ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.

Form 990 for the Year Ended June 30, 2016

Public Disclosure Copy

Form **990**

CM8 No. 1545-0047 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Dep	artment of th mai Revenue	e Treasury Service	,	► Do not e	nter social securit on about Form 990	y numbers on this and its instruction	form as it s is at w	may be	made pui	blic. 11990.	<u> Lations</u>			la Publi lection	C
A			r year, or tax	year beg	inning Jul 1		, 2015,	and er	nding	Jun	30	b	, 2016		
В	Check if app		Name of organi		HEIMER'S DISE		ED DISOR	RDERS				oyer ide	ntification nu		
	Addre	ss change	Doing business								36	-346	3656		
	Name	change	Number and si	reet (or P.O. b	ox if mail is not delive	red to street address)		R	com/suite		E Telep				
	initial r	return 2:	25 N. MI	CHIGAN	AVE.			1	7TH FL	OOR	(3)	12)	335-87	0.0	
	Final tel	lum/terminaled			a, country, and ZIP or	foreign postal code		·	· · · · · · · · · · · · · · · · · · ·						
	Аттело	ded return (C)	HICAGO				ΙL	6060	01-763	33 l	G Gross	receipls	\$ 102,7	65.375	
	Applica	ation pending F	Name and addr	ress al princip	al officer:	- Liesta del	X. II.				diano tain	rn for su	oordinates?	X Yes	No
		RIG	CHARD H. HOVLA	AND 225 N. 41	CHIGAN AVE. 17TH FL	CHICAGO	IL	60601-1	7633 H(b)	Are all s	ubordinale Itach a list	s include	d?	Yes	XNo
1	Tax-exe		(501(c)(3)	501(c) (,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7(a)(1) or	52	7		H (C)				
J	Websit	te:► www.	ALZ ORG	1. 18 HT 1.					H(c)		xemption:			3.4	
K	Form of c	rganization: X	Corporation	Trust	Association	Other ►	Ly	ear of for	mation:		M	Slate of	legal domicile		******
P	ort I	Summary		<u> </u>										12 111	
(100.00	1 Bri	efly describe t	he organizati	ion's missi	on or most signif	cant activities:	EL	IMIN	ATE A	LZHE	IMER	'S D	ISEASE		
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~					rom Form 990-T							7b			0.
					9.11	7			T		ior Yea		Cur	rent Yea	
	8 Co	ntributions and	d grants (Par	t VIII, line	lĥ)				, . -		101,			174,	
Revenue					2g)					·····	541,		·	597,	
š	i .), lines 3, 4, and				J	····	812,			196,	
ď	3				s 5, 6d, 8c, 9c,	•					-96,		T	413,	
	12 To	tal revenue –	add lines 8 th	hrough 11	(must equal Part	VIII, column (À	, line (2))		68,	359,	******	83	381,	
	13 Gra	ants and simila	ar amounts pa	aid (Part I)	(, column (A), lin	es 1-3)		,		1,	062,	510.	1	744,	711.
	14 Be	nefits paid to d	or for membe	rs (Part IX	column (A), line	4)									
15	15 Sa	laries, other co	ompensation,	, employee	benefits (Part D	K, column (A), lir	es 5-10)			39,	241,	872.	50.	893,	563.
Še	16 a Pro	fessional tunc	draising fees	(Part IX, co	olumn (A), line 1	1e)									
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- E		venue less ex	penses, supr	nactinie id	o irom mie 12 -			, . , .			052,			181,	
200	20 Tot	al accete /Dar	t V line 16)								of Curre		·	of Yea	
Net Assets or Fund Balances	21 Tot	•			, , , , ,				<u> </u>		510,			889,	
let.	22 Ne	•		•					} -		347,			982,	
Tax Selection	- Markey - Agency			Subtract in	e 21 from line 2)	• • • • •		٠ . ا	<u>85,</u>	162,	126.	84,	906,	<u>895.</u>
Advances -		Signature I													
Comp	r penallies o lete. Declara	l perjury, I declare mon of preparer (o	that I have exami ther than officer) i	ined this retur is based on a!	n, including accompar I information of which	ying schedules and s preparer has any kno	latements, i wiedge.	and to the	e best of my	y knowle	dge and b	elie!, it is	true, correct,	and	
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e i a	ın	Signature of	officer							Date	- 11	47	1./		
Sig He	jii re	RICH	ARD H. H	OVLAND	, coo/cro										
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(Rev. January 2014)

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.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box			▶ 🗸		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of Do not complete Part II unless you have already been granted an automatic 3-month extension on a previous			m 8868		
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of it corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can 8668 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IR instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Contracts.	time n ele Forr S in	to file s etronic n 8870 paper	(6 months for cally file Form), Information format (see		
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 Part I only			▶ 🗆		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requi o file income tax returns.					
Enter filer's identifying Name of exempt organization or other filer, see instructions. Employer identification or other filer.					
уре ог			Or		
rint ALZHEIMER'S ASSOCIATION 36-34					
Number, street, and room or sulte no. If a P.O. box, see instructions. Social security number (OON,				
ue date for 225 N. MICHIGAN AVENUE, 17TH FLOOR City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
eurn. See					
Inter the Return code for the return that this application is for (file a separate application for each return)			. 0 1		
Application Return Application Is For Code Is For			Return		
Form 990 or Form 990-EZ 01 Form 990-T (corporation)			07		
Form 990-BL 02 Form 1041-A			08		
Form 4720 (individual) 03 Form 4720 (other than individual)			09		
Form 990-PF 04 Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11		
Form 990-T (trust other than above) 06 Form 8870			12		
		If t			
or the whole group, check this box \dots . \dots \blacktriangleright \square . If it is for part of the group, check this box \dots . \dots i	•	and a	attach		
list with the names and EINs of all members the extension is for.					
 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15 , 20 17 , to file the exempt organization return for the organization named ab for the organization's return for: ▶ □ calendar year 20 or 		The ex	dension is		
► ☑ tax year beginning JULY 1 , 20 15 , and ending JUNE 30		, 2	0 16 .		
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	1				
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	3а	\$			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
estimated tax payments made. Include any prior year overpayment allowed as a credit.					
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.	3с	\$			
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Fostructions.	orm	8879-E	O for payment		

Cat. No. 27916D

Alzhelmer's Association Year Ended June 30, 2016 EIN #36-3463656 GEN #9334

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

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			***		15 .	95131
CA	94-2897949	20	Northern California and Northern Nevada	2290 North 1st Street, Suite 101	San Jose	80203
CO	84-0908354		Colorado	455 Sherman Street, Suite 500	Denver	06489
CT	42-1540769	28	Connecticut	200 Executive Blvd., Suite 4B	Southington	
FL	59-2008883	33	Southeast Florida	3333 Forest Hill Blvd.	West Palm Beach	33406
FL	36-3487166	37	Central and North Florida	2180 West State Road 434, Suite 1100	Longwood	32779
GA	58-1492046	46	Georgia	41 Perimeter Center East, Suite 550	Atlanta	30346
IL	37-1224417	58	Central Illinois	612 West Glen Avenue	Peoria	61614
IN	35-1747836	67	Greater Indiana	50 East 91st Street, Suite 100	Indianapolis	46240
KS	20-5107941	75	Central and Western Kansas	1820 East Douglas Avenue	Wichita	67214
ME	01-0428502	82	Maine	383 U.S. Route 1, Suite 2C	Scarborough	04074
KS	48-0934474	100	Heart of America	3846 West 75th Street	Prairie Village	66208
ΝM	85-0287820	115	New Mexico	9500 Montgomery Blvd. NE, Suite 121	Albuquerque	87111
ÑΥ	14-1634958	116	Northeastern New York	4 Pine West Plaza, Suite 405	Albany	12205
NY	14-1695487	118	Hudson Valley/Rockland/Westchester, NY	2 Jefferson Plaza, Suite 103	Poughkeepsie	12601
NY	15-1159941	123	Rochester	435 East Henrietta Road	Rochester	14620
NY	16-1181599	128	Western New York	2805 Wehrle Drive, Suite 6	Williamsville	14221
ОН	34-1454446	135	Greater East Ohlo Area	70 West Streetsboro Street, Suite 201	Hudson	44236
ОН	34-1311175	139	Cleveland Area	23215 Commerce Park Drive, Suite 300	Beachwood	44122
-		140	Central Ohio	1379 Dublin Road	Columbus	43215
ОН		143	Miami Valley	31 West Whipp Road	Dayton	45459
	34-1423768	144	Northwest Ohio	2500 North Reynolds Road	Toledo	43615
ОК	73-1183372	147	Oklahoma	2448 East 81st Street, Suite 3000	Tulsa	74137
PA	23-2280056	156	Delaware Valley	399 Market Street, Suite 102	Philadelphia	19106
SC	57-0792592		South Carolina	4124 Clemson Blvd., Sulte L	Anderson	29621
ΤX	75-2041194	172	Greater Dallas	3001 Knox Street, Suite 200	Dallas	75205
ΤX	74-2198685		Houston and Southeast Texas	6055 South Loop East at Long Drive	Houston	77087
ΤX	75-1984152	177	North Central Texas	2630 West Freeway, Suite 100	Fort Worth	76102
VΑ	54-1309570	181	Central and Western Virginia	1160 Pepsi Place, Suite 306	Charlottesville	22901
VÂ	52-1196162	184	National Capital Area	3701 Pender Drive, Suite 400	Fairfax	22030
ΥÃ	54-1263555	185	Greater Richmond	4600 Cox Road, Suite 130	Glen Allen	23060
₩Ŷ	36-3487172	191	West Virginia	1601 Second Avenue	Charleston	25387
WI	39-1350965		Southeastern Wisconsin	620 South 76th Street, Suite 160	Milwaukee	53214
TN	62-1860364	208	Mid South	4825 Trousdale Drive, Suite 220	Nashville	37220
LIM	04-1000304	33	Ind Coam	1,-22		•

	1990 (2015) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	36-3463656	Page 2
Par	till Statement of Program Service Accomplishments	•	
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	x
1	Briefly describe the organization's mission:		
	THE ALZHEIMER'S ASSOCIATION IS THE LEADING VOLUNTARY HEALTH		
	ORGANIZATION IN ALZHEIMER CARE, SUPPORT, AND RESEARCH. (CONTINUEL	2)	
	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 p		
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		п.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes	X No
4	If 'Yes,' describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, a		_
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	hers, the total expenses	;S.
	and revenue, if any, for each program service reported.	•	
	The state of the s		
4 a	(Code:) (Expenses \$ 16,718,860. including grants of \$ 1,000.) (R	leveлue \$ <u>18</u>	7,261.)
	PUBLIC AWARENESS SEE SCHEDULE O		_
		- 	
	(Code:) (Expenses \$ 12,277,333. including grants of \$108,676.) (R	evenue \$ 19	8,954.)
7.0	INFORMATION AND REFERRAL SEE SCHEDULE O	everide 5 19	0,934.
	THE OWNER TOWN AND REPERINANT SEE SCHEDOLE O		

			_
	<u></u>		
4 c	(Code:) (Expenses \$ 10,504,952. including grants of \$ 30,000.) (R	evenue \$ 2,45	<u>4,</u> 902.
	CONSUMER EDUCATION (WORKSHOPS/CONFERENCES/SEMINARS) SEE SCHEDU	JLE O	
		. 	-
			-
			-
			-
ام ا <i>ار</i>	Other program corvices (Describe in Schedule O.)		
4 C	Other program services. (Describe in Schedule O.) (Expenses \$ 22,896,443 including grants of \$ 1,605,035) (Revenue \$	1 155 700	1
	(Expenses \$ 22,896,443 including grants of \$ 1,605,035) (Revenue \$ Total program service expenses \(\begin{array}{c} 62,397,588 \end{array} \)	1,155,729.	<u>, </u>

36-3463656

Form 990 (2015) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION
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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
I	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
1	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
1	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	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

F a	Continued)			
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a	Yes	No X
	If "Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		H
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	•	Х
i	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L., Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trusfees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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	38	Х	

Form 990 (2015) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u>. L</u>
		I	Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			15.5
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,022			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	500000000000000000000000000000000000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a	Х	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			v
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		**************
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		NICTO CONTROL CONTROL
	Section 501(c)(7) organizations. Enter:			4.1
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			100
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	3.C.C.	
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
3 A	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	900 (°	2015
		Form	uun "	ハコーピノ

Pal	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo	w, an	d for							
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in								
	Check if Schedule O contains a response or note to any line in this Part VI			. X						
Sec	ction A. Governing Body and Management									
			Yes	No						
1 8	a Enter the number of voting members of the governing body at the end of the tax year									
ŀ	Enter the number of voting members included in line 1a, above, who are independent 1b 502									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Χ						
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?									
4	Did the organization make any significant changes to its governing documents									
	since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ						
6	Did the organization have members or stockholders?	6		X						
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7.		v						
		7 a	-	<u>X</u>						
k	a Are any governance decisions of the organization reserved to (or subject to approval by) members,			v						
	stockholders, or persons other than the governing body?	7 b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8 a	X							
k	Each committee with authority to act on behalf of the governing body?	8 b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)							
			Yes	No						
10:	The state of the s									
	a Did the organization have local chapters, branches, or affiliates?	10 a		X						
	a Did the organization have local chapters, branches, or affiliates? 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?	10a		<u>X</u>						
k	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			X						
11 a	operations are consistent with the organization's exempt purposes?	10 b								
11 a 11 a	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	X						
11 a k 12 a	of If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11 a	******************	X						
11 a k 12 a k	The process of 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? The process of the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13	10b 11a 12a	Х	X						
11 a k 12 a k	of 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?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13	10b 11 a 12a 12b	X	X						
11 a k 12 a k	The properties of 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? The process of the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy?	10 b 11 a 12 a 12 b	X X X	X						
11 a k 12 a k c c c c c c c c c c c c c c c c c c	The first of 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? The Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13. Did the organization have a written conflict of interest policy? If 'No,' go to line 13. Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy?	10 b 11 a 12 a 12 b 12 c 13	X X X X	X						
11 a k 12 a k 13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10 b 11 a 12 a 12 b 12 c 13	X X X X	X						
11 a k 12 a k 13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	X X X X	X						
11 a k 12 a k 13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X						
11 a k 12 a k 13 14 15	of 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. c Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). B Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14	X X X X X	X						
11 a b 12 a b 13 14 15 a b 16 a b	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X						
11 a k 12 a k 13 14 15 a k 16 a k 16 a k	of 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did 'Yes,' did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Dif 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X						
11 a k 12 a k 13 14 15 16 a k 15 Sec	of 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?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization. If Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X	X						
11 a k 12 a k 13 14 15 a k 16 a k 16 a k	of 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? A last the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13. Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization. If Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Dif Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? EACH CHAPTER FILES IN THEIR RESPECTION 610 (2) (3) solv).	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X X X E STA	X						
11 a k 12 a k 13 14 15 16 a k 15 16	of 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? A last the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization. If Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Dif Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? EACH CHAPTER FILES IN THEIR RESPECTION or public inspection. Indicate how you made these available. Check all that apply.	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X X X E STA	X						
11 a k 12 a k 13 14 15 16 a k 15 16	of 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?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Dif 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizat	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a 16 b	X X X X X X X X E STA	X						
11 a k 12 a k 13 14 15 16 a k 15 16	of 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?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Did the organization have a written conflict of interest policy? If 'No,' go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization. If Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Of Yes, 'did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? EACH CHAPTER FILES IN THEIR RESPE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available.	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a 16 b	X X X X X X X X E STA	X						

