBRIEN BOARD MEMBER	2.00	X						0	0	0
(537) MYRA GOODMAN SMITH BOARD MEMBER	2.00	X						0	0	0
(538) CHRISTY WALSH-SMITH BOARD MEMBER	2.00	X						0	0	0
(539) BETTY FAHAD BOARD MEMBER	2.00	X						0	0	0
(540) BARBARA SHAW BOARD CHAIR	2.00	X		X				0	0	0
(541) CHRISTOPHER GRUENFELD BOARD VICE CHAIR	2.00	X		X				0	0	0
(542) ABBE RUBIN BOARD SECRETARY/TREASURER	2.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(543) ELLEN COLE BOARD MEMBER	1.00	X						0	0	0
(544) DAN COLLIN BOARD MEMBER	1.00	X						0	0	0
(545) JOHN M. ESPINOLA, MD BOARD MEMBER	1.00	X						0	0	0
(546) DENNIS MAHAR BOARD MEMBER	1.00	X						0	0	0
(547) MYRIAM T. MARQUEZ BOARD MEMBER	1.00	X						0	0	0
(548) STEVE MEYER BOARD MEMBER	1.00	X						0	0	0
(549) PETE MINDEN BOARD MEMBER	1.00	X						0	0	0
(550) THOMAS J. MONTINE, M.D., PHD BOARD MEMBER	1.00	X						0	0	0
(551) RON PILAND BOARD MEMBER	1.00	X						0	0	0
(552) KRISTFFER RHOADS, PHD BOARD MEMBER	1.00	X						0	0	0
(553) JERRY WALKER BOARD PRESIDENT	2.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(554) EDWARD MARTIN BOARD 1ST VICE PRESIDENT	1.00	X		X				0	0	
(555) TERESA MILLER BOARD 2ND VICE PRESIDENT	1.00	X		X				0	0	
(556) DAVID HIGGINS BOARD SECRETARY	1.00	X		X				0	0	
(557) BARRY DOBSON BOARD TREASURER	1.00	X		X				0	0	
(558) LAURA BOONE BOARD DIRECTOR	.50	X						0	0	
(559) CHAD BROADWATER BOARD DIRECTOR	.50	X						0	0	
(560) MARK DAVIS BOARD DIRECTOR	.50	X						0	0	
(561) NANCY DODSON BOARD DIRECTOR	.50	X						0	0	
(562) SONIA BAILEY GIBSON BOARD DIRECTOR	.50	X						0	0	
(563) ROBERTA GREEN BOARD DIRECTOR	.50	X						0	0	
(564) SHANNA HALL BOARD DIRECTOR	.50	X						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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(565) SHERYL HOLDREN BOARD DIRECTOR	.50	X						0	0	
(566) CANDACE JONES BOARD DIRECTOR	.50	X						0	0	
(567) WALLACE SUTTLE BOARD DIRECTOR	.50	X						0	0	
(568) ANGELA VANCE BOARD DIRECTOR	.50	X						0	0	
(569) JULIE WARDEN BOARD DIRECTOR	.50	X						0	0	
(570) GAYLE TWIGGER SHAW BOARD DIRECTOR	.50	X						0	0	
(571) SANDRA VANIN BOARD DIRECTOR	.50	X						0	0	
(572) RANDALL WRIGHT BOARD DIRECTOR	.50	X						0	0	
(573) ANNETTE ZAVAREEI BOARD DIRECTOR	.50	X						0	0	
(574) BRAD BECKMAN BOARD PRESIDENT	.50	X		X				0	0	
(575) DIANA BROWN BOARD VICE PRESIDENT	.50	X		X				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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(576) DAVID LORITZ BOARD TREASURER	.50	X		X				0	0	0
(577) KATIE DYKES BOARD SECRETARY	.50	X		X				0	0	0
(578) JIM BRUST BOARD DIRECTOR	.50	X						0	0	0
(579) STEPHANIE LA PLANT BOARD DIRECTOR	.50	X						0	0	0
(580) PAT RICHARDSON BOARD DIRECTOR	.50	X						0	0	0
(581) SHANNON TODD BOARD DIRECTOR	.50	X						0	0	0
(582) JACKIE WALEN BOARD DIRECTOR	.50	X						0	0	0
(583) DANIEL WALSH BOARD DIRECTOR	.50	X						0	0	0
(584) BONNIE WEYERS BOARD DIRECTOR	.50	X						0	0	0
(585) LARRY WHITE BOARD DIRECTOR	.50	X						0	0	0
(586) ELLEN DIZARD BOARD PRESIDENT	1.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(587) MARK STENZEL BOARD VICE PRESIDENT	1.00	X		X				0	0	0
(588) SUE COLEGROVE BOARD SECRETARY	1.00	X		X				0	0	0
(589) DALE MUEHL, CPA BOARD TREASURER	1.00	X		X				0	0	0
(590) TOM BAYLERIAN BOARD DIRECTOR	1.00	X						0	0	0
(591) PEARLEAN CANNON BOARD DIRECTOR	1.00	X						0	0	0
(592) AL CASTRO BOARD DIRECTOR	1.00	X						0	0	0
(593) JIM DAVIS BOARD DIRECTOR	1.00	X						0	0	0
(594) LYN GEBOY BOARD DIRECTOR	1.00	X						0	0	0
(595) BRIAN HENNING BOARD DIRECTOR	1.00	X						0	0	0
(596) PHILLIP E. HICKMAN BOARD DIRECTOR	1.00	X						0	0	0
(597) JOHN KUROWSKI BOARD DIRECTOR	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(598) BRUCE LINDL BOARD DIRECTOR	1.00	X					0	0	0	
(599) RICHARD LONDON, MD BOARD DIRECTOR	1.00	X					0	0	0	
(600) BETH MEYER-ARNOLD BOARD DIRECTOR	1.00	X					0	0	0	
(601) MARIA MONREAL-CAMERON BOARD DIRECTOR	1.00	X					0	0	0	
(602) JAMES R. MUELLER BOARD DIRECTOR	1.00	X					0	0	0	
(603) ALLYSON OLIVIER BOARD DIRECTOR	1.00	X					0	0	0	
(604) KATHY PERTL BOARD DIRECTOR	1.00	X					0	0	0	
(605) DAVID B. SCHULZ BOARD DIRECTOR	1.00	X					0	0	0	
(606) JANET BUTTS BOARD PRESIDENT	2.00	X		X			0	0	0	
(607) MARSHALL BELAGA BOARD VICE PRESIDENT	2.00	X		X			0	0	0	
(608) SUSAN GRAVES BOARD TREASURER	2.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(609) CELIA MANLEY BOARD ASSISTANT TREASURER	2.00	X		X				0	0	0
(610) ANGELA SKINNER BOARD SECRETARY	2.00	X		X				0	0	0
(611) JANICE KNIGHT BOARD DIRECTOR	2.00	X						0	0	0
(612) NIKKI BEVON BOARD DIRECTOR	2.00	X						0	0	0
(613) ASHLEY HARRIS BOARD DIRECTOR	2.00	X						0	0	0
(614) CYNTHIA LUTHER BOARD DIRECTOR	2.00	X						0	0	0
(615) PAMALA WILSON BOARD DIRECTOR	2.00	X						0	0	0
(616) WILLIAM MEEKS BOARD DIRECTOR	2.00	X						0	0	0
(617) MELANIE FORTENBERRY BOARD DIRECTOR	2.00	X						0	0	0
(618) CLAYTON BULLOCK BOARD DIRECTOR	2.00	X						0	0	0
(619) BRUCE DUNCAN BOARD CHAIRMAN	1.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(620) SHAUN STAUFFER BOARD VICE CHAIRMAN	1.00	X		X				0	0	0
(621) GEORGE JENSEN BOARD TREASURER	1.00	X		X				0	0	0
(622) MELINDA VANCE BOARD SECRETARY	1.00	X		X				0	0	0
(623) CONNIE LATTA BOARD MEMBER	1.00	X						0	0	0
(624) ALAN JOHNSTON BOARD MEMBER	1.00	X						0	0	0
(625) PATRICIA OLENICK BOARD MEMBER	1.00	X						0	0	0
(626) DEREK SMITH BOARD MEMBER	1.00	X						0	0	0
(627) FAYE WEAVER BOARD MEMBER	1.00	X						0	0	0
(628) AL WIGGINS BOARD MEMBER	1.00	X						0	0	0
(629) BRAD HINTON BOARD MEMBER	1.00	X						0	0	0
(630) JAMES COLLINS BOARD MEMBER	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization										24