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)KAREN STEVENSON	4.00									
BOARD PRESIDENT		Х		x				0.	0.	0.
(2)LUCI ROMOLI	3.00	73		<u> </u>				3.		
BOARD VICE PRESIDENT	- 0.	x		X				0.	0.	0.
(3)HOWARD KIRSCH	3.00			1			一		-	
BOARD VICE PRESIDENT	 0.	Х		x				0.	0.	0.
(4)MATTHEW RHODES	3.00			Т			_			
BOARD TREASURER	0.	Х		Х				0.	0.	0.
(5)FRANCIE NEWFIELD	3.00									
BOARD SECRETARY	0.	Х		Х				0.	0.	0.
(6)TOM HURLEY	8.00									
BOARD CHAIR	0.	Х		X				0.	0.	0.
_(7)DONALD BECHTER, CFA	6.00									
BOARD VICE CHAIR	0.	Х		Х			_	0.	0.	0.
_(8)VENETIA MARSHALL, JD	6.00									
BOARD SECRETARY	0.	Х		Х				0.	0.	0.
(9)DANIEL THOMAS	6.00									
BOARD TREASURER	0.	Х		Х			<u> </u>	0.	0.	0.
(10)AL GATI	2.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0 .
(11)MOLLY REES-GAVIN	1.50									
BOARD VICE CHAIR	0.	Х		Х				0.	0.	<u> </u>
(12)DANIEL WOLLMAN	2.00									
BOARD TREASURER	0.	X		Х	Ш		<u> </u>	0.	0.	<u> </u>
(13)JANE BROWN	1.50									
BOARD SECRETARY	0.	Х	<u></u>	Х				0.	0.	0.
(14)MARK TODD	4.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0.

Ē	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	er (do not check more than any box, unless person is bo officer and a director/tru					an tee)	(D) Reportable compensation from the	(E) Report compensat relate organiza	able ion from ed	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
(15) DEBORA THAMPSON BOARD SECRETARY	2.00	х		Х				0.		0.	0.
(16) ELLIOTT STARMAN	2.00		ļ	_			-	0.		0.	
' ==	BOARD TREASURER	0.	Х		Х			ļ	0.		0.	0.
(17) KENT JUSTICE BOARD CHAIR	2.00	Х		x				0.		0 .	0.
(18) CARLOS G. HERNANDEZ, CPA	1.00			-							
	BOARD TREASURER	0.	Х		Х		ļ	<u> </u>	0.		0.	0.
(19) LEE WHITE BOARD CHAIR	5.00 0.	х		х				0.		0.	0.
(20) JOANNE TRUFFELMAN	5.00	^		Λ				0.		- 0.1	<u> </u>
`	BOARD CHAIR ELECT	0.	Х		Х				0.		0 .	0.
(21) PETER ARMSTRONG	5.00									i	
, =	BOARD TREASURER	0.	Х		Х	<u> </u>		-	0.		0.	0.
(22	BOARD SECRETARY	5.00 0.	Х		x				0.		0.	0.
(23) WILLIAM PHILLIPS IV.	.50	<u>^</u>	 	<u> </u>				0.			0.
·	BOARD PRESIDENT	0.	Х		Х				0.		0.	0.
$(\frac{24}{24})$) MONICA RATCLIFF	.50										
_	BOARD SECRETARY	0.	Х		Х				0.		0.	0.
(25) AMANDA CICCIARELLI BOARD TREASURER	.50	×		Х				0.		0.	0.
1	b Sub-total	<u> </u>		I	_^	l	L	_	0.		0.	0.
	c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •			6,701,010.		0.	615,339.
	d Total (add lines 1b and 1c)					• •	<u></u>		6,701,010.		0.	615,339.
2	Total number of individuals (including but not				d a	bov	e) wh	o re	eceived more than	\$100,000	of	
_	reportable compensation from the organizatio	n 🟲	3	/								Yes No
2	Did the organization list any former offic	er directo	r or	tri	iste		kev i	emr	nlovee or highes	t compens	sated	TES NO
J	employee on line 1a? If "Yes," complete Sched											3 X
4	organization and related organizations gr	eater than	\$15	50,0	003	? !!	"Ye	s, "	complete Schedu	le J for	such	4 X
5	individual											
	for services rendered to the organization? If "Y											5 X
	ection B. Independent Contractors				1					P. d. O.	0.000 =	
1	Complete this table for your five highest com- compensation from the organization. Report of year.	ompensated ii	naepe on for _	enae the	ent e ca	lend	dar ye	eare	ending with or with	inan \$100	anization	's tax
	(A) Name and business add	fress							(B) Description of se	rvices	C	(C) ompensation
_ _A	TTACHMENT 1											
_					_			_				
_								+				
											50500000000	
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite		o tho:).	se I	isted above) who	received		

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and l	Hig	hest Compensat	ed Emplo	yees (c	
(A)	(B)			(6	C)			(D)	(E)		(F)
Name and title	Average	١			ition			Reportable	Reporta		Estimated
	hours per	٠,				e than o is both		compensation	compensati		amount of other
	week (list any hours for					or/trus		from	relate organiza		compensation
	related	역 코	=		1			the organization	organiza (W-2/1099		from the
	organizations	er di	nstitutional	Officer	Key employee	할을	Former	(W-2/1099-MISC)	(44-2)1033	-1011307	organization
	below dotted	ecte	<u>P</u>	"	큠	yes c	129	(11-2/1000-111100)			and related
	line)	₹ ₹	<u>a</u>		oye	" ଞ					organizations
		Individual trustee or director	trustee		ō	Pen					
		or or	ee			Highest compensated employee					
26) MARIELLEN KATZMAN	6.00		H		-	Δ.					
26) MARIELLEN KATZMAN BOARD PRESIDENT	0.	x	1	Х	1			0.		0.	0.
	6.00	77	-	1							
27) RICHARD MOHS	+	١.,		.,						ا ۾	0
BOARD SECRETARY	0.	X		Х		-		0.		0.	0.
28) MICHAEL RUSSELL	6.00		1							ļ	
BOARD TREASURER (JUL15-MAR16)	0.	X		Х				0.		0.	0.
29) FRED HERMES	.30									İ	
BOARD CHAIR	0.	X		Х				0.		0.	0.
30) DAVID HAASE	.30										
	0.	v		Х				0.		0.	0.
BOARD VICE CHAIR		Х	-	Λ	-			0.		0.	<u> </u>
31) LARRY REGIER	. 30	-									_
BOARD TREASURER	0.	Х		Х				0.		0.	0.
32) FELICIA GARANT	1.00			ļ							
BOARD PRESIDENT	0.	Х		Х				0.		0.	0.
33) WILLIAM JENKS	1.00										
BOARD VICE PRESIDENT	0.	X		x				0.		0.	0.
		_^	 -	^	-			- 0.		0.	<u> </u>
34) MARLENE COSTA	1.00	1			1					_	_
BOARD TREASURER	0.	X_		X			_	0.		0.	0.
35) ROBERT O'KEEFE	1.00										
BOARD SECRETARY	0.	X		Х				0.		0.	0.
36) BENJAMIN BILLER	1.50	 									
BOARD PRESIDENT	0.	X		Х				0.		0.	0.
		71	L		٠	L		<u> </u>		<u> </u>	
to Sub-total	antina A									1	
d Total (add lines 1b and 1c)											
2 Total number of individuals (including but not							n re	ceived more than	\$100.000	of	
reportable compensation from the organizatio		3′		•		.,			,		
							-				Yes No
3 Did the organization list any former offic	er directo	or or	tri	iste	e	kev e	emr	olovee or bighes	compens	ated	
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	e c	com	per	ısatio	n a	nd other compens	sation from	the	
organization and related organizations gr											
individual	<i></i>								<i>.</i>		4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	็นท	related organization	on or indivi	dual	
for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors											
1 Complete this table for your five highest com	pensated i	ndepe	ande	ent	con	tracto	rs t	that received more	than \$100	0.000 o	f
compensation from the organization. Report of											
year.						,		.	<u>-</u>		
(A)		,					T	(B)			(C)
Name and business add	dress							Description of se	rvices	С	ompensation
							\Box	_			
							\downarrow				
2 Total number of independent contractors (i				nite	d to	thos	se I	isted above) who	received		
more than \$100,000 in compensation from th	ie organizai	tion 🕽	>								

Name and title Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Reportable compensation from the organization organization (W-2/1099-MISC) (W-2/1099-IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	n from amount of other compensation
related organizations below dotted line) related organizations below dotted line) related organizations below dotted line) related organization (W-2/1099-MSC) Officer organization (W-2/1099-MSC)	MISC) from the organization and related organizations
	0.
(37) JOSEPH P. PLATT 1.00	0.
BOARD TREASURER 0. X X 0.	
(38) DEBBIE BIEHL 1.50	
BOARD SECRETARY 0. X X 0. (39) CAROL SCHAFFER 3.00	0.
BOARD PRESIDENT 0. X X 0.	0.
(40) TRACY AYERS 3.00	
BOARD VICE PRESIDENT 0. X X 0.	0.
41) BRAD CATES 3.00	
BOARD TREASURER 0. X X 0.	0.
42) VICTORIA CHOUINARD 3.00	
BOARD SECRETARY 0. X X 0. 43) MARY GALVEZ 2.00	0.
BOARD MEMBER AT LARGE 0. X X 0.	0.
44) JIM HURLEY 5.00	
BOARD CHAIR 0. X X 0.	0.
45) KATHERINE KENNEDY 5.00	
BOARD VICE CHAIR 0. X X 0.	0.
46) SUE SNYDER 5.00 5.00	_
BOARD SECRETARY 0. X X 0.	0.
47) EDWARD NEARY 5.00 0.	o.l
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 or	F
reportable compensation from the organization > 37	
	Yes I
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensa employee on line 1a? If "Yes," complete Schedule J for such individual	iren kuusisulsamaadas
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for so	
individual	4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individ	
for services rendered to the organization? If "Yes," complete Schedule J for such person	5
Section B. Independent Contractors	000 (
1 Complete this table for your five highest compensated independent contractors that received more than \$100, compensation from the organization. Report compensation for the calendar year ending with or within the organization.	
(A) (B) Name and business address 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 ▶	

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not c	Pos heck ss pe	C) sition more erson	e that Highest compensated	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportati compensatio related organizati (W-2/1099-I	ole n from l	(F) Estimated amount of other compensation from the organization and related organizations
(48) NEIL KLAR	4.00										
BOARD CHAIR (49) KAREN GANIS	4.00	X	_	Х				0.		0.	0.
BOARD VICE CHAIR	0.	X		X				0.		0.	0.
50) KRISTEN GEORGI	4.00										
BOARD 2ND VICE CHAIR	0.	Х		Х			L	0.		0.	0.
51) WILLIAM (ANDY) CAHN	4.00			l							_
BOARD 3RD VICE CHAIR 52) FRANCES PANTALEO	4.00	X		Х			_	0.		0.	0.
BOARD SECRETARY	4.00	X		Х				0.		0.	0.
53) RICHARD MCGUINNESS	4.00			11				3.			
BOARD TREASURER	0.	Х		Х				0.		0.	0.
54) BRIAN HEPPARD	1.00										
BOARD CHAIR	0.	X		Х				0.		0.	0.
55) TODD BUTLER BOARD VICE CHAIR	1.00	x		х				٥.		0.	0.
56) SUSAN HALPERN	1.00			- 73		-		<u> </u>		0.	<u> </u>
BOARD TREASURER	0.	Х		х				0.		0.	0.
57) TARA GERMANO	1.00										
BOARD SECRETARY	0.	Х		Х				0.		0.	0.
58) BARBARA S. TSCHAMLER BOARD PRESIDENT	1.00	X		х				0.		0 .	0.
c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A .	<u></u>	iste				re	ceived more than	\$100,000 o	f	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedul										ted	3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	- If	"Yes	5,"	complete Schedu	le J for si	uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
Section B. Independent Contractors							1	hat resulted were	# #400	000 -	
 Complete this table for your five highest component of compensation from the organization. Report of year. 											
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compensation
Total number of independent contractors (in more than \$100,000 in compensation from the				itec	d to	thos	e li	sted above) who	received		
JSA SE1055 1.000 60196P 649R									,		Form 990 (2015)