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(631) LAURA HALL BOARD MEMBER	1.00	X					0	0	
(632) MIKE BRENT BOARD MEMBER	1.00	X					0	0	
(633) MELISSA SISLER BOARD CHAIR	2.00	X		X			0	0	
(634) TOM SAUBER BOARD VICE CHAIR	1.00	X		X			0	0	
(635) DEBBIE RUSSELL BOARD TREASURER	1.00	X		X			0	0	
(636) DEBBIE MINER BOARD SECRETARY	1.00	X		X			0	0	
(637) CURT FORD BOARD IMMEDIATE PAST CHAIR	1.00	X		X			0	0	
(638) DINA BICKELL BOARD MEMBER	.50	X					0	0	
(639) HEIDI GOETTSCHE BOARD MEMBER	.50	X					0	0	
(640) STEVE HABENICHT BOARD MEMBER	.50	X					0	0	
(641) DARHINI JAYAWARDENA BOARD MEMBER	.50	X					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
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(642) PEGGY JENKINS BOARD MEMBER	.50	X					0	0	0	
(643) MIKE MORRIS BOARD MEMBER	.50	X					0	0	0	
(644) CHAR SCHLEPP BOARD MEMBER	.50	X					0	0	0	
(645) HEIKE SCHMOLCK BOARD MEMBER	.50	X					0	0	0	
(646) DAVID SWINTON BOARD MEMBER	.50	X					0	0	0	
(647) STAN THURSTON BOARD MEMBER	.50	X					0	0	0	
(648) WILLIAM FISHER CEO	40.00			X			200,066.	0	21,941.	
(649) BRUCE LYAU DIRECTOR OF FINANCE	40.00			X			104,625.	0	14,639.	
(650) LINDA MITCHELL PRESIDENT/CEO	50.00			X			145,553.	0	5,473.	
(651) KEITH SWANSON VICE PRESIDENT OF FINANCE	40.00			X			108,062.	0	12,869.	
(652) ELEONORA TORNATORE-MIKESH EXECUTIVE DIRECTOR	45.00			X			32,600.	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
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(653) JAMES VUMBACO CFO	45.00			X				77,852.	0	14,471.
(654) ELLEN BROWN CEO	40.00			X				95,821.	0	9,114.
(655) GRACE GRANT-BROWN COO	40.00			X				89,000.	0	6,719.
(656) KATHRYN REDINGTON CEO	40.00			X				87,941.	0	9,426.
(657) JESSICA FEAZELL DIRECTOR OF FINANCE & OPER	40.00			X				53,062.	0	7,526.
(658) CHRISTINE PAYNE EXECUTIVE DIRECTOR/CEO	40.00			X				62,915.	0	6,724.
(659) NIKKI VULGARIS-RODRIGUEZ EXECUTIVE DIRECTOR	40.00			X				75,126.	0	1,530.
(660) ERNA COLBORN PRESIDENT & CEO	40.00			X				195,292.	0	39,300.
(661) JANET DEVLIN CFO	40.00			X				118,477.	0	17,829.
(662) HEATHER HERSHBERGER EXECUTIVE DIRECTOR	40.00			X				144,977.	0	23,494.
(663) WANDA LEW FINANCE & OPERATIONS DIRECTOR	40.00			X				105,370.	0	3,572.
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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(664) KELLY HAUER EXECUTIVE DIRECTOR	37.50			X			72,000.	0	0	
(665) MARSHA HILLS EXECUTIVE DIRECTOR	40.00			X			61,461.	0	0	
(666) DYANA SCHAEFER FINANCE DIRECTOR	40.00			X			42,636.	0	0	
(667) LAURIE TRENHOLM EXECUTIVE DIRECTOR	40.00			X			83,796.	0	10,872.	
(668) DEBRA R. BROOK EXECUTIVE DIRECTOR	50.00			X			105,000.	0	6,357.	
(669) JANET HORN OPERATIONS & FINANCE DIRECTOR	50.00			X			57,500.	0	6,357.	
(670) DUANE GROSS EXECUTIVE DIRECTOR	40.00			X			89,844.	0	5,557.	
(671) DEBBIE SOULA FINANCE DIRECTOR	40.00			X			32,000.	0	2,400.	
(672) ELAINE SPROAT PRESIDENT/CEO	35.00			X			94,530.	0	8,037.	
(673) JENNIFER SCHEUERMANN VP, FINANCE & OPERATIONS	35.00			X			68,996.	0	3,377.	
(674) DAVID MIDLAND PRESIDENT/CEO	40.00			X			109,067.	0	9,191.	
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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(675) HANNELORE STEVENS CONTROLLER	34.00			X			55,026.	0	7,149.	
(676) LEILANI J. PELLEITER, MB EXECUTIVE DIRECTOR	40.00			X			70,272.	0	5,760.	
(677) COLLEEN M. WENZEL FINANCE DIRECTOR	40.00			X			43,835.	0	5,760.	
(678) PAMELA SCHUELLERMAN EXECUTIVE DIRECTOR	40.00			X			84,004.	0	8,355.	
(679) JOAN SILLASEN FINANCE DIRECTOR	40.00			X			56,518.	0	63.	
(680) NANCY B. UDELSON EXECUTIVE DIRECTOR	40.00			X			105,264.	0	14,900.	
(681) NANCY A. DOUGLAS FINANCE DIR. JUL-FEB 2013	40.00			X			77,934.	0	13,807.	
(682) CHRIS M. CHELINE FINANCE DIRECTOR	40.00			X			0	0	0	
(683) KENNETH STRONG, JR EXECUTIVE DIRECTOR	40.00			X			95,021.	0	6,654.	
(684) NANETTE MANN ARRIAGA FINANCE DIRECTOR	40.00			X			67,120.	0	4,377.	
(685) ERIC VANVLYMEN EXECUTIVE DIRECTOR	37.50			X			84,873.	0	6,422.	
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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(686) JUDITH FOWLER FINANCE DIRECTOR	37.50			X			71,608.	0	9,919.	
(687) SALLI BOLLIN EXECUTIVE DIRECTOR	40.00			X			74,340.	0	17,429.	
(688) MARK FRIED PRESIDENT & CEO	40.00			X			109,117.	0	7,536.	
(689) KATE SCRUGGS DIRECTOR OF FINANCE	40.00			X			33,637.	0	5,532.	
(690) KATHLEEN CODY EXECUTIVE DIRECTOR	40.00			X			76,375.	0	0	
(691) WENDY L. CAMPBELL PRESIDENT & CEO	37.50			X			120,605.	0	9,450.	
(692) REGINA BRADSON VP FINANCE & OPERATIONS	37.50			X			72,945.	0	5,530.	
(693) CINDY ALEWINE PRESIDENT/CEO	40.00			X			87,163.	0	2,868.	
(694) VELMA HAGGAN VP FINANCE & OPERATIONS	40.00			X			53,400.	0	1,605.	
(695) JANE ASPAAS EXECUTIVE DIRECTOR	40.00			X			51,000.	0	0	
(696) MIKE SPENCER PRESIDENT/CEO JUL-DEC 2012	55.00			X			118,699.	0	7,606.	
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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(697) BECKY PRINCE PRESIDENT/CEO	50.00			X			0	0	0	
(698) JANICE ESTES FINANCE DIR. JUL-MAY 2013	50.00			X			89,450.	0	7,096.	
(699) STEVE KROLL FINANCE DIRECTOR	50.00			X			0	0	0	
(700) SUSAN B. FRIEDMAN PRESIDENT/CEO	40.00			X			84,055.	0	2,522.	
(701) GINO V. COLOMBARA PRESIDENT & CEO	40.00			X			66,060.	0	2,365.	
(702) PATRICIA LACEY COO	40.00			X			49,624.	0	2,332.	
(703) SUSAN KUDLA FINN PRESIDENT & CEO	40.00			X			185,421.	0	20,103.	
(704) BEN KORDESTANI CFO & COO	40.00			X			133,297.	0	16,970.	
(705) SUSAN CHERNEY VP OF DEVELOPMENT	40.00			X			137,503.	0	13,247.	
(706) SHARON PETERSON CEO	50.00			X			91,997.	0	4,265.	
(707) KEVIN NORTHROP DIRECTOR OF FINANCE & OPER	50.00			X			70,016.	0	3,460.	
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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(708) ROBERT M. LE ROY PRESIDENT/CEO	40.00			X				144,230.	0	7,644.
(709) BETH HARVEY DIRECTOR OF FINANCE & ADMIN	40.00			X				27,743.	0	1,911.
(710) JANE MARKS EXECUTIVE DIRECTOR	40.00			X				60,000.	0	0
(711) KIM KINNER EXECUTIVE DIRECTOR	40.00			X				75,358.	0	1,095.
(712) THOMAS HLAVACEK EXECUTIVE DIRECTOR	40.00			X				103,228.	0	19,479.
(713) CHRISTINA PACKARD DIRECTOR OF FINANCE & HR	40.00			X				62,688.	0	20,369.
(714) MARY ""PATTY"" DUNN EXECUTIVE DIRECTOR	40.00			X				57,141.	0	6,180.
(715) GLENDA BERRY PRESIDENT\CEO JUL-DEC 2012	37.50			X				106,710.	0	5,400.
(716) CAROL SIFPLE EXECUTIVE DIRECTOR	50.00			X				98,002.	0	6,004.
(717) HOLLY BRADFORD FINANCE DIRECTOR	40.00			X				58,166.	0	9,022.
(718) ROBYN MOORE CHIEF DEVELOPMENT OFFICER	40.00					X		111,580.	0	12,960.
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**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(719) CHERYL PARRISH VICE PRESIDENT OF PROGRAMS	40.00					X	100,235.	0	12,501.	
(720) LISA LEE VICE PRESIDENT, DEVELOPMENT	40.00					X	106,685.	0	16,830.	
(721) MELANIE CHAVIN VICE PRESIDENT, PROGRAMS	40.00					X	102,125.	0	23,143.	
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**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 2,058,048.				
	b Membership dues	1 b 4,100.				
	c Fundraising events	1 c 4,539,027.				
	d Related organizations	1 d 499,878.				
	e Government grants (contributions)	1 e 5,379,412.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 49,782,370.				
	g Noncash contributions included in lns 1a-1f: \$	298,502.				
	h Total. Add lines 1a-1f	▶ 62,262,835.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a CONSUMER EDUCATION	624100	2,365,250.	2,365,250.	0.	0.
	b RESPITE PROGRAMS	624100	781,357.	781,357.	0.	0.
	c CARE CONSULTATION	624100	235,235.	235,235.	0.	0.
	d EARLY STAGE PROGRAMMING	624100	183,816.	183,816.	0.	0.
	e INFORMATION/REFERRAL	624100	61,591.	61,591.	0.	0.
	f All other program service revenue		622,413.	622,413.	0.	0.
	g Total. Add lines 2a-2f	▶	4,249,662.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		978,969.	0.	0.	978,969.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7,864,837.			
		(ii) Other	745,368.			
		b Less: cost or other basis and sales expenses	7,238,506.	1,141,445.		
		c Gain or (loss)	626,331.	-396,077.		
	d Net gain or (loss)	▶	230,254.	0.	0.	230,254.
	8 a Gross income from fundraising events (not including \$ 4,539,027. of contributions reported on line 1c). See Part IV, line 18.	a	906,141.			
	b Less: direct expenses	b	1,259,082.			
c Net income or (loss) from fundraising events	▶	-352,941.		0.	-352,941.	
9 a Gross income from gaming activities. See Part IV, line 19.	a	91,206.				
b Less: direct expenses	b	20,908.				
c Net income or (loss) from gaming activities	▶	70,298.	0.	0.	70,298.	
10 a Gross sales of inventory, less returns and allowances	a	40,530.				
b Less: cost of goods sold	b	29,080.				
c Net income or (loss) from sales of inventory	▶	11,450.	6,873.	0.	4,577.	
Miscellaneous Revenue		Business Code				
11 a CALIFORNIA COUNCIL	900099	139,021.	139,021.	0.	0.	
b AFFILIATE REVENUE	900099	51,010.	0.	0.	51,010.	
c ADVERTISING	900099	3,850.	0.	3,850.	0.	
d All other revenue		105,579.	23,446.	0.	82,133.	
e Total. Add lines 11a-11d	▶	299,460.				
12 Total revenue. See instructions		67,749,987.	4,419,002.	3,850.	1,064,300.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	127,208.	127,208.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,456,188.	1,456,188.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees	6,964,428.	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).				
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	Payroll taxes	3,001,174.	2,363,678.	233,673.	403,823.
11	Fees for services (non-employees):				
a	Management	172,518.	122,944.	8,732.	40,842.
b	Legal	81,889.	59,803.	15,807.	6,279.
c	Accounting	849,286.	324,147.	435,974.	89,165.
d	Lobbying	165,520.	165,520.	0.	0.
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	206,104.	104,461.	94,872.	6,771.
g	Other. (If line 11g amt exceeds 10% of line 25, column (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				
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	Insurance	304,435.	214,672.	52,964.	36,799.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM EXPENSE	104,061.	104,061.	0.	0.
b	PLEDGE WRITE-OFFS	244,981.	55,968.	171,995.	17,018.
c					
d					
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	1,154,320.	629,629.	1,358.	523,333.

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
ASSETS	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		7	
	8	Inventories for sale or use	17,351.	8	26,288.
	9	Prepaid expenses and deferred charges	874,434.	9	948,970.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,945,432.		
	b	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		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.	
LIABILITIES	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		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.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and 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 <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	68,987,622.	33	64,568,976.	
34	Total liabilities and net assets/fund balances.	78,909,343.	34	74,382,697.	

BAA

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,749,987.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,734,993.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,985,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,987,622.
5	Net unrealized gains (losses) on investments	5	1,970,418.
6	Donated services and use of facilities	6	3,190.
7	Investment expenses	7	
8	Prior period adjustments	8	69,616.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,476,864.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	64,568,976.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

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

Open to Public Inspection

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
--	---

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

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	76,355,603.	73,509,025.	69,489,983.	65,382,775.	62,262,835.	347,000,221.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	76,355,603.	73,509,025.	69,489,983.	65,382,775.	62,262,835.	347,000,221.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						347,000,221.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	76,355,603.	73,509,025.	69,489,983.	65,382,775.	62,262,835.	347,000,221.
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.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				850.	3,074.	3,924.
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						362,082,408.
12 Gross receipts from related activities, etc (see instructions)					12	4,441,111.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	95.83 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	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 ▶ <input checked="" type="checkbox"/>		
16b 33-1/3% support test – 2011. 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 qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17b 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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supplemental Information. 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 of Contributors

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

2012

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

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ ----- 60,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ ----- 56,408.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ ----- 42,914.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ ----- 91,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 76,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 90,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 186,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 143,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 77,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 30,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ 88,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	----- ----- -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ ----- 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	----- ----- -----	\$ ----- 35,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	----- ----- -----	\$ ----- 96,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	----- ----- -----	\$ ----- 89,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	----- ----- -----	\$ ----- 88,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ ----- 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ ----- 30,059.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ ----- 163,078.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ ----- 170,214.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ ----- 43,927.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ ----- 37,553.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	----- ----- -----	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	----- ----- -----	\$ 51,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	----- ----- -----	\$ 52,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	----- ----- -----	\$ 117,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 26,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 103,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 167,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 1,046,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 92,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 77,104.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ ----- 63,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	----- ----- -----	\$ ----- 216,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	----- ----- -----	\$ ----- 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	----- ----- -----	\$ ----- 357,033.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 81,933.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 17,202.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 97,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 499,878.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 122,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	----- ----- -----	\$ ----- 101,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	----- ----- -----	\$ ----- 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	----- ----- -----	\$ ----- 23,945.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	----- ----- -----	\$ ----- 13,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	----- ----- -----	\$ ----- 54,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	----- ----- -----	\$ ----- 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	----- ----- -----	\$ ----- 56,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	----- ----- -----	\$ ----- 86,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	----- ----- -----	\$ ----- 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	----- ----- -----	\$ ----- 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	----- ----- -----	\$ ----- 59,884.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	----- ----- -----	\$ ----- 20,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	----- ----- -----	\$ ----- 59,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	----- ----- -----	\$ ----- 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	----- ----- -----	\$ ----- 66,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	----- ----- -----	\$ ----- 50,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	----- ----- -----	\$ ----- 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	----- ----- -----	\$ ----- 90,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	 	\$ 34,114.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	 	\$ 47,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	 	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	 	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	 	\$ 112,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	----- ----- -----	\$ 26,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	----- ----- -----	\$ 36,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	----- ----- -----	\$ 73,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	----- ----- -----	\$ ----- 23,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	----- ----- -----	\$ ----- 360,491.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	----- ----- -----	\$ ----- 270,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	----- ----- -----	\$ ----- 539,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	----- ----- -----	\$ ----- 56,280.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 27,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110		\$ 50,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111		\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112		\$ 49,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114		\$ 33,359.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	----- ----- -----	\$ ----- 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	----- ----- -----	\$ ----- 15,983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	----- ----- -----	\$ ----- 41,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	----- ----- -----	\$ ----- 39,623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	----- ----- -----	\$ 185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	----- ----- -----	\$ 180,902.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	----- ----- -----	\$ 67,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	----- ----- -----	\$ 28,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	----- ----- -----	\$ 100,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	----- ----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	----- ----- ----- -----	\$ ----- 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	----- ----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	----- ----- ----- -----	\$ ----- 60,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	----- ----- ----- -----	\$ ----- 35,104.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	----- ----- ----- -----	\$ ----- 51,282.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 64,645.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134		\$ 45,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135		\$ 103,849.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136		\$ 95,636.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137		\$ 52,700.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138		\$ 68,945.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	----- ----- -----	\$ ----- 97,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141	----- ----- -----	\$ ----- 20,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142	----- ----- -----	\$ ----- 196,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143	----- ----- -----	\$ ----- 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144	----- ----- -----	\$ ----- 30,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146	----- ----- -----	\$ 15,381.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147	----- ----- -----	\$ 19,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148	----- ----- -----	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ See separate instructions.

Open to Public Inspection

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

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

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

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

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

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

Name of organization ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	Employer identification number 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.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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

Part IV Supplemental Information (continued)

AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES, BUSINESSES
AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE COMING CLOSE TO FINDING
BETTER TREATMENTS THAT COULD DRASTICALLY ALTER THE COURSE OF THE
DISEASE. THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES
AIMED AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION,
METHODS OF PREVENTION AND ULTIMATELY A CURE, AS WELL AS FOR HEALTH
AND LONG-TERM COVERAGE TO ENSURE HIGH QUALITY COST EFFECTIVE CARE
FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. MORE THAN
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)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

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

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

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	7,734,169.	7,617,056.	6,701,294.	4,303,004.	3,665,995.
b Contributions	543,550.	652,144.	309,660.	2,461,101.	844,567.
c Net investment earnings, gains, and losses	753,910.	120,792.	954,935.	282,988.	-144,735.
d Grants or scholarships	-6,968.	0.	554.	0.	
e Other expenditures for facilities and programs	391,711.	643,290.	333,342.	337,215.	59,076.
f Administrative expenses	86,472.	12,533.	14,937.	8,584.	3,747.
g End of year balance	8,560,414.	7,734,169.	7,617,056.	6,701,294.	4,303,004.

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	6,000.	40,101.	180,393.	46,101.
b Buildings		1,166,884.	856,421.	986,491.
c Leasehold improvements		1,582,049.	4,319,564.	725,628.
d Equipment		5,281,484.	620,106.	961,920.
e Other		868,914.		248,808.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,968,948.

Part VII Investments – Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST/SPLIT INTEREST AGREEMENTS	8,179,672.
(2) CASH SURRENDER VALUE-LIFE INSURANCE POLICY	133,468.
(3) GIFT ANNUITIES	36,333.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	8,349,473.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER UNITRUST AGREEMENT	858,738.
(3) DEFERRED RENT	219,587.
(4) DEFERRED COMPENSATION	46,954.
(5) GIFT ANNUITIES	32,455.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	1,157,734.