Name and title	Part VII Section A. Officers, Directors,		ey En	npic			and	Hig				
Service Compensation Compensa	(A)	(B)			-	-			(D)	(E)		(F)
Section Secretary Section Section Secretary Section	Name and title		(do	not c				one.				Estimated amount of
Note Property Pr									•	1		other
Compensation Com		1	office	er an		direc			ł		T I	compensation
SARD VICE PRESIDENT		I	우쿄	ns	유	Ey.	an Fi	릴	organization	_		from the
Section Secretary Section Secretary Section Secretary Section Secretary Section Secretary Se		1 "	lire di	l e	<u>g</u>	ĝ	hesi	mer	(W-2/1099-MISC)		1	organization and related
SARD VICE PRESIDENT		I	혖킆	ona		plo	e 6					organizations
Source S		,	l st	2		99	ape					•
South Steep Depth Steep Depth Steep Stee			6	Istee			nsa					
BOARD VICE PRESIDENT				W.	ĺ		ted					
SOURCE S		1.00										
ROARD TREASURER	BOARD VICE PRESIDENT	0.	Х		X	<u> </u>			0.		0.	0
SAMP PERKINS	60) KYLE J. ROOKEY, CPA	1.00										
BOARD SECRETARY O	BOARD TREASURER	0.	Х		X				0.		0.	0
62) SUE STEIGER BOARD PRESIDENT O. X X X O. O. BOARD VICE PRESIDENT O. X X X O. O. BOARD VICE PRESIDENT O. X X X O. O. BOARD SECRETARY O. X X X O. O. SON BOARD TREASURER O. X X X O. O. SON BOARD TREASURER O. X X X O. O. TO COMMENT T	61) PAM PERKINS	1.00										
BOADD PRESIDENT O	BOARD SECRETARY	0.	Х		X				0.		o .	0
BOARD PRESIDENT O	62) SUE STEIGER	. 50										
SOARD VICE PRESIDENT O. X X O. O.		+	નં		x				0.		0.	0
BOARD VICE PRESIDENT O. X X X O. O. BOARD TREASURER O. X X X O. O. Componsation of the organization sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization for the calendar year ending with or within the organization's 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) Description of services Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year.				-	1				<u>.</u>		- 	
64) DEBORA GUILLERMO BOARD TREASURER 0. X X 0. 0. 0. 65) JENNIFER LILE 650 JENNIFER		+ -	┥		v				٥ ا		n	0
BOARD TREASURER O. X X O. O.	· · · · · · · · · · · · · · · · · · ·				 ^	\vdash	\vdash		J .			
65) JENNIFER LILE BOARD SECRETARY O. X X O. 0 BOARD CHAIR O. X X O. 0 BOARD TREASURER O. X X O. 0 Compensation BOARD TREASURER O. X X O. 0 Compensation BOARD TREASURER O. X X O. 0 Compensation Compensation BOARD TREASURER O. X X O. 0 Compensation Compensation BOARD TREASURER O. X X O. 0 Compensation Compensati		+	-1		,							0
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BOARD CHAIR O. X X O. O. BOARD TREASURER O. X X O. O. BOARD TREASURER O. X X O. O. BOARD TREASURER O. X X O. O. O. BOARD TREASURER O. X X O. O. O. BOARD TREASURER O. X X O. O. O. BOARD SECRETARY O. X X O. O. BOARD PERSIDENT O. X X O. O. BOARD PRESIDENT O. X X O. O. O. WAS AND PRESIDENT O. X X O. O. O. WAS AND PRESIDENT O. X X O. O. O.		+	-		١				_		_	_
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BOARD SECRETARY O. X X D. O. O. JOHN PETRO BOARD PRESIDENT O. X X D. O. O. 1.00 BOARD PRESIDENT O. X X D. O. O. 1.00 BOARD PRESIDENT O. X X D. O. O. 1.00 D. O. O. O. 1.00 D. O. O. O. O. 1.00 D. O. O. O. O. O. O. O. O. 1.00 D. O.	BOARD TREASURER	0.	X		Х				0.		0.	0
BOARD PRESIDENT 1.00 BOARD PRESIDENT 0. X 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 37 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a² if "Yes," complete Schedule J for such individual	68) ROBERT L. BAZZARELLI	. 50										
Source S	BOARD SECRETARY	0.	X		X				0.		0.	0
BOARD PRESIDENT O	69) JOHN PETRO	1.00										
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 ▶ 37 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	BOARD PRESIDENT	+	×		X				0		0	0
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 37 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	1b Sub-total						·					
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 ▶ 37 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	* * * * * * * * * * * * * * * * * * * *	l Section Δ		• • •	• •	• •	• • •					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 37 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 employee on line 1a? If "Yes," complete Schedule J for such individual for any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Re) Compensation for the calendar year ending with or services Compensation for services compensation of services Compensation for the calendar year ending with or within the organization's tax year.												
Teportable compensation from the organization ► 37 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								o re	ceived more than	\$100.000	of	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							J, •••••		ocived more than	φ100,000	01	
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												Yes No
employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Description of services Compensation Compensation Compensation	3 Did the organization list any former of	officer, directo	er. or	tri	iste	e. l	kev e	mn	llovee or highest	compens	sated	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes." complete Sch	nedule J for su	ch ind	ividu	ual							3 X
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
individual												
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for services rendered to the organization? If "Yes," complete Schedule J for such person												
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compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensatio			- d					41		H	0.000 1	
year. (A) (B) (C) Name and business address Description of services Compensation												
(A) (B) (C) Name and business address Description of services Compensation	· · · · · · · · · · · · · · · · · · ·	n compensau	וטו ווט	me	: ca	елс	ıaı ye	are	muing with or with	iin the orga	anization	stax
Name and business address Description of services Compensation	year.										r	
2 Total number of independent contractors (including but not limited to those listed above) who received	Name and business	address							Description of se	rvices	Co	ompensation
2 Total number of independent contractors (including but not limited to those listed above) who received												
2 Total number of independent contractors (including but not limited to those listed above) who received												
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2 Total number of independent contractors (including but not limited to those listed above) who received												
	2 Total number of independent contractors	(including bi	ut not	lim		d to	thos	e li	sted above) who	received		
more than \$100,000 in compensation from the organization ▶								- "				
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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and	Hig		ea Employees	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and title	Average	(44.			sition			Reportable	Reportable	Estimated
	hours per week (list any					e than o		compensation	compensation fro	m amount of other
	hours for					tor/trus		from the	related organizations	compensation
	related			_	1			organization	(W-2/1099-MISC	
	organizations	dividuat t director	š	Officer	ē.	nple ple	Former	(W-2/1099-MISC)	(11-2) 1000 11100	organization
	below dotted	acto duar	Į į	"	를	st c	4	(,,		and related
	line)	, <u>a</u>	a t		Key employee	3				organizations
		Individual trustee or director	nstitutional trustee		0	ens				
			ď			Highest compensated employee				
70) PATRICK KELLY	1.00									-
BOARD VICE PRESIDENT	0.	Х		Х				0.	().
71) JEANNY SIMAITIS	1.00									
BOARD SECRETARY	0.	X		Х				0.).
72) JIM KEIM	1.00									
BOARD TREASURER	0.	Х		X				0.).
73) DAVE DUDON	2.00	- 23		 ^`			\vdash	Ų.		<u> </u>
	-+	,,		١,,						
BOARD PRESIDENT	0.	Х	\vdash	Х	<u> </u>	-	_	0.	(). (
74) MIKE EMOFF	1.00									
BOARD PRESIDENT ELECT	0.	X	Щ	Х			\perp	0.	. () .] (
75) WARD ALLEN	1.00									İ
BOARD SECRETARY	0.	Х		Х				0.	().
76) JOEL SIEFERT	1.00					· · · · · ·	Г			
BOARD TREASURER	0.	Х		X				0.	().l
77) WILLIAM MESSER	2.00									1
BOARD PRESIDENT	0.	x		x				0.).
				Λ.	-		├	0.		,,
78) BARBARA KOPP MILLER	1.00			l					_	
BOARD VICE PRESIDENT	0.	X		Х				0.	(). (
79) MATT LANGHAM	1.00									
BOARD VICE PRESIDENT	0.	Х		X				0.	().
80) DAVID KOENIG	1.00									
BOARD TREASURER	0.	x		X				0.).
1b Sub-total					1					
c Total from continuation sheets to Part VII, S	Continu A		• •	• •	• •					
d Total (add lines 1b and 1c)										-
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of	
reportable compensation from the organization		3		uu	DO 41	C) WIII	0 10	ocived more than	Ψ100,000 0,	
······································								,		Yes N
3 Did the organization list any former offi	cer. directo	or. or	tru	uste	e.	kev e	emp	lovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the	sum of rep	ortac	ole c	com	per	isatio	n ai	na other compens	sation from the	All Indian
organization and related organizations gr								•		
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "	'es," comple	te Sch	nedu	ile J	l for	such	per	son		5 X
Section B. Independent Contractors										· · - · · · · · · · · · · · · · · · · ·
1 Complete this table for your five highest concompensation from the organization. Report year.										
(A)							\top	(B)		(C)
Name and business ad	dress							Description of se	ervices	Compensation
			·							
							\perp			
		-					+			
2 Total number of independent contractors (ncluding by	ıt not	lim	nite	d to	thos	se ti	isted ahove) who	received	
more than \$100 000 in companyation from the							- 41	LIVE GROVOJ WITO	. 300.700	

	(A)	(B)	<u> </u>		(C			1	nest Compensat	(E)		(F)
	Name and title	Average			Posit				Reportable	Reporta	ble	Estimated
	yearne dire inte	hours per	(do i				han one	e	compensation	compensation		amount of
		week (list any					both at trustee		from	relate		other
		hours for related				-			the	organizat		compensation from the
		organizations	흑뤃	stitu	Officer	ey e	ighe	Forme	organization (W-2/1099-MISC)	(W-2/1099-	iviisc)	organization
		below dotted	ecto	[-	mplo	st c	۱ ۳	(11 27 1000 111100)			and related
		line)	امَّ قِ	<u>a</u>		Key employee	ag					organizations
			Individual trustee or director	nstitutional trustee			Highest compensated					
81) ALEX CATCHINGS	1.00			\dashv		<u> </u>		<u> </u>			
	BOARD SECRETARY	0.	Х		Х				0.		0.	
82) DAVID MURLETTE	5.00				1						
	BOARD CHAIR	0.	Х		Х				0.		0.	(
83) LEE SWARTHOUT	4.00				1						
	BOARD TREASURER	0.	Х		Х				0.		0.	(
84) ERIN PETERS	4.00										
	BOARD SECRETARY	0.	Х		Х	1			0.		0.	. (
3 5) GREG TIGANI	1.00										
	BOARD CHAIR	0.	Х		Х				0.		0.	(
3 6) ANDREW HUNT	1.00										
	BOARD VICE CHAIR	0.	X		$_{\rm X}$	1			0.		0.	(
37) JON RUNYAN	1.00			T							
	BOARD VICE CHAIR	0.	Х		$_{\rm X}$				0.		0.	(
38) DEB HAUGH	1.00			Ť	-		_				
	BOARD SECRETARY	0.	х		$_{\rm X}$				0.		0.	t
0) ANDREA CLEARKIN	1.00			~	-	_	_				
-	BOARD TREASURER	1 0 0	X		$_{\rm X}$				0.		0.	(
) CHARLIE WILLIAMS	8.00	,,		<u>^`</u>	\dashv					<u> </u>	<u> </u>
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	BOARD CHAIR	0.	Х		х		-	-	0.		0.	(
	BOARD CHAIR) GERALD HUSKAMP	0. 6.00					-	-				
91	BOARD CHAIR) GERALD HUSKAMP BOARD VICE CHAIR	0.	X		X X				0.		0.	
1	BOARD CHAIR) GERALD HUSKAMP BOARD VICE CHAIR 5 Sub-total	0. 6.00 0.	х		х		!	•				
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1 1 2 3 4 5 <u>S</u> 1	BOARD CHAIR) GERALD HUSKAMP BOARD VICE CHAIR 5 Sub-total C Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Scheen For any individual listed on line 1a, is the organization and related organizations grindividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yection B. Independent Contractors Complete this table for your five highest concompensation from the organization. Report year. (A) Name and business ad	o. 6.00 0. 6.00 cection A. limited to the sum of repeater than accrue conces, "completion of the compensation of the compensation of the sum of the compensation of the sum of the compensation of the sum of the compensation of the sum of the s	X hose 3 or r, or ch ind or rtab \$15 mpen rte Sct	trusividu (constitution) trusividu (constituti	× is ab	e, ke	who ey en ation "Yes," any u uch p	ar ar unreers	ceived more than loyee, or highest and other compens complete Schedu related organization hat received more inding with or with	t compens sation from le J for s on or indivi	o. of ated the such dual ,000 o	Yes N. 3
1 1 2 3 4 5 <u>S</u> 1	BOARD CHAIR) GERALD HUSKAMP BOARD VICE CHAIR 5 Sub-total C Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grindividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yection B. Independent Contractors Complete this table for your five highest concompensation from the organization. Report of year. (A)	o. 6.00 0. 6.00 cection A. limited to the process of repeater than accrue concess, complete the process of the	X hose 3 hose 3 mpen mte Sch	trusividu dele constitution dele constitution dele constitution dele constitution dele constitution dele constitution dele constitution del co	× is ab	e, ke	who ey en ation "Yes," any u uch p	ar ar unreers	ceived more than loyee, or highest and other compens complete Schedu related organization hat received more inding with or with	t compens sation from le J for s on or indivi	o. of ated the such dual ,000 o	Yes N. 3

1 6	Irt VII Section A. Officers, Directors, Tr		.y ⊑11	Più			ailu	ııy		1		
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss po	erson	e than e is both	an	(D) Reportable compensation from	(E) Report compensat relate	able ion from	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	d Officer		Highest compensated	tee) Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		compensation from the organization and related organizations
(92)		6.00										
(93)	BOARD TREASURER DEB LEWIS	4.00	Х		Х	1			0.	_	0.	0.
(22)	BOARD SECRETARY	0.	Х		X	İ			0.		0.	0 .
(94)		2.00						 				
	BOARD CHAIR	0.	Х		Х				0.		0.	0.
(95)	ROBERT TOBEY, PC	2.00					Ì					
	BOARD VICE CHAIR	0.	Х		Х	ļ		L	0.		0.	0.
(96)	ROSLYN THIBODEAUX-GOODALL	2.00										
. ==	BOARD SECRETARY	0.	Х		Х				0.		0.	0.
(9/)	LYNN PRUDE	2.00	٠,			•						
981	BOARD TREASURER KERRY DANNECKER	2.00	Х	Н	Х				0.		0.	0.
201	BOARD CHAIR	0.	Х		Х				0.		0.	0.
99)	CRAIG PARKS	2.00		Н	<u> </u>						0.	
· <u></u> -	BOARD CHAIR ELECT	0.	Х		x				0.		0.	0.
100)	LYNN BENCOWITZ	2.00										
	BOARD PAST CHAIR (JUL15-JUN16)	0.	Х		Х				0.		0.	0.
101)	DIANNA DRYER	2.00										
	BOARD TREASURER	0,	Х		Х				0.		0.	0.
102)	CYNTHIA TRIGG	2.00			١							
45	BOARD SECRETARY Sub-total	0.	Х	Ш	Х			<u> </u>	0.		0.	0.
С	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to the	nose	liste				re	ceived more than	\$100,000	of	
	reportable compensation from the organization	1 >	37									Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schede											3 X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	. If	"Yes	5," (complete Schedui	le J for	such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue cor	mpen	satio	on 1	fron	any	uni	related organization	on or indiv	idual	5 X
Se	ction B. Independent Contractors	,						<i>r</i>				
1	Complete this table for your five highest comcompensation from the organization. Report of year.											
	(A) Name and business add	lress							(B) Description of se	rvices	C	(C) ompensation
_		-						<u> </u>		<u> </u>		
								F		· · · · · · · · · · · · · · · · · · ·		
_	Table and the second se	-11*				1 .		1	-1-1-1-2-2-2			
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nte	o to	thos	e li	sted above) who	received		

(A) Name and title	(B) Average hours per week (list any hours for related	box.	not che unless r and	s pers a din	on ore than on is botl actor/trus	n an stee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	mer	(W-2/1099-MISC)		organizatio and related organization
) MEHARVAN SINGH, PHD BOARD PRESIDENT	4.00	х		х			0.	0.	
) JULIE HUNTER	4.00			Ť	<u> </u>	┼~			
BOARD VICE PRESIDENT	0.	Х		Х			0.	0.	
) VALERIE SKINNER	4.00					\vdash			
BOARD SECRETARY	0.	Х;		Х			0.	0.	
) PAUL MORGAN	4.00								
BOARD TREASURER	0.	Х		Х			0.	0.	
) CAROL A. MANNING, PHD	1.00								
BOARD CHAIR	0.	Х		Х			0.	0.	
) MONIQUE M. SHOLES, MA, LHNA	1.00								
BOARD VICE CHAIR/SECRETARY	0.	Х		Х		L	0.	0.	
) BRIAN B. PHELPS	1.00								
BOARD TREASURER	0.	X		Х			0.	0 .	
) MARK BIERBOWER	2.00								
BOARD CHAIR	0.	Х		Х			0.	0.	
) ERIC STEINMILLER	2,00								
BOARD VICE CHAIR	0.	Х		X			0.	0.	
) JODI LYONS	2.00		1	j					
BOARD SECRETARY	0.	Х		X		_	0.	0.	
) ANDREA YOAK	3.00				İ				
BOARD PRESIDENT	0.	Х		X		L_	0.	0.	
Sub-total						>			ļ
c Total from continuation sheets to Part VII, S	•								-
d Total (add lines 1b and 1c)								#400 000 -f	
Total number of individuals (including but not reportable compensation from the organization		10se 1 37		abo	ve) wn	o re	ceived more than	\$100,000 01	
Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo For any individual listed on line 1a, is the organization and related organizations gr	dule J for suc sum of rep reater than	<i>h indi</i> ortab \$15	<i>vidua</i> le co 0,00	al. ompe 0?	 ensatio <i>If "Ye</i> :	n ar	nd other compens	ation from the	Yes 3
individual									4 X
Did any person listed on line 1a receive of for services rendered to the organization? If "									
ection B. Independent Contractors	res, complet	e 3011	cuult	5 J IC	n sucil	per.	out	· · · · · · · · · · · · · · · · · · ·	5
Complete this table for your five highest cor compensation from the organization. Report year.									
(A)						T	(B)		(C)
Name and business ad	ldress						Description of se	rvices (Compensation
						1			
							·	-	•
						+			
		•							
Total number of independent contractors (including bu	t not	limit	ted	to thos	se li	sted above) who	received Figure 1	

	rt VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per	(do	not c	Pos heck	C) sition mor	e than (one	(D) Reportable compensation	(E) Report	able	(F) Estimated amount of
		week (list any hours for related organizations balow dotted line)					bor Highest compensated is or true employee		from the organization (W-2/1099-MISC)	relati organiza (W-2/1099	ations	other compensation from the organization and related organizations
114)	KATIE HAMANN BOARD VICE PRESIDENT	2.00	v		.,							
115)	GENE W JOHNSON, JR.	2.00	Х		Х	-	ļ	-	0.		0.	0
	BOARD TREASURER	0.	х		x				0.		0.	0
116)	BRENDA D MITCHELL	1.00			Ë			 				
	BOARD SECRETARY	0.	Х		x				0.		0.	0
$1\overline{17}$	WALLACE SUTTLE	1.00	·								-	
	BOARD PRESIDENT	0.	х		х				0.		0.	0
118)	LAURA BOONE	.50										······································
	BOARD 1ST VICE PRESIDENT	0.	х		Х				0.		0.	0
119)	DAVID K. HIGGINS	.50		,								
	BOARD 2ND VICE PRESIDENT	0.	Х		Х				0.		0.	0
120)	RICK MOGIELSKI	.50										
	BOARD SECRETARY	0.	Х		X				0.		0.	0
121)	BARRY DOBSON	.50						İ				
	BOARD TREASURER	0.	Х		Х			<u> </u>	0.		0.	0
122)	MARK STENZEL	1.00										
	BOARD PRESIDENT	0.	Х		X			L	0.		0.	0
123)	BRIAN HENNING	1.00										
	BOARD VICE PRESIDENT	0.	Х		Х		ļ		0.		0.	0
124)	SUE COLEGROVE	1.00				Į						
	BOARD SECRETARY	0.	Х		Х			<u> </u>	0.		0 .	0
1b	Sub-total							>				
	Total from continuation sheets to Part VII, S	=						>				
	Total (add lines 1b and 1c)							<u> </u>				
2	Total number of individuals (including but not				d al	bov	e) wh	o re	ceived more than	\$100,000	of	
	reportable compensation from the organizatio	n ▶	3	7					·			
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	r, or ch ind	tru <i>ividu</i>	iste ual	e, • •	key (emp	oloyee, or highest	compens	sated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	lf.	"Yes	3, "	complete Schedu	le J for	such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on 1	fron	n any	un	related organizatio	on or indiv	idual	
Se	ction B. Independent Contractors	es, compre	6 30	eau	10 0	101	Sucii	pei	3011			5 X
1	Complete this table for your five highest com	nonsated i	ndens	nde	ent i	con	tracto	re t	that received more	than \$10	3 000 0	f
•	compensation from the organization. Report of year.											
	(A) Name and business add	lres s							(B) Description of se	rvices	С	(C) ompensation
									· ·			
									<u></u>			
2	Total number of independent contractors (in more than \$100,000 in compensation from the				ited	d to	thos	se li	isted above) who	received		

(A)	(B)			(6	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any			heck		e than o		Reportable compensation from	Reporta compensati relate	on from	Estimat amount other	t of
	hours for related organizations below dotted line)	fic individual trustee or director	institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	compens from the organiza and rela organizal	he ation ated
(125) DAVID B. SCHULZ	1.00											
BOARD TREASURER	0.	Х		Х				0.		0.		0.
(126) SHAUN STAUFFER	1.00		Ì									
BOARD CHAIR	0.	Х		Х				0.	<u>-</u>	0.		0.
(127) SHERRI JONES	1.00]										
BOARD VICE CHAIR	0.	Х		Χ.	ļ	ļ		0.		0.		0.
(128) JONATHON HAWKINS	1.00									_		
BOARD TREASURER	0.	Х		Х				0.		0.		0.
(129) FAYE WEAVER	1.00							_				
BOARD SECRETARY	0.	Х	Н	X				0.		0.		0.
(130) BRUCE DUNCAN	1.00			۱. <i>.</i>					İ			
BOARD PAST CHAIR	0.	Х		Х	 			0.		0.		0.
(131) PAT BALDRIDGE	2.00											0
BOARD DIRECTOR (132) ROBB FANNO	2.00	X			├		-	0.		0.		0.
		v						0.		0.		0
BOARD DIRECTOR (133) MICHAEL GALLAGHER	2.00	Х	\vdash					0.		· · ·		0.
BOARD DIRECTOR	2.00	X						0.		0.		0.
(134) GEOFFREY KERCHNER	2.00	^						0.				<u> </u>
BOARD DIRECTOR	0.	X						0.		0.		0.
(135) JOAN KEZIC	2.00	1			-			0.		- ' 		
BOARD DIRECTOR	-12.00	X						0.		0.		0.
1b Sub-total	1 .	- 71				1	_	<u> </u>				
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							▶ o re	eceived more than	\$100,000	of		
reportable compensation from the organization		37										
3 Did the organization list any former off	icer, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compens	ated	Ye	s No
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ind	ividu	ual							3	X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	per	satio	n ai	nd other compens	sation from	the		
organization and related organizations g	reater than	\$15	0,00	00?) If	"Yes	s, "	complete Schedu	le J for :	such		
individual											4 X	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5	Х
Section B. Independent Contractors												
 Complete this table for your five highest cor compensation from the organization. Report year. 												
(A)							T	(B)			(C)	
Name and business ac	ddress						_	Description of se	rvices	C	ompensation	n
							\perp					
							+					
							+		· ·			
2 T-t-1	San alternative on the		1:	.:	- L	4l	10 /3	iotod shares				
2 Total number of independent contractors (. iim	ше	u lC	ว เทอร	e II	isted above) who	received			

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	oye	es,	and	Hig	nest Compensat	ed Emplo	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unle er an	Pos heck ss pe	erson direc	e than is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Report compensat relate organiza	able ion from ed ations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	i-MISC)	organization and related organizations
(136) MARK MCDONALD	2.00				<u> </u>		 				
BOARD DIRECTOR	0.	Х	<u>L</u> .					0.		0.	0.
(137) NANCY WESTCOTT	2.00										
BOARD DIRECTOR	0.	Х						0.		0.	0.
(138) ELSIE WU BOARD DIRECTOR	2.00	Х						0.		0.	0.
(139) PETER REED	2.00										
BOARD DIRECTOR	0.	X		_	ļ.,	ļ	ļ	0.		0.	0.
(140) JEFFREY TENG	2.00	.,									
BOARD DIRECTOR (141) ALEX TSAO	0.	X			-		-	0.		0.	0.
BOARD DIRECTOR	2.00	X						0.		0.	0.
(142) LESLIE WALKER	2.00							0.			
BOARD DIRECTOR	0.	X						0.		0.	0.
(143) TIMI AGUILAR	2.00						 				
BOARD MEMBER	0.	Х						0.		0.	0.
(144) CHRISTOPHER BINKLEY	2.00										
BOARD MEMBER	0.	X						0.		0.	0.
(145) BETH BOWLEN WALLACE	2.00										
BOARD MEMBER	0.	Х		<u> </u>				0.		0.	0.
(146) FRANCIS BROWN, ESQ	2.00										
BOARD MEMBER	0.	X					_	0.		0.	0.
1b Sub-total							>				
c Total from continuation sheets to Part VII,											
d Total (add lines 1b and 1c)	t limited to t		liste				o re	ceived more than	\$100,000	of	
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche	icer, directo dule J for suc	or, or ch ind	tru 'ividi	uste u <i>al</i>	e, • •	key (emp	loyee, or highest	t compens	ated	Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	0,0	00?	i If	"Yes	5," (complete Schedu	le J for		4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mpen	sati	on i	fron	n any	uni	related organization	on or indiv		5 X
Section B. Independent Contractors	700, 00mpio						,,,,			· · · · ·	
 Complete this table for your five highest co compensation from the organization. Report year. 											
(A) Name and business a	ddress							(B) Description of se	rvices	С	(C) ompensation
							+				
							-				
2 Total number of independent contractors				nite	d to	thos	se li	sted above) who	received		

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reporta compensatio related organizat	on from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
147) TERESA GREGG	2.00										
BOARD MEMBER	0.	Х						0.		0.	0
148) CODY RICART HAGANS	2.00							_		_	_
BOARD MEMBER	0.	Х		ļ	ļ		_	0.		0.	0
149) PERRY HERRMANN	2.00	.,									0
BOARD MEMBER 150) EDWARD HUT	2.00	Х		_	-			0.		0.1	0
BOARD MEMBER	0.	X						0.		0.	0
151) WILLIAM JOHNSON	2.00	<u> </u>						0.		0.	
BOARD MEMBER	0.	X						0.		0.	0
152) JAMISON MILLER, DMD	2.00	<u> </u>						1			
BOARD MEMBER	0.	Х						0.		0.	0
153) DONALD OBERNDORF	2.00										
BOARD MEMBER	0.	X						0.		0.	0
154) THOMAS O'DONNELL	4.00										
BOARD MEMBER	0.	Х						0.		0.	0
155) SIDNEY OKES, JR.	2.00									·	
BOARD MEMBER	0.	Х						0.		0.	0
156) LINDA PEOTTER	2.00								-		
BOARD MEMBER	0.	Х						0 .		0.	0
157) GREG PFAHL, CPA	4.00										
BOARD MEMBER	0.	Х					<u> </u>	0.		0.	0
to Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)					٠.		A A A		¢400.000 -		
2 Total number of individuals (including but no reportable compensation from the organizat		nose 37		d al	bove	e) who	o re	eceived more than	\$100,000 c)T	
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche											Yes No
For any individual listed on line 1a, is the organization and related organizations individual	e sum of rep greater than	ortab \$15	le c	om 00?	pen	satio	n ar s," (nd other compens	sation from	the	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If	or accrue coi	mpen	satio	on 1	fron	any	un	related organizatio			5 X
Section B. Independent Contractors	703, 00mp101	10 001	oua	100	70,	QUO!	<u> </u>			••	1
 Complete this table for your five highest co- compensation from the organization. Repor year. 											
(A) Name and business a	address							(B) Description of se	rvices	С	(C) ompensation
									:		
							1				