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

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

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

Part XIII Supplemental Information

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

Pt V Line 4 PT V ENDOWMENT FUNDS

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

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

Part XIII Supplemental 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 PAYMENTS.

SOUTHEAST FLORIDA CHAPTER -

100% PERMANENT ENDOWMENT.

ENDOWMENT FUNDS ARE USED TO FUND PROGRAMS, SERVICES, AND OPERATIONS.

CENTRAL AND NORTH FLORIDA CHAPTER -

100% PERMANENT ENDOWMENT

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

ALOHA CHAPTER -

12% BOARD DESIGNATED OR QUASI-ENDOWMENT

88% PERMANENT ENDOWMENT

THE FERN HAYES ENDOWMENT (\$100,000) SUPPORTS THE PURCHASE OF BOOKS ON ALZHEIMER'S DISEASE FOR LIBRARIES ON THE ISLAND OF KAUAI. THE QUASI-ENDOWMENT (\$13,675) IS SPECIFICALLY FOR THE USE OF BOOKS, NEWSLETTERS, AND OUTREACH.

EAST CENTRAL IOWA CHAPTER -

100% BOARD DESIGNATED OR QUASI-ENDOWMENT

THE FUND WAS CREATED WITH PROCEEDS FROM VARIOUS MONEY MARKET

ACCOUNTS USED FOR CASH RESERVE PURPOSES WITH THE INTENT OF CREATING

Part XIII Supplemental Information (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 ASSOCIATION.

ROCHESTER CHAPTER -

45% BOARD DESIGNATED OR QUASI-ENDOWMENT

30% PERMANENT ENDOWMENT

25% TEMPORARILY RESTRICTED ENDOWMENT

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

WESTERN NEW YORK CHAPTER -

100% PERMANENT ENDOWMENT

THE ENDOWMENT WILL BE HELD AS A PERMANENT ENDOWMENT FOR THE FORSEEABLE FUTURE. EARNINGS ARE RETURNED AND USED FOR OPERATIONS.

CLEVELAND AREA CHAPTER -

99.99% BOARD DESIGNATED OR QUASI-ENDOWMENT

00.01% PERMANENT ENDOWMENT

THE CHAPTER KEEPS ONE YEAR IN A QUASI-ENDOWMENT AS CASH RESERVES. THE EXCESS RESERVES ARE GOING TO BE UTILIZED FOR UPCOMING PROGRAMS BASED ON BOARD DESIGNATED PRIORITIES. \$1,000, WHICH IS PART OF THE CHAPTER'S ENDOWMENT FUNDS, IS PERMANENTLY RESTRICTED.

CENTRAL OHIO CHAPTER -

100% PERMANENT ENDOWMENT

Part XIII Supplemental Information (continued)

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

OKLAHOMA/ARKANSAS CHAPTER -

11% BOARD DESIGNATED OR QUASI-ENDOWMENT

89% PERMANENT ENDOWMENT

THE INITIAL ENDOWMENT FUNDS WERE RECEIVED IN THE PAST YEAR, THEREFORE THE ASSOCIATION IS IN THE PROCESS OF IMPLEMENTING A POLICY OF APPROPRIATING ITS ENDWOMENT FUND FOR DISTRIBUTION. THE DISTRIBUTION POLICY WILL REQUIRE THE APPROVAL OF THE FINANCE COMMITTEE. IN ESTABLISHING THE POLICY, THE ASSOCIATION WILL CONSIDER THE LONG-TERM EXPECTED RETURN ON THE ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, THE ASSOCIATION EXPECTS ITS SPENDING POLICY TO ALLOW ITS ENDOWMENTS TO GROW. THIS IS CONSISTENT WITH THE ASSOCIATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH GIFTS AND INVESTMENT RETURN.

OREGON CHAPTER -

99% PERMANENT ENDOWMENT

Part XIII Supplemental Information (continued)

1% TEMPORARILY RESTRICTED ENDOWMENT

THE ENDOWMENT IS USED FOR RESPITE CARE FOR THE MCGINTY CONFERENCE.

ONLY THE INTEREST EARNED ON THE ENDOWMENT CAN BE USED.

DELAWARE VALLEY CHAPTER -

10% PERMANENT ENDOWMENT

90% TEMPORARILY RESTRICTED ENDOWMENT

THE ENDOWMENT INCOME SUPPORTS GENERAL OPERATIONS AND ADVOCACY EFFORTS.

SOUTH CAROLINA CHAPTER -

100% BOARD DESIGNATED OR QUASI-ENDOWMENT

THE ENDOWMENT FUNDS ARE UNRESTRICTED, THUS THE PAYOUTS

FROM THE ENDOWMENTS ARE USED FOR OPERATING FUNDS.

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 ESTABLISHED BY THE BOARD

OF DIRECTORS TO HELP PROVIDE FOR THE LONG-TERM FINANCIAL STABILITY OF

THE CHAPTER IN FULFILLING ITS OVERALL MISSION. THE ENDOWMENT

FUND CREATES A MECHANISM FOR THE CHAPTER TO SET ASIDE A PORTION OF

UNRESTRICTED, LARGER BEQUESTS, OR OTHER EXCESS SUPPORT TO INVEST IN

LONGER-TERM INVESTMENTS TO ACHIEVE HIGHER RATES OF RETURN. THE

EARNINGS FROM THE FUND'S INVESTMENTS, AT THE DISCRETION OF THE

Part XIII Supplemental Information (continued)

FINANCE COMMITTEE, MAY BE USED TO HELP FUND CURRENT PROGRAMS AND
EXPENSES OR BE RETAINED WITHIN THE ENDOWMENT FUND.

GREATER IOWA CHAPTER -

100% BOARD DESIGNATED OR QUASI-ENDOWMENT

THE USE OF THE ENDOWMENT FUNDS ARE FOR PROGRAMMING IN JASPER
COUNTY, RE-INVESTMENT IN THE ENDOWMENT, AND RESEARCH.

Pt X Line 2 FIN 48 FOOTNOTE

IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48

("FIN 48") (NOW REFERRED TO AS ASC740-10-25-6, "ASC 740"),

"ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION

OF FASB STATEMENT 109", WHICH CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S

FINANCIAL STATEMENTS IN ACCORDANCE WITH THE BROADER CONCEPTS

PREVIOUSLY OUTLINED IN ASC 740. THE CHAPTERS ADOPTED THIS NEW

GUIDANCE AS OF JULY 1, 2009. THIS GUIDANCE CLARIFIES THE

ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO

BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL

STATEMENT RECOGNIZED AND MEASUREMENT. THIS SECTION PROVIDES

THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE

RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS

MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE

CHALLENGED BY THE TAXING AUTHORITY. THE ASSESSMENT OF THE TAX

POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION,

WITHOUT REGARD TO THE LIKELIHOOD THAT THE POSITION MAY BE

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in column (i), (vi) Amount paid to (or retained by) organization. Rows 1-10 and 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. [Dashed lines for input]

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA (\$) (event type)	DINNER (\$) (event type)	37 (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	2,246,958.	951,498.	2,224,061.	5,422,517.
	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.
DIRECT EXPENSES	4	Cash prizes	700.	1,250.	2,100.	4,050.
	5	Noncash prizes			4,625.	4,625.
	6	Rent/facility costs	46,138.	19,931.	98,643.	164,712.
	7	Food and beverages	190,859.	95,343.	291,469.	577,671.
	8	Entertainment	10,800.	300.	30,274.	41,374.
	9	Other direct expenses	235,436.	69,023.	159,958.	464,417.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,256,849.
	11	Net income summary. Combine line 3, column (d), and line 10				-364,031.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		REVENUE	1	Gross revenue	
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes		14,000.	14,000.
	4	Rent/facility costs		576.	576.
	5	Other direct expenses		6,332.	6,332.
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	X Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			20,908.
	8	Net gaming income summary. Combine lines 1, column (d) and line 7			70,298.

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

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

b If 'No,' explain:
ROCHESTER CHAPTER - THE RAFFLES CONDUCTED WERE BELOW STATE THRESHOLDS FOR THE LICENSE REQUIREMENTS.

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

b If 'Yes,' explain:

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

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ SEE PART IV SUPPLEMENTARY SCHEDULE

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ SEE PART IV SUPPLEMENTARY SCHEDULE

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

PART III, LINE 6 VOLUNTEER LABOR

ROCHESTER - 50% VOLUNTEER

SOUTHEASTERN VIRGINIA - 100% VOLUNTEER

GREATER WISCONSIN - 90% VOLUNTEER

SOUTHEASTERN WISCONSIN - 80% VOLUNTEER

GREATER IOWA - 100% VOLUNTEER

PART III, LINE 11 ORGANIZATION OPERATES GAMING ACTIVITIES WITH NONMEMBERS

THE ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION IS NOT A MEMBERSHIP ORGANIZATION AS DESCRIBED BY THE IRS. THE ASSOCIATION, THEREFORE, DOES NOT CONSIDER ITS DONORS MEMBERS. THEREFORE, THE

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2012
Open to Public Inspection

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

Employer identification number
36-3463656

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KANSAS DEPT OF HLTH/ENVTR 1000 SW JACKSON ST 230 TOPEKA KS 66612	48-602925	501(A)	20,000.				DATA COLLECT
(2) WRIGHT STATE UNIV-NURSING 3640 COLONEL GLENN HWY DAYTON OH 45435	31-0732831	501(C)3	20,000.				RESOURCE CTR
(3) THE SENIOR SOURCE 3910 HARRY HINES BLYD DALLAS TX 75390	75-1085555	501(C)3	12,006.				RESPITE
(4) UT SW MEDICAL CTR 5323 HARRY HINES BLYD DALLAS TX 75390	75-6002868	501(C)3	7,500.				RESPITE
(5) OUT AND ABOUT, LLC 2305 PARAGON CT VIRGINIA BEACH VA 23455	45-2848201		8,963.				RESPITE
(6) GRACE ADULT SERVICES 2050 COUNTY TRUNK J CHIPPEWA FALLS WI 54729	39-6040444	501(C)3	7,709.				RESPITE
(7) LIFENET SUPPORTIVE SRVC 1280 W CLAREMONT AVE EAU CLAIRE WI 54702	39-6040444		16,755.				RESPITE
(8) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
- 3 Enter total number of other organizations listed in the line 1 table 2
- BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
- TEEA3901 11/30/12 Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RESPIRE - VARIOUS	4,178	1,356,232.			
2 CONFERENCE REGISTRATION/STUDIES	3	1,000.			
3 SAFE RETURN PROGRAM	248	98,956.			
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2; Part III, column (b), and any other additional information.