Part VII Section A. Officers, Directors, 1 (A) Name and title	(B) Average hours per week (list any hours for related organizations	(do box,	not cl unles	Pos heck ss ps	C) sition mor erson lirec	e than o	one an	(D) Reportable compensation from the organization	(E) Report compensat relate organiza (W-2/1099	able ion from ed itions	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	nstitutional trustee	ě,	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and related organizations
(158) BERNARD POSKUS, ESQ	4.00								-		··
BOARD MEMBER	0.	Х						0.		0.	0.
(159) KARLA RIKANSRUD BOARD MEMBER	4.00	Х						0.		0.	0.
(160) KRISTY TOCHIHARA, CRPC	2.00						ŀ				
BOARD MEMBER	0.	Х					<u> </u>	0.		0.	0.
(161) MARY TUUK, MD	2.00						İ				
BOARD MEMBER	0.	X					_	0.		0.	0 .
(162) JULIE WHAM	2.00									İ	
BOARD MEMBER	0.	X					L	0.		0.	0.
(163) BETTY BRENNAN	.80										
BOARD DIRECTOR	0.	Х						0.		0.	0.
(164) KATHY BUTLER	.80										
BOARD DIRECTOR	0.	Х				L		0.		0.	0 .
(165) BETTY DOMER	. 80										
BOARD DIRECTOR	0.	Х						0.		0.	0.
(166) RICHARD FISHER	.80										
BOARD DIRECTOR	0.	Х						0.		0.	0.
(167) ROY FRIEDMAN	.80						-				
BOARD DIRECTOR	0.	Х						0.		0.	0.
(168) PATRICIA GIBBS	.80									- 0.	<u> </u>
BOARD DIRECTOR	- 	X						0.		0.	0.
1b Sub-total	0.				L	L	_	0.			· · · · · · · · · · · · · · · · · · ·
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)					 	 	^				
2 Total number of individuals (including but no reportable compensation from the organizat		hosel 37		d al	bove	e) who	o re	ceived more than	\$100,000	of	
											Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche											3 X
4 For any individual listed on line 1a, is the organization and related organizations of individual	reater than	\$15	0,0	00?	lf	"Yes	," (complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive of	r accrue coi	mpen	satio	on f	ron	any	uni	related organization	on or indivi	dual	
for services rendered to the organization? If	ves, complet	e Scr	eau	ie J	ior	sucn	per	son			5 X
Section B. Independent Contractors											
 Complete this table for your five highest co compensation from the organization. Report year. 											
(A) Name and business a	ddress							(B) Description of se	rvices	Co	(C) ompensation
							-				
							-	 _			··
2 Total number of independent contractors more than \$100,000 in compensation from				itec	to	thos	e li	sted above) who	received		

Part VII Section A. Officers, Director (A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	not ch unles	Pos neck ss pe	C) sition mor erson tirect	e than o is both or/trus	one an tee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from ed tions	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
(169) JULIETTA GUARINO	.80										
BOARD DIRECTOR	0.	X						0.		0.	0
(170) LYNN HAGGERBRANT	.80									_	_
BOARD DIRECTOR	0.	Х.		-	ļ		<u> </u>	0.		0.	0
(171) WILLIAM KOWALEWSKI	.80	,,				ĺ				^	
BOARD DIRECTOR (172) MIKE MARINACCIO	0.	X			_		<u> </u>	0.		0.	0
BOARD DIRECTOR	.80	x								0	,
(173) ALAN PAPERNY	80	^	\vdash					0.		0.	0
BOARD DIRECTOR	0.	X						0.		0.	0
(174) ERIC RENNIE	.80							0.		· · · · · · · · · · · · · · · · · · ·	
BOARD DIRECTOR		Х						0.		0.	0
(175) JEFFREY RUDEN	.80							0.		0.	0
BOARD DIRECTOR	0.	х						0.		0.	0
176) MARIO SINICARIELLO	.80		\dashv					0.		0.	
BOARD DIRECTOR	0.	x						0.		0.	0
177) GREGORY SMITH	.80										<u>-</u> -
BOARD DIRECTOR	0.	Х						0.		0.	0
178) MARISSA CREAN	.80										-
BOARD DIRECTOR	0.	Х						ο.		0.	0
179) ENRIQUE PINEIRO	1.00										
BOARD DIRECTOR	0.	Х						0.		0.	0
1b Sub-total			٠,								
c Total from continuation sheets to Pard Total (add lines 1b and 1c)	rt VII, Section A				 	· · ·	▶				
Total number of individuals (including leading reportable compensation from the organization)				d at	DOV	e) who	o re	ceived more than	\$100,000	of	
Teportable compensation from the orga	anization >	37									Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete									compens	ated	3 X
4 For any individual listed on line 1a, organization and related organization individual	ons greater than	\$15	0,00	00?	- If	"Yes	," (complete Schedu	e J for	such	4 X
5 Did any person listed on line 1a rec for services rendered to the organization	eive or accrue cor	npen:	satio	n f	ron	any	uni	related organization	n or indivi	dual	5 X
Section B. Independent Contractors											- - - - - - - - - -
 Complete this table for your five higher compensation from the organization. F year. 											
(A Name and busi								(B) Description of se	rvices	C	(C) Compensation
		•					+-	·			
2 Total number of independent contract more than \$100,000 in compensation				itec	to	thos	e li	sted above) who	received		

(A) Name and title	(B) Average hours per week (list any hours for related	box, office	not ch unles: er and	s per Ia di	tion more son rect	e than o	an ee)	(D) Reportable compensation from the	Reportable compensation related organization	irom s	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	organization and related organizations
) FERIAL ANDRE	1.00										
BOARD DIRECTOR .) SATHYA PUTHANVEETTIL	1.00	Х						0.		0.	
BOARD DIRECTOR	0.	Х						0.		0.	
) RON RADCLIFFE	1.00										
BOARD DIRECTOR	0.	Х						0.		0.	
) SAMUEL FERRERI	1.00										
BOARD DIRECTOR) BARRY REISS	1.00	Х						0.		0.	
BOARD DIRECTOR		х						0.		0.	
) ELAYNE FORGIE	1.00			\dashv		-					
BOARD DIRECTOR	0.	Х						0.		0.	
) ADAM RUTSTEIN	1.00										
BOARD MEMBER) ED HANCOCK	1.00	X		\dashv				0.		0.	
BOARD MEMBER	0.	Х						0.		0.	
) MITCH HUNT	1.00			+				<u></u>		<u> </u>	
BOARD MEMBER	0.	Х						0.		0.	
) SETH PHELPS	1.00										
BOARD MEMBER	0.	Х	_					0.		0.	
) KRIS BAKOWSKI BOARD MEMBER	2.00	Х						0.		0.	
b Sub-total c Total from continuation sheets to Part \(\) d Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organization)	not limited to the		istec				► re	ceived more than	\$100,000 af		
Did the organization list any former employee on line 1a? If "Yes," complete Se For any individual listed on line 1a, is organization and related organizations individual	chedule J for suc the sum of rep s greater than	ch ind ortab \$15	ividu le co 0,00	<i>al ,</i> omp)0?	en: If	satior "Yes	 n ar ," (nd other compens	sation from th	e h	Yes 3 3 4 X
Did any person listed on line 1a receiv for services rendered to the organization?											5
ection B. Independent Contractors	77 100, 0077,070	.0 007	ouu	-		00017	00.0		<u> </u>	• !	
Complete this table for your five highest compensation from the organization. Repyear.											tax
(A) Name and busines								(B)		C	(C)
Name and busines	ss aduress							Description of se	rvices	Com	pensation
							+				
							ļ				
Total number of independent contractor	re (including h	ıt not	lim:	itod	to	thos	- I:	etad ahovol wh-	received		

(A)	(B)			(C)			(D)	(E)			(F)	
Name and title	Average hours per week (list any	box,	unles	Pos heck	sition mor erson	e than is both	an	Reportable compensation from	Reportable compensation related	from	Est am	timated ount of other	
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-M		fro orga and	pensation the anization irelated indication	n I
191) DONNA CAMACHO	2.00	-				-	ļ -						
BOARD MEMBER 192) DAVID JONES	2.00	X					 	0.		0.			_0
BOARD MEMBER	0.	Х				<u></u> .	<u> </u>	0.		0.			0
193) FELICIA MOORE BOARD MEMBER	2.00	×						0.		0.			0
194) BOB OXFORD	2.00			-				0.		$\stackrel{\circ}{\dashv}$			
BOARD MEMBER	0.	Х						0.		0.			0
195) MONICA PARKER, MD BOARD MEMBER	2.00	X						0.		0.			0
196) KAY SAUNDERS	2.00		-					0.		-			
BOARD MEMBER	0.	Х						0.		0.			0
197) WILLIAM (BILLY) SMALLS, JR.	2.00	.,											
BOARD MEMBER 198) GLENN PATTON	2.00	X						0.		0.			0
BOARD MEMBER		Х						0.		ο.			0
199) JEFFREY BACH	.50												
BOARD MEMBER	0.	Х					ļ	0.		0.			0
200) KEN-ICHIRO FUKUCHI, MD	. 50	.,											0
BOARD MEMBER 201) CINDY HERMANN	50	Х						0.		0.			0
BOARD MEMBER	0.	X						0.		0.			0
to Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	<u> </u>	<u> </u>					> >	scalved more than	\$100 000 of				
reportable compensation from the organizati		37		u ai		S) WII	0 16		Ψ100,000 01				
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche									compensate	∍d -	3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	0,00	00?	l If	"Yes	s," i	complete Schedu	le J for suc	ch	4	х	
5 Did any person listed on line 1a receive of	or accrue co	mpen	satio	on 1	fron	any	uni	related organization	on or individu	ıal			V
for services rendered to the organization? If ' Section B. Independent Contractors	res, compre-	ie Sci	leau	ie J	101	Sucn	per	son		•	5		Х
Complete this table for your five highest co- compensation from the organization. Report year.													
(A) Name and business a	ddress		•		•			(B) Description of se	rvices	C	(C) ompens	ation	
											<u>_</u>		
							L		- mar			iq copressor.	
2 Total number of independent contractors				iited	d to	thos	se li	sted above) who	received	Ango	hiji de		

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson	e than o is both or/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	
202) DORI HIGDON BOARD MEMBER	.50	х						0.		0. 0
203) DOUG INGERSOLL BOARD MEMBER	.50	х						0.		0. 0
204) JEFFREY JOHNSON BOARD MEMBER	.50									
205) KEITH KINSEY	.50	Х		-				0.		0. 0
BOARD MEMBER 206) DANIEL REXROTH	4.30	X						0.		0. 0
BOARD MISSION OUTREACH CHAIR 207) GREGORY MURRAY (JUL15-MAR16) BOARD RESOURCE MGMT CHAIR	4.30	X						0.		0. 0
208) MICHAEL BARTH BOARD MEMBER	0. 4.30	X						0.		0. 0
209) BRUCE BAUDE BOARD MEMBER	4.30									
210) JIM BOYERS BOARD MEMBER	4.30	X						0.		0. 0
211) NED BROADWATER	4.30	X				- · · · · -		-		0. 0
BOARD MEMBER 212) KEN CROOK	0. 4.30 0.	X						0.		0. 0
BOARD MEMBER 1b Sub-total		Х					<u></u> ▶	0.		0. 0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							<u> </u>			
Total number of individuals (including but not reportable compensation from the organization)		nose i 37		o ar	oove	e) wn	o re	ceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	lf.	"Yes	," (complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X
Complete this table for your five highest com- compensation from the organization. Report of year.										
(A) Name and business add	lress							(B) Description of se	rvices	(C) Compensation
							_			
2 Total number of independent contractors (in				itec	to	thos	e li	sted above) who	100000000000000000000000000000000000000	
more than \$100,000 in compensation from th	e organizat	ion 🕨	•						5446	

1 6	rt VII Section A. Officers, Directors, Tru		y Ell	ipic	уе	es,	anu	пıg	nest compensat	eu Employ	ees (c		
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss ps	erson	e than e is both tor/trus	an	(D) Reportable compensation from the	(E) Reportati compensatio related organizati	n from	Esti amo of	(F) mated ount of ther ensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I		froi orgai and	m the nization related nizations
(213)	SHERRI DAVIES	4.30				-							
	BOARD MEMBER	0.	_ x						0.		0.		0
(214)	JEFF EDWARDS	4.30											
	BOARD MEMBER	0.	Х						0.		0.		0
(215)	ANITA GAILLARD	4.30											
	BOARD MEMBER	0.	Х						0.		0.		0
(216)	BRIAN HEALEY	4.30			Ī								
	BOARD MEMBER	0.	Х						0.		0.		0
(217)	ARTHUR WACHHOLZ	4.30											
	BOARD MEMBER	0.	Х						0.		0.		0
(218)	KEPTEN CARMICHAEL	4.30				-							
	BOARD MEMBER	0.	X						0.		0.		0
(219)	PHYLLIS FERRELL	4.30						-	<u> </u>				
	BOARD MEMBER	0.	X						0.		0.		0
2201	ROBERT RUSSELL	4.30				-			<u> </u>				
	BOARD MEMBER	0.	x						0.		0.		0
2211	BEN DROUHARD	.30							0.		- 0.1		
2211		+	,,		•						_		0
2221	BOARD OFFICER	0.	Х		_				0.		0.		0
222)	SUZANNE MEEKER	. 30											_
	BOARD OFFICER	0.	X			ļ	ļ	ļ	0.		0.		0
223)	SHARLA MEISENHEIMER	. 30									-		
	BOARD OFFICER	0.	X		l	<u> </u>	<u>L</u>	<u> </u>	0.		0 .		0
c _ d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not	ection A	 		 	 		▶ ▶	coived more than	\$100 000 a	f		
	reportable compensation from the organization		37		u ai		C) WIII		ceived more man	φ100,000 U			
													Yes No
	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	ual							3	Х
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	' If	"Yes	s," (complete Schedu	le J for si	uch	4	X
5	5 Did any person listed on line 1a receive or accrue compensation from for services rendered to the organization? If "Yes," complete Schedule J for s								related organization	on or individ	ual 	5	X
Se	ction B. Independent Contractors												
1	Complete this table for your five highest com- compensation from the organization. Report of year.												
	(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) ompensa	ation
								-					
	-												_
				.,	•								
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos	se li	sted above) who	received			