Part I Line 2 THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS FOR 27 CHAPTERS:

NORTHERN CALIFORNIA AND NEVADA CHAPTER -
 DETAILED REVENUE AND EXPENSE SPREADSHEETS ARE MAINTAINED FOR EACH GRANT.
 EXPENSES ARE MONITORED AND APPROVED BY APPROPRIATE PROGRAM PERSONNEL.
 EXPENDITURES ARE RECOGNIZED FOLLOWING COST PRINCIPLES CONTAINED IN OMB
 CIRCULAR A-122.
 CONNECTICUT CHAPTER -
 OUR REGIONAL PROGRAM MANAGER TAKES IN THE APPLICATIONS FOR RESPIRE CARE.

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

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	WILLIAM FISHER CEO	(i) 195,622. (ii) 0. (iii) 0.	(i) 4,444. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 16,024. (ii) 0. (iii) 0.	(i) 5,917. (ii) 0. (iii) 0.	(i) 222,007. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
2	LINDA MITCHELL PRESIDENT/CEO	(i) 133,565. (ii) 0. (iii) 0.	(i) 11,988. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 5,473. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 151,026. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
3	ERNA COLBORN PRESIDENT/CEO	(i) 192,292. (ii) 0. (iii) 0.	(i) 3,000. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 19,898. (ii) 0. (iii) 0.	(i) 19,402. (ii) 0. (iii) 0.	(i) 234,592. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
4	HEATHER HERSHBERGER EXECUTIVE DIRECTOR	(i) 119,918. (ii) 0. (iii) 0.	(i) 25,059. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 4,533. (ii) 0. (iii) 0.	(i) 18,961. (ii) 0. (iii) 0.	(i) 168,471. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
5	SUSAN KUDLA FINN PRESIDENT/CEO	(i) 178,062. (ii) 0. (iii) 0.	(i) 7,359. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 10,868. (ii) 0. (iii) 0.	(i) 9,235. (ii) 0. (iii) 0.	(i) 205,524. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
6	BEN KORDESTANI CFO & COO	(i) 128,297. (ii) 0. (iii) 0.	(i) 5,000. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 7,800. (ii) 0. (iii) 0.	(i) 9,170. (ii) 0. (iii) 0.	(i) 150,267. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
7	SUSAN CHERNEY VP OF DEVELOPMENT	(i) 132,503. (ii) 0. (iii) 0.	(i) 5,000. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 4,159. (ii) 0. (iii) 0.	(i) 9,088. (ii) 0. (iii) 0.	(i) 150,750. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
8	ROBERT M. LE ROY PRESIDENT/CEO	(i) 144,230. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 7,644. (ii) 0. (iii) 0.	(i) 151,874. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
9		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
10		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
11		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
12		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
13		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
14		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
15		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---
16		(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---	(i) --- (ii) --- (iii) ---

Part III Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ 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.

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

Total ▶ \$ _____

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CENTRIC PROJECTS	BOARD MEMBER IS OWNER	302,837.	CONSTRUCTION SERVICES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Pt. IV, Line 1 BUSINESS TRANSACTIONS - INTERESTED PERSONS

RICHARD WETZEL IS A BOARD MEMBER OF THE HEART OF AMERICA CHAPTER AND IS THE OWNER OF THE COMPANY CENTRIC PROJECTS. DURING THE FISCAL YEAR, HEART OF AMERICA OBTAINED CONSTRUCTION SERVICES FROM CENTRIC PROJECTS WHILE RICHARD WETZEL WAS AN OWNER OF CENTRIC PROJECTS. THIS TRANSACTION IS REPORTED ON SCHEDULE L. RICHARD WETZEL WAS NOT INVOLVED IN THE BUSINESS TRANSACTION OR THE DECISION TO ENGAGE CENTRIC PROJECTS. HEART OF AMERICA CONSIDERED OTHER COMPETITIVE OFFERINGS. THE TRANSACTION WAS CONDUCTED AT ARM'S LENGTH AND AT FAIR MARKET VALUE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X	3	500.	DONOR REPORTED VALUE
6 Cars and other vehicles	X	26	10,928.	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	16	47,406.	MARKET VALUE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	8,566	50,258.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EVENT SUPPLIES)	X	511	151,160.	COST
26 Other ▶ (COMPUTER SOFTWARE)	X	1	38,250.	COST
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

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

Pt I Line 32b NONCASH CONTRIBUTIONS - THIRD PARTIES

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 N
(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047
2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

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

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH/INVESTMENTS	06/30/13	2,856,896.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N. MICH. AVE CHICAGO IL 60601	501 (C) 3
	ACCOUNTS RECEIVABLE	06/30/13	280,469.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N. MICH. AVE CHICAGO IL 60601	501 (C) 3
	PREPAIDS	06/30/13	33,321.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N. MICH. AVE CHICAGO IL 60601	501 (C) 3
	FIXED ASSETS, NET	06/30/13	26,050.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N. MICH. AVE CHICAGO IL 60601	501 (C) 3
	OTHER ASSETS	06/30/13	1,806,643.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N. MICH. AVE CHICAGO IL 60601	501 (C) 3
	ACCRUED LIABILITIES	06/30/13	-548,971.	BOOK VALUE	13-3039601	ALZHEIMER'S ASSOC. 225 N. MICH. AVE CHICAGO IL 60601	501 (C) 3

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

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2a		X
2b	X	
2c	X	
2d	X	

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

PART I - LIQUIDATION, TERMINATION, OR DISSOLUTION

THE 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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

Pt III, Line 4

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICES - CHAPTERS PARTICIPATE IN THE
ALZHEIMER'S ASSOCIATION* NATIONWIDE COMMON PROGRAM

PLAN. THE ASSOCIATION'S PORTFOLIO OF PROGRAMS INCLUDE:

INFORMATION AND REFERRAL - PROVIDES SUPPORT AND INFORMATION
ABOUT ALZHEIMER'S DISEASE AND RELATED DEMENTIAS, PROGRAMS AND
SERVICES PROVIDED BY THE ASSOCIATION, AND COMMUNITY RESOURCES
AS THEY RELATE TO ALZHEIMER'S DISEASE AND RELATED DISORDERS
THROUGH A 24/7 TOLL-FREE HELPLINE AND FACE TO FACE MEETINGS.

IN FY2013, THE ALZHEIMER'S ASSOCIATION CONDUCTED 342,252
INFORMATION AND REFERRAL SESSIONS AND RECEIVED 293,654 CALLS
TO THE HELPLINE. THE ASSOCIATION'S WEBSITE (ALZ.ORG) RECEIVES
APPROXIMATELY 1.8 MILLION VISITS EACH MONTH. ONLINE PROGRAMS
INCLUDE SELF-SERVICE EDUCATION PROGRAMS, ALZ CONNECTED*, A
SOCIAL NETWORKING SUPPORT TOOL, ALZHEIMER'S NAVIGATOR*, AN ACTION
PLANNING TOOL, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN 14
LANGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFORMATION,
PORTALS IN SPANISH, CHINESE, VIETNAMESE, JAPANESE, AND KOREAN,
A VIRTUAL LIBRARY, AND A SAFETY CENTER.

CARE CONSULTATION - IMPROVES THE AFFECTED INDIVIDUAL AND THEIR
CAREGIVER'S QUALITY OF LIFE AND DECREASES THE STRESSFUL IMPACT

OF ALZHEIMER'S AND DEMENTIA. CARE CONSULTANTS IDENTIFY AREAS

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

OF NEED AND PROVIDE ASSISTANCE AND PSYCHOSOCIAL SUPPORT THROUGH
 EDUCATION ABOUT THE DISEASE AND SYMPTOM MANAGEMENT, PROBLEM
 SOLVING, PLANNING FOR FUTURE NEEDS AND LINKAGES WITH RESOURCES,
 PARTICULARLY DURING TRANSITIONAL OR CRISIS SITUATIONS. IN FY2013,
 94,076 CARE CONSULTATIONS WERE DELIVERED.

CONSUMER EDUCATION - CHAPTERS PROVIDE A VARIETY OF EDUCATIONAL
 SEMINARS OFFERED IN COMMUNITIES NATIONWIDE. IN FY2013, 305,621
 INDIVIDUALS ATTENDED 423,842 EDUCATION PROGRAMS.

SUPPORT GROUPS - CHAPTERS PROVIDE SUPPORT GROUPS FOR
 CAREGIVERS AND PERSONS WITH THE DISEASE OFFERED IN A VARIETY
 OF LOCATIONS TO MEET THE NEEDS OF DIVERSE COMMUNITIES.
 IN FY2013, 287,134 SUCH PROGRAMS WERE DELIVERED.

SAFETY SERVICES - CHAPTERS PROVIDE NATIONWIDE PROGRAMS, SUCH
 AS MEDICALERT + ALZHEIMER'S ASSOCIATION SAFE RETURN* AND
 ALZHEIMER'S ASSOCIATION COMFORT ZONE*, WHICH ADDRESS THE
 SAFETY NEEDS OF PERSONS WITH THE DISEASE AND THEIR CAREGIVERS.

EARLY STAGE PROGRAMMING - ADDRESSES THE UNIQUE NEEDS OF
 INDIVIDUALS IN THE EARLY STAGES OF ALZHEIMER'S OR A RELATED
 DEMENTIA. CHAPTERS ADDRESS EARLY STAGE NEEDS THROUGH EDUCATION
 PROGRAMS, SUPPORT GROUPS AND ENGAGEMENT OPPORTUNITIES DESIGNED
 TO HELP INDIVIDUALS AND FAMILIES COPE WITH THE DIAGNOSIS AND
 EMPOWER THEM TO MAKE DECISIONS REGARDING THEIR FUTURE AND
 MAKE THE MOST OF LIFE FOLLOWING THEIR DIAGNOSIS. IN FY2013,

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

10,792 INDIVIDUALS WITH EARLY STAGE DEMENTIA RECEIVED SERVICES.

* THESE ARE NAMES THAT ARE TRADEMARKS TO THE ALZHEIMER'S ASSOCIATION

PT IV, LINE 12A

INDEPENDENT AUDITED FINANCIAL STATEMENTS

ALL CHAPTERS INCLUDED IN THE GROUP RETURN OBTAINED SEPARATE

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

PT V, LINE 7B

VALUE OF GOODS OR SERVICES PROVIDED

ONLY ONE CHAPTER, THE CENTRAL AND WESTERN VIRGINIA CHAPTER,

RESPONDED "NO" INDICATING THEY DID NOT NOTIFY THE DONOR

OF THE VALUE OF THE GOODS OR SERVICES PROVIDED. ALL OTHER

REMAINING CHAPTERS RESPONDED "YES".

Pt VI, Line 1a GOVERNING BODY

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

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

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

MAY HAVE PROVISIONS FOR AN EXECUTIVE COMMITTEE WHICH AUTHORIZES THE

EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD IN MANAGEMENT

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

OF THE BUSINESS AND IN THE AFFAIRS OF THE CORPORATION, AS NEEDED AND
 SUBJECT TO LIMITATIONS CONTAINED WITHIN THE BY-LAWS AND STATE
 CORPORATE LAW.

THE CHAPTERS MAY HAVE OTHER COMMITTEES AS REQUIRED BY
 THE ALZHEIMER'S ASSOCIATION POLICIES AND PROCEDURES
 OR ARE OTHERWISE FORMED TO CARRYOUT THE PURPOSES OF THE
 CHAPTER AND NOT HAVING OR EXERCISING THE AUTHORITY 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-SERVICE PROVIDED BY
 THE NATIONAL ALZHEIMER'S ASSOCIATION. THE TYPES OF SERVICES
 PROVIDED VARIES BY CHAPTER, BUT MAY INCLUDE BEING RESPONSIBLE
 FOR THE INTEGRITY OF THE FINANCIAL REPORTING; DEVELOPING
 ACCOUNTING POLICY AND CONTROL PROCEDURES; ISSUING FINANCIAL
 STATEMENTS; PRESENTING FINANCIAL INFORMATION TO CHAPTER
 EXECUTIVE DIRECTORS AND BOARDS; ASSISTING CHAPTER EXECUTIVE
 DIRECTORS IN PREPARING ANNUAL FINANCIAL BUDGETS; AND/OR
 PREPARING THE ANNUAL FINANCIAL STATEMENTS AND DISCLOSURE
 NOTES THAT ARE EXAMINED BY EXTERNAL AUDITORS.

BOA SERVICES ARE PROVIDED TO THE FOLLOWING 12 CHAPTERS:

ALOHA CHAPTER

CENTRAL ILLINOIS CHAPTER

EAST CENTRAL IOWA CHAPTER

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

MAINE CHAPTER

OKLAHOMA AND ARKANSAS CHAPTER

OREGON CHAPTER

SOUTH CAROLINA CHAPTER

SOUTH DAKOTA CHAPTER

CENTRAL AND WESTERN VIRGINIA CHAPTER

SOUTHEASTERN VIRGINIA CHAPTER

GREATER WISCONSIN CHAPTER

MID SOUTH CHAPTER

Pt VI, Line 11b FORM 990 REVIEW PROCESS

THE CHAPTER DATA FOR THE 990 TAX RETURN WAS COMPILED FROM THE CHAPTERS' FINANCIAL STATEMENTS AND ACCOMPANYING DOCUMENTATION. THIS WAS REVIEWED AND COMPILED BY THE NATIONAL ORGANIZATION STAFF. THE RETURN WAS FURTHER REVIEWED BY GRANT THORNTON LLP. THE GROUP 990 TAX RETURN WAS NOT REVIEWED BY INDIVIDUAL CHAPTER BOARDS.

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

THE CHAPTERS CONFLICT OF INTEREST POLICY FOLLOWS THESE GUIDELINES. THE RESPONSIBILITY FOR DISCLOSING ANY KNOWN OR REASONABLE FORESEEN ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL BE UPON THE INTERESTED PARTY WHOSE INTEREST ARE OR MAY APPEAR TO BE IN CONFLICT WITH THE ASSOCIATION. ALL INTERESTED PARTIES ARE REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE ASSOCIATION

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

 ----- AND THEREAFTER SHALL FILE WITH THE ASSOCIATION AN UPDATED
 ----- DISCLOSURE STATEMENT AS MAY BE REQUIRED FROM TIME TO TIME BY THE
 ----- INDIVIDUAL CHAPTERS BOARD OF DIRECTORS OR COMMITTEE DESIGNEE AND IN NO
 ----- EVENT LESS OFTEN THAN ANNUALLY. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT
 ----- TO THE MATTER REQUIRING ACTION BY A BOARD OF DIRECTORS OR A
 ----- COMMITTEE OF THE BOARD, THE INTERESTED PERSONS SHALL DISCLOSE SUCH
 ----- CONFLICT AND SHALL NOT VOTE ON THE MATTER. WHEN THERE IS DOUBT
 ----- AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE
 ----- RESOLVED BY A VOTE OF THE INDIVIDUAL CHAPTER'S BOARD OF DIRECTORS
 ----- OR THE DESIGNATED COMMITTEE AS THE CASE MAY BE.

Pt VI, Line 15a ----- COMPENSATION REVIEW & APPROVAL PROCESS-EXECUTIVE OFFICER
 ----- COMPENSATION IS ESTABLISHED FOR THE EXECUTIVE OFFICERS BY THE
 ----- COMPENSATION COMMITTEES AND THE BOARD OF DIRECTORS AFTER A
 ----- THOROUGH SALARY/MARKET REVIEW OF REGIONAL AND INDUSTRY STATISTICS.
 ----- THE COMPENSATION REVIEW FOR THE EXECUTIVE OFFICERS WAS LAST DONE
 ----- IN 2013. THE COMPENSATION COMMITTEES EVALUATE THE EXECUTIVE
 ----- OFFICERS' PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS
 ----- COMPARING RESULTS TO GOALS. THE COMMITTEES AND BOARDS USE
 ----- THIS DATA TO DETERMINE COMPENSATION LEVELS AND ELIGIBILITY FOR
 ----- INCENTIVE COMPENSATION, IF AVAILABLE.

Pt VI, Line 15b ----- COMPENSATION REVIEW & APPROVAL PROCESS-OTHER OFFICERS
 ----- THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND
 ----- COMPENSATION REVIEW BY THE EXECUTIVE OFFICERS. THE EVALUATION AND

Name of the organization

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

----- COMPENSATION REVIEW FOR THE SENIOR STAFF WAS LAST COMPLETED IN 2013. -----

Pt VI, Line 19 GOVERNING DOCUMENTS

----- CHAPTERS MAKE THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST -----
----- POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. -----

----- SOME CHAPTERS WILL POST THE GROUP 990 ON THEIR -----

----- INDIVIDUAL CHAPTER'S WEBSITE. THE GROUP 990 IS POSTED TO THE -----

----- NATIONAL ALZHEIMER'S ASSOCIATION WEBSITE AT ALZ.ORG. CHAPTERS WILL -----

----- ALSO MAKE THE 990 AVAILABLE UPON REQUEST IF IT IS NOT POSTED ON -----

----- THEIR WEBSITE. -----

Pt X BALANCE SHEET

----- THE BALANCES REFLECTED IN COLUMN (A) BEGINNING OF YEAR DIFFERS -----

----- FROM THE PREVIOUSLY FILED RETURN. THE OPENING BALANCES REFLECT -----

----- THE CHAPTERS INCLUDED IN THIS YEAR'S TAX RETURN. -----

Pt XI "OTHER CHANGES IN NET ASSETS" REPRESENTS (\$4,454,408) IN TRANSFER

----- OF NET ASSETS DUE TO DISSOLUTION OF CHAPTERS AND (\$22,456) -----

----- DUE TO DISPOSITION OF ASSETS. -----

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2012

Open to Public Inspection

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number
36-3463656

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) See 512(b)(13) controlled entity?
							Yes No
(1)	ALZ DISEASE RELATED DISORDER'S ASN FOUND ROCHESTER, NY, INC 86-1175985	FINANCIAL SUPPORT NY	NY	501 (C) 3	7	N/A	X
(2)	435 E. HENRIETTA ROAD ROCHESTER, NY 14620						
(3)	COALITION OF NEW YORK STATE ALZHEIMER'S CHAPTERS, INC 13-4076596	PUBLIC POLICY ACTIVITIES NY	NY	501 (C) 3	11C, III-FI	N/A	X
(4)	435 E. HENRIETTA ROAD ROCHESTER, NY 14620						

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

TEEA5001 12/28/12

Schedule R (Form 990) 2012

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.)