	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(da r box, office	not cl unles	Po hecl ss p	(C) sition k mor erson direc	e than is both tor/trus	one an tee)	(D) Reportable compensation from the	(E) Report compensat relati organiza	able ion from ed ations	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	o-MISC)	organization and related organizations
(224)	DOUG STARK	. 30										
	BOARD OFFICER	0.	Х					<u>L</u>	0.		0.	0
(225)	STEPHEN BENSON	. 30	i									
	BOARD OFFICER	0.	Х				ļ		0.		0.	0
(226)	DEEANNE FAHNESTOCK	. 30										•
,, <u>,,,,,,</u>	BOARD OFFICER	0.	Х		<u> </u>		<u> </u>	ļ	0.		0.	0
(22/)	CHRISTY BARNETT	.30										•
(220)	BOARD OFFICER	0.	Х					-	0.		0.	0
(220)	JEFF EMERSON	. 30	٠,,						_		ا	^
(220)	BOARD OFFICER MICHAEL STEINBERG, MS	.30	X			+		┢	0.		0.	0
(223)	BOARD OFFICER	0.	Х						0.			0
(230)	DR. RONALD BAILYN	1.00	_ ^			+			0.		0.	0
(230)	BOARD DIRECTOR	0.	Х						0.		0.	0
(231)	ELISABETH PAINE	1.00	Λ			-		├			· · ·	
\ <u>-</u>	BOARD DIRECTOR	0.	Х						0.		0.	0
(232)	MICHELLE SANTIAGO	1.00	71						0.		- 0.	
·-==/	BOARD DIRECTOR	0.	Х						0.		0.	0 .
(233)	PETER VIOLETTE	1.00						-				
,	BOARD DIRECTOR	0.	Х					l	0.		0.	0 .
(234)	SCOTT BARKER	1.00										
	BOARD DIRECTOR	0.	Х				-		0.		0.	0.
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	·				• •		* * *				
	Total number of individuals (including but not reportable compensation from the organization		nosel 37		d a	bov	e) wh	o re	ceived more than	\$100,000	of	
			<u> </u>									Yes No
	Did the organization list any former office employee on line 1a? If "Yes," complete Schede											3 X
	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	003	? <i>If</i>	"Yes	5," (complete Schedu	le J for	such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npen	satio	on	fron	n any	uni	related organization	on or indiv	idual	5 X
Sec	tion B. Independent Contractors											
	Complete this table for your five highest com- compensation from the organization. Report of year.											
	(A) Name and business add	ress							(B) Description of se	rvices	C	(C) ompensation
					_							
	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	e li	sted above) who	received		

(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average hours per	(do r	not ch		ition more	e than d	one	Reportable compensation	Report compensat		Estimated amount of
	week (list any	box,	unles	ss pe	rson	is both or/trus	an	from	relati	ed	other compensation
	hours for related	오줌	3			T		the organization	organiza (W-2/1099		from the
	organizations below dotted	lividu	nstitutional	Officer	Key employee	ploy	Former	(W-2/1099-MISC)	(, , , ,	organization and related
	line)	or a	Sal		ploye	9 com					organizations
		Individual trustee or director	trustee		ě	Highest compensated employee					
			Ф			ated					
235) REBECCA NESS	1.00	X						0.		0.	0
236) DAVID MARKS	1.00	_^						0.		0.	0
BOARD MEMBER	0.	Х						0.		0.	0
237) CATHY TIVOL MASLAN	1.00						╁╌				
BOARD MEMBER	0.	Х						0.		0.	0
238) JOHN AISENBREY	1.00										
BOARD MEMBER	0.	Х	İ					0.		0.	0
239) JANE DICKINSON KRESS	1.00										
BOARD MEMBER	0.	X						0.		0.	0
240) MIKE LEVITAN	1.00										
BOARD MEMBER	0.	X						0.		0.	0
241) MARTY LORING	1.00	,,						0			0
BOARD MEMBER 242) DAVID SCHLEE	1.00	Х						0.		0.	0
BOARD MEMBER	0.	Х						0.		0.	0
243) CHAD STOUT	1.00	^				ļ		0.		0.	
BOARD MEMBER	0.	x						ο.		0.	0
244) ROB SWEATT	1.00							· ·			
BOARD MEMBER	0.	x						0.		0.	0
245) DAVID BRUNER	2.00										
BOARD DIRECTOR	0.	Х						0.		0.	0
1b Sub-total							>			Ċ	
c Total from continuation sheets to Part VII, S	Section A						\blacktriangleright				
d Total (add lines 1b and 1c)							▶				<u></u>
2 Total number of individuals (including but not				d at	OOV	e) who	o re	ceived more than	\$100,000	of	
reportable compensation from the organization	HI ►	37	•								Yes No
3 Did the organization list any former office	er directo	r or	tru	eta	۰ ۱	kou e	mn	loves or highest	compens	hates	Tes No
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the											
organization and related organizations gr	eater than	\$15	0.00	00?) If	"Yes), " (complete Schedu	le J for	such	
individual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "\	'es," comple	te Sch	edu	le J	for	such	per.	<u>son</u>	. <u></u>	<u></u>	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest con compensation from the organization. Report											
year.	Jomponsau	011 101	1116	Cai	CIIC	iai ye	ai c	mang with or with	iiii tiile org	amzadoi	13 10%
(A)								(B)		T	(C)
Name and business ad	dress							Description of se	rvices	c	ompensation
							1				
2 Total number of independent contractors (

Part VII Section A. Officers, Directors, Ti	ustees, Ke	y En	ıplo	уе	es,	and l	Hig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	erson	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(246) MARCY BAYSINGER	2.00									
BOARD DIRECTOR	0.	Х				<u> </u>	ļ	0.	0 .	0.
(247) LISA LACHMANN	2.00									
BOARD DIRECTOR	0.	Х		_	<u> </u>		_	0.	0.	0.
(248) DANIEL FAULKNER	2.00	.,								
BOARD DIRECTOR (249) KIRAN BHASKAR	2.00	Х			-			0.	0.	0.
BOARD DIRECTOR	0.	Х					ľ	0.	0.	0.
(250) REBECCA PONDER	2.00	^						0.		<u> </u>
BOARD DIRECTOR	0.	x						0.	0.	0.
(251) BARBARA MICHELS	2.00	71								
BOARD DIRECTOR	0.	X						0.	0.	0.
(252) STEVE SHAW	2.00									
BOARD DIRECTOR	0.	Х			1	[0.	0.	0.
(253) DAVID HART	5.00								·	
BOARD DIRECTOR	0.	Х						0.	0.	0.
(254) JULIEANN CALARESO	5 00									
BOARD DIRECTOR	0.	X						0.	0.	0.
(255) NICOLE PITANIELLO	5.00									1
BOARD DIRECTOR	0.	Х			L			0.	0.	0.
(256) WILLIAM DEFRANCESCO	5.00									
BOARD DIRECTOR	0.	X						0.	0 .	0.
1b Sub-total c Total from continuation sheets to Part VII, 9 d Total (add lines 1b and 1c)							^ ^			
2 Total number of individuals (including but not reportable compensation from the organization)				d al	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	MI P	37								V N-
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	cer, directo lule J for suc	r, or chind	tru <i>ividu</i>	iste ual	e, I	key e	emp	loyee, or highest	t compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations guindividual	eater than	\$15	0,0	00?	lf.	"Yes	s," (complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or accrue compensation from for services rendered to the organization? If "Yes," complete Schedule J for								related organizatio	on or individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest cor compensation from the organization. Report year. 										
(A) Name and business ad	dress				·			(B) Description of se	rvices ((C) Compensation
							+-			
2 Total number of independent contractors (imore than \$100,000 in compensation from the				ited	d to	thos	e li	sted above) who	received	

Part VII Section A. Officers, Directors, Tru	1	y En	ipic			anu i	пıg	E		
(A) Name and title	(B)			,	C)			(D)	(E)	(F)
Name and title	Average hours per	(do	not cl		sition mon	e than c	one	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	box,	unles	ss pe	erson	is both	an	from	related	other
	hours for		_	$\overline{}$	1 =	tor/trust	tee)	the	organizations	compensation
	related organizations	ndiv	nsti	Officer	ey	賣賣	Forme	organization	(W-2/1099-MISC)	from the organization
	below dotted	rect	tutio	Ĕ	emp	est d	ब्	(W-2/1099-MISC)		and related
	line)	역표	nal		Key employee	e com				organizations
		Individual trustee or director	nstitutional trustee		Ō	Highest compensated employee				
(257) ELAINE H BARTLEY	5.00			_		ted				
BOARD DIRECTOR	0.	Х						0.	0.	0.
(258) CJ DECRESCENTE	5.00			<u> </u>	\vdash		\vdash	0.	0.	0.
BOARD DIRECTOR	0.	Х						0.	0.	0.
(259) BRETT EBY	5.00		-	-						Ü .
BOARD DIRECTOR	0.	X					ļ	0.	0.	0.
(260) BRENT BASHAW	5.00							<u> </u>		
BOARD DIRECTOR	0.	Х						0.	0.	0.
(261) MARY-JEAN RILEY	5.00									
BOARD DIRECTOR	0.	Х						0.	0.	0.
(262) NANCY KLUCSERITS	5.00									
BOARD DIRECTOR	0.	Х	L					0.	0.	0.
(263) CHRISTINA TAN HEHIR	5.00									
BOARD DIRECTOR	0.	Х						0.	0.	0.
(264) POLLY FEIGENBAUM	5.00									
BOARD DIRECTOR	0.	Х			<u> </u>			0.	0.	0.
(265) DIANE APARISIO	4.00									
BOARD MEMBER	0.	X						0.	0.	0.
(266) GERI BROOKS	4.00									
BOARD MEMBER	0.	X						0.	0.	0.
(267) SHEILA CHERVIN	4.00									
BOARD MEMBER	0.	Х			l		<u> </u>	0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-				• •					
2 Total number of individuals (including but not							n re	ceived more than	\$100 000 of	1
reportable compensation from the organization		37		.		<i>5)</i> Will		derived more than	φ100,000 01	
										Yes No
3 Did the organization list any former offic	er, directo	r. or	tru	iste	e. I	kev e	emp	lovee or highest	compensated	
employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gre										
individual									• • • • • • • • •	4 X
5 Did any person listed on line 1a receive or	accrue cor	npen	satio	on f	from	n any	uni	related organization	on or individual	
for services rendered to the organization? If "Ye	es," complet	e Sch	edu	le J	for	such	per	son		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com	pensated ir	ndepe	nde	nt o	cont	tracto	rs t	hat received more	than \$100,000 d	of
compensation from the organization. Report c	ompensatio	on for	the	cal	lend	lar ye	ar e	ending with or with	in the organization	n's tax
year.										
(A)								(B)		(C)
Name and business add	ress							Description of se	rvices (Compensation
							\perp			
							-			
							-			
									PACESTINA ERECOPPICA	
2 Total number of independent contractors (in more than \$100,000 in compensation from the				iitec	to:	thos	e li	sted above) who	received	draning detail
JSA	- organizat	IUII 🕨								######################################
5E1055 1.000										Form 990 (2015)