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	1s	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity																					
b Gift, grant, or capital contribution to related organization(s)																					
c Gift, grant, or capital contribution from related organization(s)																					
d Loans or loan guarantees to or for related organization(s)																					
e Loans or loan guarantees by related organization(s)																					
f Dividends from related organization(s)																					
g Sale of assets to related organization(s)																					
h Purchase of assets from related organization(s)																					
i Exchange of assets with related organization(s)																					
j Lease of facilities, equipment, or other assets to related organization(s)																					
k Lease of facilities, equipment, or other assets from related organization(s)																					
l Performance of services or membership or fundraising solicitations for related organization(s)																					
m Performance of services or membership or fundraising solicitations by related organization(s)																					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)																					
o Sharing of paid employees with related organization(s)																					
p Reimbursement paid to related organization(s) for expenses																					
q Reimbursement paid by related organization(s) for expenses																					
r Other transfer of cash or property to related organization(s)																					
s Other transfer of cash or property from related organization(s)																					

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

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

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

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

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

BAA

TEEA5004 12/28/12

Schedule R (Form 990) 2012

Name ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	Employer Identification No. 36-3463656
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Group Exemption Number (GEN) ▶ 9334

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
NORTHERN CALIFORNIA AND NEVADA	1060 LA AVENIDA	94-2897949
Foreign City/Country if applicable . . .	MOUNTAIN VIEW CA 94043	
COLORADO	455 SHERMAN STREET, SUITE 500	84-0908354
Foreign City/Country if applicable . . .	DENVER CO 80203-3532	
CONNECTICUT	2075 SILAS DEANE HIGHWAY, SUITE 100	42-1540769
Foreign City/Country if applicable . . .	ROCKY HILL CT 06067	
SOUTHEAST FLORIDA	3333 FOREST HILL BLVD.	59-2008883
Foreign City/Country if applicable . . .	WEST PALM BEACH FL 33406	
See List of Affiliates Included in Return		
Foreign City/Country if applicable . . .		

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

Briefly describe the organization's mission:

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:	<u>OTHER PROGRAM SERVICES -- SEE SCHEDULE O</u>
Expenses	<u>23,764,481.</u>	
Grants Of	<u>1,575,231.</u>	
Revenue	<u>1,605,380.</u>	

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
	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

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

Pt I Line 2

REVIEWS THEM FOR ACCURACY AND COMPLIANCE AND THEN APPROVES THEM FOR PAYMENT.
THE FINANCE DEPARTMENT THEN REVIEWS EACH REQUEST AND MAKES THE PAYMENTS.

CENTRAL AND NORTH FLORIDA CHAPTER -
ACTUAL FINANCIAL RECORDS BY AMOUNT AND TO WHOM PAID ARE MAINTAINED AND RECORDED
IN THE GENERAL LEDGER, AND THEN RECONCILED TO INTERNAL DOCUMENTS FOR THE GRANT.

ALOHA CHAPTER -
THE GRANTS LISTED ARE FOR MEMBERSHIPS FOR THE "MEDICALERT + SAFE RETURN"
PROGRAM. THE CHAPTER WORKS IN REGISTERING INDIVIDUALS, WHO APPLY DIRECTLY TO
THE CHAPTER, FOR THIS PROGRAM AND PAY FOR THEIR MEMBERSHIP FEE. THE CHAPTER
KEEPS A LOG OF ALL OF THE INDIVIDUALS THEY SUPPLY WITH MEMBERSHIPS.

GREATER ILLINOIS CHAPTER -
PUBLIC POLICY GRANTS WERE AWARDED AFTER THE GRANTEE 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
(BRFSS) 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 BRFSS AND STATISTICS WILL BE
RECEIVED. THE GRANTS THAT ARE AWARDED TO INDIVIDUALS ARE RESPITE GRANTS. FOR THE
IIE GRANT THE CHAPTER AWARDS SO MANY DAYS OF DAYCARE OR HOURS OF IN-HOME RESPITE.
THE REQUIREMENTS ARE 1)THE PERSON MUST LIVE IN SEDGWICK, BUTLER, OR HARVEY COUNTY.
2)DOCUMENTATION FROM A PHYSICIAN STATING A DIAGNOSIS OF ALZHEIMER'S DISEASE OR
RELATED DISORDER, AND 3)THE PERSON NEEDING CARE MUST BE 65+ YEARS OLD. FOR THE MEMORIAL
(GOLF) GRANT, EACH PERSON IS AWARDED A REIMBURSEMENT FOR RESPITE CARE UP TO \$600
FOR THE YEAR. THE REQUIREMENTS ARE 1)THE PERSON MUST LIVE IN ONE OF THE 68 COUNTIES THAT
THE CHAPTER SERVES, 2)THE PATIENT NEEDS THE SERVICE THEY ARE APPLYING FOR, AND
3)THE CAREGIVER HAS A SERVICE NEED THAT IS DIRECTLY RELATED TO THE CARE OF THE PATIENT.

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

Continued

Pt I Line 2

HEART OF AMERICA CHAPTER -
PAYMENT IS BASED ON THE REIMBURSEMENT MODEL. THE GRANTEE PRESENTS PAID RECEIPTS FOR SERVICES (RESPIRE SERVICES, PURCHASES OF INCONTINENCE PRODUCTS, AND MEDICINES TO TREAT DISEASE). RECORDS ARE KEPT ON A SPREADSHEET.

MIDLANDS CHAPTER -
THE RECIPIENT SUBMITS A DOCTOR'S NOTICE, COMPLETES AN APPLICATION FORM FOR RESPIRE REIMBURSEMENT AND SUBMITS PROOF OF PAYMENT FOR SERVICES BEFORE GRANT MONEY IS PAID OUT. THE CHAPTER PAID OUT A MAXIMUM OF \$780 PER RECIPIENT.

HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY CHAPTER -
THERE IS AN APPLICATION THAT IS COMPLETED BY THE CAREGIVER IN ORDER TO RECEIVE A TIME AWAY GRANT. ONCE THE APPLICATION HAS BEEN APPROVED BY THE DIRECTOR OF PROGRAMS AND SERVICES, THE CARE CONSULTANT THEN WORKS WITH THE FAMILY TO PUT IN PLACE THE APPROPRIATE RESPIRE INTERVENTION. THE CARE CONSULTANT MONITORS THE USE OF THE GRANT IN ORDER TO ENSURE THE FULL AMOUNT IS USED. THERE IS ALSO AN AGREEMENT THAT IS PUT IN PLACE BETWEEN THE ALZHEIMER'S ASSOCIATION AND THE AGENCY THE FAMILY CHOOSES SO THAT PROPER BILLING TAKES PLACE.

ROCHESTER CHAPTER -
THE CHAPTER DETERMINES WHO RECEIVES RESPIRE AND SAFE RETURN ASSISTANCE. TYPICALLY, IT IS FOR LOW OR LIMITED INCOME INDIVIDUALS. THE PAYMENTS ARE MADE DIRECTLY BY OUR ORGANIZATION TO THIRD PARTIES TO PROVIDE ASSISTANCE TO INDIVIDUALS. FINANCIAL STATEMENTS ARE REVIEWED MONTHLY AND PARTICIPANT UTILIZATION IS ADJUSTED AS NECESSARY AFTER THE STATEMENTS ARE REVIEWED.

WESTERN NEW YORK CHAPTER -
THE CHAPTER PROVIDES \$400 GRANTS FOR EMERGENCY RESPIRE UP TO A TOTAL OF \$2,500 ANNUALLY. THE GRANTS ARE PAID DIRECTLY TO THE FACILITY PROVIDING THE CARE. GRANTS ARE PROVIDED AFTER A THOROUGH REVIEW BY THE CHAPTER'S SOCIAL WORKERS.

GREATER EAST OHIO AREA CHAPTER -
THE GRANT FUNDS ARE USED FOR GRANT REQUESTS BY CAREGIVERS BASED ON THE COUNTY OF RESIDENCE AND MEDICAL NEED.

CLEVELAND AREA CHAPTER -
INDIVIDUALS MUST FILL OUT AN APPLICATION TO QUALIFY FOR EMERGENCY RESPIRE. THE APPLICATION MUST BE APPROVED BY THE CARE CONSULTANT AND THE INDIVIDUAL MUST PRODUCE DOCUMENTATION TO SUPPORT THEIR REQUEST.

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

Continued

Pt I Line 2

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

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

DELAWARE VALLEY CHAPTER -
 A STATE EXECUTIVE DIRECTOR REVIEWS ALL APPLICATIONS AND GRANTS ARE AWARDED FOR RESPITE.

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

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

Continued

Pt I Line 2

GREATER DALLAS CHAPTER -
ORGANIZATIONS AND INDIVIDUALS ARE REQUIRED TO SUBMIT RESPIRE REPORTS FOR
PAYMENT. THE REPORT HAS PARTICIPANT AND REIMBURSEMENT DATA. REPORTS ARE
REVIEWED BY THE PROGRAM SERVICE MANAGER PRIOR TO PROCESSING THE PAYMENT.

CENTRAL AND WESTERN VIRGINIA CHAPTER -
THIS WAS A ONE-TIME GRANT TO PAY FOR A DELEGATE'S EXPENSES TO THE
DELEGATE ASSEMBLY. THE DELEGATE FILLED OUT A NON-EMPLOYEE EXPENSE REPORT
WHICH WAS SIGNED BY THE EXECUTIVE DIRECTOR AND SUBSEQUENTLY PAID.

SOUTHEASTERN VIRGINIA CHAPTER -
ORGANIZATIONS AND INDIVIDUALS ARE REQUIRED TO SUBMIT STANDARDIZED RESPIRE
REPORTS FOR PAYMENT. THE REPORT HAS PARTICIPANT AND REIMBURSEMENT DATA.
REPORTS ARE REVIEWED AND DATA IS UPDATED TO THE GRANT WORKBOOK PRIOR TO
PROCESSING THE PAYMENT.

GREATER RICHMOND CHAPTER -
FUNDS ARE PAID DIRECTLY TO THE FACILITY, IN-HOME CARE PROVIDER OR ADULT
DAY CARE UPON RECEIPT OF AN INVOICE. CAREGIVERS SUBMIT AN APPLICATION
INCLUDING A PHYSICIAN'S STATEMENT CONFIRMING THE PATIENT HAS SOME FORM OF
DEMENTIA. THROUGH HOME VISITS THE CONSULTANT CONFIRMS THE APPLICANTS
STATUS AS THE PRIMARY CAREGIVER. THE APPLICATION IS REVIEWED BY PROGRAM
STAFF FOR APPROVAL. IF APPROVED, RECIPIENTS ARE REQUIRED TO USE RESPIRE
PROVIDERS LICENSED BY THE STATE.

WEST VIRGINIA CHAPTER -
THE CHAPTER MAINTAINS A RESPIRE PROGRAM AND A SAFE RETURN SCHOLARSHIP
PROGRAM. CAREGIVERS MUST PROVIDE A DOCTOR'S DIAGNOSIS OF THE DISEASE TO
BE ELIGIBLE TO PARTICIPATE IN THE PROGRAMS. FINANCIAL ASSISTANCE IS FOR
REIMBURSEMENT OF EXPENSES ONLY. EACH REQUEST FOR REIMBURSEMENT MUST BE
ACCOMPANIED BY RECEIPTS EVIDENCING EXPENSES INCURRED.

GREATER WISCONSIN CHAPTER -
GRANT FUNDS ARE USED FOR RESPIRE PAYMENTS TO INDIVIDUALS AND ORGANIZATIONS
WHO, IN TURN, PAY STATE APPROVED RESPIRE PROVIDERS. A RESPIRE CAREGIVER
VOUCHER IS FILLED OUT WITH DETAILS OF DATES, HOURS WORKED AND SIGNED. THE
CAREGIVER VOUCHER IS THE SUPPORTING DOCUMENT FOR PAYMENT BY THE CHAPTER.

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

Continued

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

Pt I Line 2

SOUTHEASTERN WISCONSIN CHAPTER -

THE CHAPTER GIVES GRANTS FOR MEDICAL ALERT SERVICES AND RESPIRE CARE. UPON APPROVING THE INDIVIDUAL'S NEEDS, THE CHAPTER PAYS FOR THE SERVICES DIRECTLY TO THE VENDOR. THE PROGRAMS ARE FUNDED BY PRIVATE AND GOVERNMENT GRANTS.

MID SOUTH CHAPTER -

ORGANIZATIONS AND INDIVIDUALS ARE REQUIRED TO SUBMIT RESPIRE REPORTS FOR PAYMENT. THE REPORT INCLUDES PARTICIPANT AND REIMBURSEMENT DATA. RESPIRE REPORTS ARE REVIEWED BY THE PROGRAM SERVICE MANAGER PRIOR TO PROCESSING THE PAYMENT.

GREATER IOWA CHAPTER -

ORGANIZATIONS AND INDIVIDUALS ARE REQUIRED TO SUBMIT RESPIRE REPORTS FOR PAYMENT. THE REPORT INCLUDES PARTICIPANT AND REIMBURSEMENT DATA. RESPIRE 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 ALTAMONTE SPRINGS FL 32701	36-3487166
Foreign City/Country if applicable . . .		
ALOHA	1050 ALA MOANA BLVD., SUITE 2610 HONOLULU HI 96814-4906	99-0212360
Foreign City/Country if applicable . . .		
CENTRAL ILLINOIS	606 W. GLEN AVENUE PEORIA IL 61614	37-1224417
Foreign City/Country if applicable . . .		
GREATER ILLINOIS	8430 WEST BRYN MAWR, SUITE 800 CHICAGO IL 60631	36-3102348
Foreign City/Country if applicable . . .		
GREATER INDIANA	50 EAST 91ST STREET, SUITE 100 INDIANAPOLIS IN 46240	35-1747836
Foreign City/Country if applicable . . .		
EAST CENTRAL IOWA	317 SEVENTH AVENUE, SE, SUITE 402 CEDAR RAPIDS IA 52401	42-1333384
Foreign City/Country if applicable . . .		
CENTRAL AND WESTERN KANSAS	1820 E. DOUGLAS AVENUE WITCHITA KS 67214	20-5107941
Foreign City/Country if applicable . . .		
MAINE	383 U.S. ROUTE 1, SUITE 2C SCARBOROUGH ME 04074	01-0428502
Foreign City/Country if applicable . . .		
HEART OF AMERICA	3846 WEST 75TH STREET PRAIRIE VILLAGE KS 66208	48-0934474
Foreign City/Country if applicable . . .		
MIDLANDS	1941 SOUTH 42ND STREET, SUITE 205 OMAHA NE 68105	47-0648438
Foreign City/Country if applicable . . .		
HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY	2 JEFFERSON PLAZA, SUITE 103 POUGHKEEPSIE NY 12601-4027	14-1695487
Foreign City/Country if applicable . . .		
ROCHESTER	435 EAST HENRIETTA ROAD ROCHESTER NY 14620	16-1159941
Foreign City/Country if applicable . . .		
WESTERN NEW YORK	2805 WEHRLE DRIVE, SUITE 6 WILLIAMSVILLE NY 14221	16-1181599
Foreign City/Country if applicable . . .		
GREATER EAST OHIO AREA	70 W. STREETSBO RO STREET, SUITE 201 HUDSON OH 44236	34-1454446
Foreign City/Country if applicable . . .		
CLEVELAND AREA	23215 COMMERCE PARK DRIVE, SUITE 300 BEACHWOOD OH 44122	34-1311175
Foreign City/Country if applicable . . .		
CENTRAL OHIO	1379 DUBLIN ROAD COLUMBUS OH 43215	31-0996236
Foreign City/Country if applicable . . .		
MIAMI VALLEY	31 W. WHIPP RD. DAYTON OH 45459	31-1031867
Foreign City/Country if applicable . . .		

Form 990, Question H

Continued

List of Affiliates Included in Return

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
NORTHWEST OHIO	2500 NORTH REYNOLDS ROAD TOLEDO OH 43615-2820	34-1423768
Foreign City/Country if applicable		
OKLAHOMA / ARKANSAS	2448 E. 81ST STREET, SUITE 3000 TULSA OK 74137	73-1183372
Foreign City/Country if applicable		
OREGON	1650 NORTHWEST NAITO PARKWAY, SUITE 190 PORTLAND OR 97209	93-0813252
Foreign City/Country if applicable		
DELAWARE VALLEY	399 MARKET STREET, SUITE 102 PHILADELPHIA PA 19106	23-2280056
Foreign City/Country if applicable		
SOUTH CAROLINA	4124 CLEMSON BLVD., SUITE L ANDERSON SC 29621	57-0792592
Foreign City/Country if applicable		
SOUTH DAKOTA	1000 NORTH WEST AVENUE, #250 SIOUX FALLS SD 57104	32-0151779
Foreign City/Country if applicable		
GREATER DALLAS	4144 NORTH CENTRAL EXPRESSWAY, SUITE 750 DALLAS TX 75204	75-2041194
Foreign City/Country if applicable		
CENTRAL AND WESTERN VIRGINIA	THE JORDAN BUILDING, 1160 PEPSI PLACE, SUITE 306 CHARLOTTESVILLE VA 22901	54-1309570
Foreign City/Country if applicable		
SOUTHEASTERN VIRGINIA	6350 CENTER DRIVE, SUITE 102 NORFOLK VA 23502	54-1204329
Foreign City/Country if applicable		
NATIONAL CAPITAL AREA	3701 PENDER DRIVE, SUITE 400 FAIRFAX VA 22030	52-1196162
Foreign City/Country if applicable		
GREATER RICHMOND	4600 COX ROAD, SUITE 130 GLEN ALLEN VA 23060	54-1263555
Foreign City/Country if applicable		
WESTERN & CENTRAL WASHINGTON STATE	100 W. HARRISON STREET, NORTH TOWER, N200 SEATTLE WA 98119	91-1075926
Foreign City/Country if applicable		
WEST VIRGINIA	1601 SECOND AVENUE CHARLESTON WV 25387	36-3487172
Foreign City/Country if applicable		
GREATER WISCONSIN	2900 CURRY LANE, SUITE A GREEN BAY WI 54311	39-1493227
Foreign City/Country if applicable		
SOUTHEASTERN WISCONSIN	620 SOUTH 76TH STREET, SUITE 160 MILWAUKEE WI 53214	39-1350965
Foreign City/Country if applicable		
MISSISSIPPI	196 CHARMANT DRIVE, SUITE 4 RIDGELAND MS 39157	64-0786327
Foreign City/Country if applicable		
MID SOUTH	4825 TROUSDALE DRIVE, SUITE 220 NASHVILLE TN 37220	62-1860364
Foreign City/Country if applicable		

Form 990, Question H

Continued

List of Affiliates Included in Return

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