The created The created	Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per	1 Ob)	not cl	Pos heck	C) sition mor	e than o	one	(D) Reportable compensation	(E) Report compensat	able	(F) Estimated amount of
BOARD MEMBER		hours for related organizations below dotted	office	ranc	dad	iireci	or/trus	tee)	the organization	organiza	ations	other compensation from the organization and related organizations
2691 DOZENE GUISHARD		4.00										
BOARD MEMBER			X				<u> </u>		0.		0.	0
(270) STEVE_LIBOV	269) DOZENE GUISHARD	4.00	ļ								+	
BOARD MEMBER	BOARD MEMBER		X						0.		0.	0
BARKY METSELMAN 4.00	270) STEVE LIBOV	4.00]						
BOARD MEMBER COLORISTA PICCIANO-DANIELLO BOARD MEMBER COLORISTANTON BOARD MEMBER COLORISTANTON BOARD MEMBER COLORISTANTON BOARD MEMBER COLORISTANTON BOARD DIRECTOR COLORISTANTON BOARD DIR	BOARD MEMBER	0.	X						0.		0.	0
272) CIRISTA PICCIANO-DANIELLO BOARD MEMBER 0. X 0. 0. 0. 273) RON STANTON BOARD MEMBER 0. X 0. 0. 274) A. JOHN BARTHOLOMEW 1.00 BOARD DIRECTOR 0. X 0. 0. 275) MARY DAIN 1.00 BOARD DIRECTOR 0. X 0. 0. 276) DAVID GILL, MD BOARD DIRECTOR 0. X 0. 0. 276) DAVID GILL, MD BOARD DIRECTOR 0. X 0. 0. 277) KATHLEEN GOOD BOARD DIRECTOR 0. X 0. 0. 278) CARY GRENBERG 0. X 0. 0. 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GRENBERG 0. X 0. 0. 278) CARY GRENBERG 0. X 0. 0. 278) CARY GRENBERG 0. X 0. 0. 278) CARY GRENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GRENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 279) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization before a corresponding to the compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization and related organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization or individual 4 For any individual isted on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 For any i	271) BARRY MEISELMAN	4.00										
BOARD MEMBER	BOARD MEMBER	0.	x						0.		0.	C
BOARD MEMBER	272) CHRISTA PICCIANO-DANIELLO	4.00									*	
273) RON STANTON		+	х						0		ا. ه	C
BOARD MEMBER		·										
274) A. JOHN BARTHOLOMEW BOARD DIRECTOR 0. X 0. 0. 275) MARY DAIN 1.00 BOARD DIRECTOR 0. X 0. 0. 276) DAVID GILL, MD BOARD DIRECTOR 0. X 0. 0. 0. 2771) KAPHLEEN GOOD 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. 0. 0. 0. 0. 278) CARY GREENBERG 0. 0. 0. 0. 0. 0. 0. 278) CARY GREENBERG 1.00 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		+	-1						_ n		n	C
BOARD DIRECTOR 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				-					Ų.		0.	
BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. Total CAPY CREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. Total from continuation sheets to Part VII, Section A 0. X 0. 0. Total from continuation sheets to Part VII, Section A 0. X 0. 0. Total quide lines 1b and 1c) 0. X 0. 0. Total quide lines 1b and 1c) 0. X 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person . Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received		+									0	,
BOARD DIRECTOR			X	\vdash		_		_	U.		U.	(
276) DAVID GILL, MD BOARD DIRECTOR 0 X 0. 0. BOARD DIRECTOR 0 X 0. 0. 278) CAPELEEN GOOD BOARD DIRECTOR 0 X 0. 0. 278) CAPE GREENBERG 1.00 BOARD DIRECTOR 0 X 0. 0. 10 Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and to) 2 Total number of indeviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 CC) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received		+							_		_	
BOARD DIRECTOR 0. X 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. Total from continuation sheets to Part VII, Section A 0. X 0. 0. 0. Total from continuation sheets to Part VII, Section A 0. X 0. 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Description of services (including but not limited to those listed above) who received to the organization's tax year.			X						0.		0.	(
BOARD DIRECTOR 0. X 0. 0. 278) CARY GREENBERG 1.00 BOARD DIRECTOR 0. X 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A 0. 0. 0. 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 37 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	276) DAVID GILL, MD	1.00										
BOARD DIRECTOR 0. X 0. 0. 0. BOARD DIRECTOR 1.00 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	BOARD DIRECTOR	0.	X						0.		0.	(
278) CARY GREENBERG 1.00 0.0	277) KATHLEEN GOOD	1.00										
BOARD DIRECTOR 0. X 0. 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A	BOARD DIRECTOR	0.	x						0.		0.	(
BOARD DIRECTOR 0. X 0. 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A 6 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 37 Yes 1 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	278) CARY GREENBERG	1,00										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of independent contractors d Independent Contractors (A) Name and business address 2 Total number of independent Contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▼	BOARD DIRECTOR	0.	X						0.		0.	(
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of independent Contractors (A) Name and business address Total number of independent Contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▼	1h Sub-total						<u> </u>	—				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 37 Yes 3		ection A			•	٠.	· · ·				İ	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 37 Yes	•								-			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but not	limited to t	hose	iste					ceived more than	\$100,000	of	
employee on line 1a? If "Yes," complete Schedule J for such individual									-			Yes N
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	3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo ule J for suc	or, or chind	tru <i>ividu</i>	iste Jal	е,	key e	emp	loyee, or highes	t compens	sated	3 X
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 For any individual listed on line 1a is the	sum of rer	ortah	le c	nm	ner	eatin	n ai	nd other compens	sation from	the	
individual	organization and related organizations or	eater than	\$15	0.00	00?	lf.	"Yes	."	complete Schedu	le J for	such	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person												1 1 1
for services rendered to the organization? If "Yes," complete Schedule J for such person	5 Did any person listed on line 1a receive or	accrue co	mnen	satio	on f	fron	າ ລກນ	un	related organization	ns or indiv	idual	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received												
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received		,										
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	<u> </u>	noncated is	ndene	ndo	nt i	con	tracto	re t	hat received more	than \$10	0 000 o	f
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	compensation from the organization. Report of											
		dress								rvices	С	
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						-		1				···
	2 Total number of independent contractors (neludina h	ıt nat	· lim	ito:	4 +-	thos	الم	ietad ahovo) who	recoived	2040316601	governoù de la la la la la la la la la la la la la
more man w 100.000 m compensation from the organization 🚩	more than \$100,000 in compensation from the				mel	u ll		اات	ored above) MUO	15051860		

Fa	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average			(e Pos	C) sition			(D) Reportable	(E) Reporta	ıble	(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	box,	unle: er and	ss pe	erson	than the Highest compensated employee	an	compensation from the organization (W-2/1099-MISC)	compensati relate organiza (W-2/1099	d tions	amount of other compensation from the organization and related organizations
(279)	KATHY GRIMES	1.00					_					
	BOARD DIRECTOR	0.	Х			_		ļ	0.		0.	0.
(280)	NORMA HOLLAND	1.00						•				_
	BOARD DIRECTOR	0.	Х			_		ļ	0.		0.	0.
(281)	RAYMOND JACOBI, CPA	1.00										
	BOARD DIRECTOR	0.	X			_			0.		0.	0.
(282)	BILL RYAN	1.00							_			
	BOARD DIRECTOR	0.	Х			<u> </u>			0.		0.	0.
(283)		1.00			İ			[0
	BOARD DIRECTOR	0.	Х		-	<u> </u>	-		0.		0.	0.
(284)	JUSTIN VIGDOR, ESQ	1.00	,,									0
(20E)	BOARD DIRECTOR	1.00	X			ļ .	ļ		0.		0.	0.
(285)	LOIS WILLIAMS-NORMAN	1.00	.,						0.		0.	0.
1200	BOARD DIRECTOR MILES ZATKOWSKY	1.00	X		-	-	 		0.		<u> </u>	<u> </u>
(286)		+	· ·						0.		0.	Λ
12071	BOARD DIRECTOR	0.	Х		-	ļ	 	\vdash	0.	<u> </u>	- 0.	0.
(28/)	MICHAEL KING	1.00	.,						0		ا م	0
	BOARD DIRECTOR	0.	X		-	-		 	0.		0.	0.
(288)	HORATIO CAPOTE, MD	1.00									ا ا	0
	BOARD DIRECTOR	0.	Х				<u> </u>	┝	0.		0.	0.
(289)	KRISTEN A. CRANDALL, LPN	1.00										0
_	BOARD DIRECTOR	0.	X	l				l	0.		0.	0.
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	Section A						* * *				
2	Total number of individuals (including but not reportable compensation from the organization		hose 3		ed a	bov	e) wh	o re	eceived more than	\$100,000	of 	
	Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	ule J for suc	ch ina	livid	ual				• • • • • • • • • •			Yes No 3 X
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	000?	? //	Ye.	s, "	complete Schedu	le J for	the such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Se	ction B. Independent Contractors											
1	Complete this table for your five highest com- compensation from the organization. Report of year.	npensated i compensati	ndepe on for	the	ent e ca	con	tracto dar ye	ors t ear e	that received more ending with or with	than \$100 nin the orga	0,000 o anization	f n's tax
	(A) Name and business ad	dress							(B) Description of se	rvices	С	(C) ompensation
2	Total number of independent contractors (i	ncluding bu	ut no	t lin	nite	d to	tho:	 se l	isted above) who	received		

Pa	(A) Name and title		(C) Position (do not check more than or box, unless person is both a officer and a director/truste						(D) Reportable compensation from the	(E) Report compensat relate organiza	able ion from	(F) Estimated arnount of other compensation
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
(290)	CYNTHIA LUDWIG, ESQ BOARD DIRECTOR	1.00	.,									
(291)	LAURIE MENZIES, ESQ	1.00	X						0.		0.	0.
(221)	BOARD DIRECTOR	0.	Х						0.		0.1	0 .
(292)	JEFF NIXON	1.00							0.		0.1	
(222)	BOARD DIRECTOR	0.	X						0.		0.	0 .
(293)	SHERYL SCHECHTER, LSMW	1.00			\vdash				0.			0.
(-25/	BOARD DIRECTOR	0.	Х						0.		0.	0
(294)	JOSHUA R. ROGERS, CPA	1.00									<u> </u>	
	BOARD DIRECTOR	0.	X						0.		0.	0 .
(295)	DAVID J. CASCIO, RN	1.00										
·	BOARD DIRECTOR	0.	Х						0.		0.	0 .
(296)	COLIN T. COSTELLO, CPA	1.00						Г				
	BOARD DIRECTOR	0.	Х						0.		0.	0
(297)	JOHN DISCIULLO	1.00						_				
	BOARD DIRECTOR	0.	х						0.		0.	0
(298)	JUDY HUTSON, MSW	1.00										
	BOARD DIRECTOR	0.	Х						0.		0.	0
(299)	ESTELLE BRICKENER, MSW	1.00										
	BOARD DIRECTOR (JUL15-NOV15)	0.	х						0.		0.	0 .
(300)	MARK STEVENS	1.00		·								
	BOARD DIRECTOR (JUL15-NOV15)	0.	Х						0.		0.	0 .
1b	Sub-total							>				
C	Total from continuation sheets to Part VII, S	ection A						\blacktriangleright				
d	Total (add lines 1b and 1c)							>				
2	Total number of individuals (including but not reportable compensation from the organization		hose I 37		d al	OOV	e) who	o re	ceived more than	\$100,000	of	
		· ·										Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										ated	3 X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf.	"Yes), "	complete Schedu	le J for	such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen:	satio	on 1	ron	any	uni	related organizatio	n or indiv	idual	5 X
Sec	ction B. Independent Contractors	,								· · · · · ·		
	Complete this table for your five highest com compensation from the organization. Report c year.											
	(A) Name and business address								(B) Description of se	(C) Compensation		
								L				
								L			-	
								+				
2	Total number of independent contractors (ir more than \$100,000 in compensation from the				ited	to	thos	e li	isted above) who	received		

Part VII Section A. Officers, Directors, Tri (A) Name and title	(B) Average hours per week (list any hours for	(do i	not ci unles	Pos heck ss pe d a d	ition more rson	e than o is both or/trus	one an tee)	(D) Reportable compensation from the	(E) Report compensat relat organiza	able ion from ed ations	(F) Estimated amount of other compensation
	related organizations below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated emptoyee	Former	organization (W-2/1099-MISC)	(W-2/1099	9-MISC)	from the organization and related organizations
(301) MICHELLE HENRY	. 50										
BOARD TRUSTEE	0.	X						0.		0.	0
(302) LAURA GRONOWSKI	.50	.,		i							
BOARD TRUSTEE	0.	X		<u> </u>				0.		0.	0
(303) CARLA SPEARS BOARD TRUSTEE	.50	.,								ا م	0
(304) DR. DAN VANDUSSEN	.50	Х				_		0.		0.	0
BOARD TRUSTEE	0.	.,						0			0
(305) MARCUS WAINRIGHT	.50	X						0.		0.	0
BOARD TRUSTEE	0.	v						0		0	0
(306) ANTONY BONAVITA	.50	Х				<u> </u>	┢	0.		0.	0
BOARD DIRECTOR	0.	Х						0.		ا ۸	0
(307) ROBERT M. BURAK	.50				-			0.		0.	0
BOARD DIRECTOR	0.	x									0
(308) BONNIE N. DICK	.50	^						0.		0.	0
BOARD DIRECTOR	0.							0.		0.	0
(309) KEITH A. FEICKS	.50	X		٠				0.		υ.	0
BOARD DIRECTOR	0.	v								_	0
	.50	Х						0.		0.	0
(310) JOHN E. FOWLER		٠,,									0
BOARD DIRECTOR	0.	Х					<u> </u>	0.		0.	0
(311) DAVID J. GORDON	.50	١,,									•
BOARD DIRECTOR	0.	X					<u> </u>	0.		0.	. 0
1b Sub-total											
c Total from continuation sheets to Part VII, S											
d Total (add lines 1b and 1c)									* 4.00.000		
2 Total number of individuals (including but not reportable compensation from the organization				d at	oove	e) Who	o re	ceived more than	\$100,000	of	
reportable compensation from the organization		37									
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede									compens	sated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	s," (complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Yo Section B. Independent Contractors	es," complet	e Sch	edu	iie J	tor	such	per.	son		• • •	5 X
							4		. 640		•
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) Name and business add	lress							(B) Description of se	rvices	С	(C) ompensation
							-				
2 Total number of independent contractors (in more than \$100,000 in compensation from th				itec	to	thos	e li	sted above) who	received		

(A) Name and title	(B) Average hours per week (list any hours for	box, office	unies er and	Pos heck ss pe	rson lirect	e than o	an tee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
312) BETSY JOHNSON	.50										
BOARD DIRECTOR	0.	Х					<u> </u>	0.		0.	0.
313) MARTHA J. LANNING	.50										
BOARD DIRECTOR	0.	X						0.		0.	0.
314) LESLIE LEVINE	.50										
BOARD DIRECTOR	0.	Х						0.		0.	0.
315) CYNTHIA MOORE-HARDY	.50										
BOARD DIRECTOR	0.	X						0.		0.	0 .
316) MATTHEW J. MORELLI	.50										
BOARD DIRECTOR	0.	x						0.		0.	0.
317) DANIELLE M. MORRIS	.50	<u> </u>		-			 				
BOARD DIRECTOR	0.	x						0.		٥.	0 .
318) PATRICK G. PAOLETTA	.50						┢				
BOARD DIRECTOR	0.	x						0.		0.	0 .
	.50	^		-			-	0 -		0.	0.
319) KIM M. PESSES		.,									0
BOARD DIRECTOR	0.	Х						0.		0.	0.
320) ESTHER POTASH	.50							_		_	
BOARD DIRECTOR	0.	Х			<u></u>		<u> </u>	0.		0.	0.
321) MARK QUARM	.50										
BOARD DIRECTOR	0.	Х						0.		0.	0.
322) LAUREN ROCK	.50										
BOARD DIRECTOR	0.	Х						0.		0.	0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A limited to t	<u></u>	liste				o re	ceived more than	\$100,000	of	
											Yes No
3 Did the organization list any former office										ated	2
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	per	satio	n a	nd other compens	sation from	the	
organization and related organizations gr											
individual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	es," comple	te Sch	iedu	ile J	for	such	per	son	<i>.</i>		5 X
Section B. Independent Contractors											· · · · · · · · · · · · · · · · · · ·
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) Name and business add	iress							(B) Description of se	rvices	c	(C) ompensation
							+	, , , , , , , , , , , , , , , , , , , ,			
						•					
							\top				
·							T	·			
							+		*		· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractors (in	neludina hi	ıt not	li~	nite	4 +	thor	ا م	isted above) who	received		
more than \$100,000 in compensation from the				ur¢(a it	, 1103	3 G 1	anove) who	received		
more than \$100,000 in compensation from the	- 0. gamza									201701011/01/01/01	::::::::::::::::::::::::::::::::::::::

	rt VII Section A. Officers, Directors, Tr		;y ⊑11	ihic			anu	пıy	T		yees p	
	(A)	(B)				C)			(D)	(E)	i	(F)
	Name and title	Average	(da.			sition			Reportable	Report		Estimated
		hours per					e than i is both		compensation	compensat		amount of other
		week (list any hours for					tor/trus		from the	relate organiza		compensation
		related	익호			T'''			organization	(W-2/1099		from the
		organizations	탈출	sti	Officer	e e	흥물	Forme	(W-2/1099-MISC)	(44-2/1098	-101130)	organization
		below dotted	ec dua	ğ	"	필	yes c	۳ ا	(**-271005-141100)			and related
		line)	Individual trustee or director	nstitutional trustee		Key employee	"ä					organizations
			ste	SPL	1	0	Pen					
			Œ	tee	l		Highest compensated employee					
	MARY AND II GUANTO				<u> </u>	<u> </u>		 				
(323)	MARY ANN H. SHAMIS	.50										0
	BOARD DIRECTOR	0.	X	_		ļ		-	0.		0.	0.
(324)	DICK STAGER	. 50							_		_	_
	BOARD DIRECTOR	0.	Х						0.		0.	0 .
(325)	CYNTHIA TOMASCH	. 50		ŀ								
	BOARD DIRECTOR	0.	Х						0.		0.	0.
(326)	ROBERT WHITE	.50										
	BOARD DIRECTOR	0.	Х						0.		0.	0 .
(327)	PETER BURY	1.00					 	1				
:	BOARD MEMBER	0.	x	İ					0.		0.	0.
(220)				-			-	┼┈			· ·	
(350)	JUDY CHESTER	1.00	٠									•
	BOARD MEMBER	0.	Х						0.		0.	0
(329)	CAROL DRESKA	1.00	_		-							
	BOARD MEMBER	0.	Х						0.		0.	. 0
(330)	CONNIE GALLAHER	1.00										
	BOARD MEMBER	0.	X						0.		0.	0 .
331)	CATHY GEYER	1.00										
= = :	BOARD MEMBER	0.	Х						0.		0.	0 .
12221	CHRIS JOOS	1.00						 	· · · · · · · · · · · · · · · · · · ·		- 0.	
(332)		+	.,									
	BOARD MEMBER	0.	Х		_		ļ	1	0.		0.	0.
(333)	RON KELLER	1.00										
	BOARD MEMBER	0.	X					<u> </u>	0.		0.	0
1b	Sub-total							-				
С	Total from continuation sheets to Part VII, S	ection A						•				
d	Total (add lines 1b and 1c)							\blacktriangleright				
	Total number of individuals (including but not							o re	ceived more than	\$100.000	of	<u>-</u>
	reportable compensation from the organizatio		37				-,			* ,		
												Yes No
3	Did the organization list any former office	er directo	r or	tri	ıste	6	kev e	-mn	alovee or highest	compens	ated	
Ŭ	employee on line 1a? If "Yes," complete Sched											3 X
												3 /1
4	For any individual listed on line 1a, is the											
	organization and related organizations gra											
	individual					٠.						4 X
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on '	fron	n any	un	related organization	on or indiv	idual	
	for services rendered to the organization? If "Y	es," comple	te Sch	iedu	ıle J	for	such	per	son			5 X
Se	ction B. Independent Contractors											
1	Complete this table for your five highest com	pensated in	ndepe	nde	ent	con	tracto	rs t	hat received more	than \$100	0,000 o	f
	compensation from the organization. Report of											
	year.											
	(A)							Т	/D)			(C)
	(A) Name and business add	iress							(B) Description of se	rvices	l c	(C) ompensation
	Traine and Sasmood Back											
								+				. ,
								+				
				·				_				
					_			_				
								\perp			21 11 12 12 12 12 12 12 12 12 12 12 12 1	11000 0000 000 000 000 000 000 000 000
2	Total number of independent contractors (in				nite	d to	thos	se li	isted above) who	received		
	more than \$100,000 in compensation from th	e organizat	ion 🕨	•								

BOARD MEMBER	Part VII Section A. Officers, Directors, Ti	ustees, Ke	y En	plo	ye	es,	and l	ligi	hest Compensat	ed Employees (continued)
(334) JEFTREY MILKS	• •	Average hours per week (list any hours for related organizations below dotted	box,	unle: er an	Pos heck ss pe d a c	sition more erson	e than o is both tor/trust	an tee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
BOARD MEMBER			tee	ıstee			ensated				
Section Source	(334) JEFFREY MILKS	-+									
BOARD MEMBER			X		ļ				0.	0	0.
335) CHARLES SHITE	·	-+	.,							0	
SOARD MEMBER			X						0.	U	
(337) JOHN WISSEMAN 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		-+	v							n	n
BOARD MEMBER			\ \frac{\Lambda}{\Lambda}			\vdash			· · · · · · · · · · · · · · · · · · ·		
(339) MIKE ZIEG 1.00 BOARD MEMBER 0. X 0. 0. 0. 0. 0. (339) JULIA WALLACE BOARD VP, PUBLIC POLICY 0. X 0. 0. 0. 0. 0. (340) JOS ZEMART 1.00 BOARD VP, CHAPTER PROGRAMS 0. X 0. 0. 0. 0. 0. (341) LARRY LAWRONDE, MD 1.00 BOARD MEMBER 0. X 0. X 0. 0. 0. 0. 0. 0. (343) JASET REID 1.00 BOARD MEMBER 0. X 0. X 0. 0. 0. 0. 0. 0. (343) JEF REID 1.00 BOARD MEMBER 0. X 0. X 0. 0. 0. 0. 0. 0. 0. (343) JEF REID 1.00 BOARD MEMBER 0. X 0. X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			x						0.	0	. o.
EOARD MEMBER						-					
BOARD VF, FUBLIC FOLICY	·	-+	X						0.	0	. 0.
(340) JOE STENART 1.00 BOARD VP, CHAPTER PROGRAMS 0. X 0. 0. 0. 311) LARRY LAWHORNE, MD 1.00 BOARD MEMBER 0. X 0. 0. 0. 0. 342) MARK LEVY 1.00 BOARD MEMBER 0. X 0. 0. 0. 0. 343) JEFF REID 1.00 BOARD MEMBER 0. X 0. 0. 0. 0. 344) LINDA SMITH 1.00 BOARD MEMBER 0. X 0. 0. 0. 0. 0. 344) LINDA SMITH 1.00 BOARD MEMBER 0. X 0. 0. 0. 0. 0. 0. 345 Sub-total Continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(339) JULIA WALLACE	1.00			ļ	1					
BOARD VP, CHAPTER PROGRAMS 0. X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	BOARD VP, PUBLIC POLICY	0.	X						0.	0	. 0.
Substitution Subs	(340) JOE STEWART	1.00									
BOARD MEMBER	BOARD VP, CHAPTER PROGRAMS		Х	ļ			<u></u>	ļ	0.	0	. 0.
BOARD MEMBER	(341) LARRY LAWHORNE, MD	1.00	1								
BOARD MEMBER O								L	0.	0	. 0.
SOARD MEMBER		-+	1								
BOARD MEMBER			X	<u> </u>	-	_	ļ <u>-</u> -		0.	0	. 0.
BOARD MEMBER		-+	٠							0	
BOARD MEMBER 0. X 0. 0 0 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A			X	<u> </u>	-			-	0.	0	. 0.
to Total from continuation sheets to Part VII, Section A do 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 ≥ 37 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		-+							_	0	0
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 37 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 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Compensation		0.	L.^	<u> </u>			<u> </u>	_		0	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 37 Yes No		Section A		• •							
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 37 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	2 Total number of individuals (including but no	t limited to t	hose	liste					ceived more than	\$100,000 of	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organization	JII P	<u>ə</u>								Ves No
employee on line 1a? If "Yes," complete Schedule J for such individual	2 Did the organization list any former off	ione directo	or or	tri	ıcto		kov e	amr	lovee or highes	t compensated	
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											3 X
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											
individual	organization and related organizations of	reater than	515 S	50.0	1007	1961 	rsano Yes	11 a. 3."	complete Schedu	le J for such	
For services rendered to the organization? If "Yes," complete Schedule J for such person											
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received											
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received		700, 0011,510						<i>γ</i>			
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	compensation from the organization. Report	npensated i compensati	ndepe on fo	ende the	ent e ca	con	tracto dar ye	ear e	that received more ending with or with	than \$100,000 nin the organization	of on's tax
2 Total number of independent contractors (including but not limited to those listed above) who received	(A) Name and business a	ddress			•					ervices	
		<u> </u>						+-	:	-	• ***
								\top		-	
									_		
								\perp			
					nite	d to	o thos	se I	isted above) who	received	

Part VII Section A. Officers, Directors (A)	(B)				C)			(D)	(E)	\Box		(F)
Name and title	Average				o, sitian			Reportable	Reportable			mated
	hours per	١,		heck	mor	e than e		compensation	compensation t	rom		ount of
	week (list any					is both		from	related			ther
	hours for		T			tor/trus Lo =		the	organization			ensation m the
	related organizations	r ng	nsti	Officer	(ey	l ag dig	Former	organization	(W-2/1099-MI	SC)		m ine nization
	below dotted	idu.	럆	Ĕ	emp	loye loye	<u>e</u>	(W-2/1099-MISC)			_	related
	line)	한민	ona		Key employee	g S						nizations
		Individual trustee or director	Institutional truste		e e	nper				i		
		ñ	stee			Highest compensated employee						
345) CHERYL WHEELER	1.00			-		-	-					
BOARD MEMBER	0.	Х						0.		0.		0.
346) SARA WOODHULL	1.00											
BOARD MEMBER	0.	Х						0.		0.		0.
347) JUDY WYATT	1.00											
BOARD MEMBER	0.	Х						0.		0.		0.
348) RICHARD BAKER	.50			\vdash	\vdash	 	\vdash					
BOARD MEMBER		Х						0.		0.		0.
		^						0.		٠.		
349) FARLEY BANKS	.50											
BOARD MEMBER	0.	X						0.		0.		0.
350) WILLIAM CONLISK	.50											
BOARD MEMBER	0.	X						0.		0.		0.
351) ERIC GOLUS	. 50											
BOARD MEMBER	0.	Х	1					0.		0.		0.
352) J. CRAIG GRIFFIS	.50											
BOARD MEMBER	0.	Х						0.		0.		0.
353) RICHARD KENNY	.50									1		
BOARD MEMBER	0.	X						0.		0.		0.
		- ^-			-			0.		- ' . -		<u>.</u>
354) MICHAEL MALONE	50											
BOARD MEMBER	0.	Х						0.		0.		0.
355) REV. TIMOTHY STORMS	. 50											
BOARD MEMBER	0.	X						0.		0.		0.
1b Sub-total							\blacktriangleright					
c Total from continuation sheets to Part	VII, Section A						▶					
d Total (add lines 1b and 1c)							•					
2 Total number of individuals (including bu							o re	ceived more than	\$100,000 of			
reportable compensation from the organi		3				-,			•			
												Yes No
3 Did the organization list any former	officer directo	ır or	tru	icta		ا برما	mn	Novee or highest	companeate	d		
employee on line 1a? If "Yes," complete S	Onicer, uneccu	n, Oi ch ind	u u Iivida	บอไ เบอไ	е,	кеу с	siiih	moyee, or mightest	Compensate	u	3	Х
employee of file fas it fes, complete o	ichedule a lor sut	ar mu	rvia	Jai	• •					•	3	A A
4 For any individual listed on line 1a, is												
organization and related organization	-							•			i	
individual									<i></i>	•	4	X
5 Did any person listed on line 1a receive	e or accrue co	mpen	satio	on 1	fron	n any	็นท	related organization	on or individua	al		
for services rendered to the organization?	? If "Yes," complet	te Scl	nedu	ile J	for	such	per.	son	<i>.</i>	-	5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated in	ndene	ende	ent o	con	tracto	rs t	hat received more	than \$100.00	00 of		
compensation from the organization. Re year.												
(A)								(B)			(C)	
Name and busine	ss address							Description of se	rvices	Cc	mpensa	ition
							T					
							T					
							\dagger					
	·						+-					
		 					-		 			
2 Total number of independent contractor			Llim	iite	d to	thos	se li	isted above) who	received			
mara than \$100 000 in commenced on fro	am tha araanizat								Biologic			

	(A)	(B)			(C)			(D)	(E)	(F)
	Name and title	Average hours per		ot ch	Position eck m	ore than		Reportable compensation	Reportable compensation from	Estimated om amount of
		week (list any hours for related organizations below dotted	office	r and		on is bot ector/tru: Highest	stee)	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS	other compensation from the organization and related
		line)	Individual trustee or director	Institutional trustee	buolee	Highest compensated employee				organizations
3 <u>56)</u>	DIANE WINGER	.50				-				
<u> </u>	BOARD MEMBER	0.	X	\sqcup			_	0.		0.
35/)	EMILY YARK	.50							:	
2 = 0 1	BOARD MEMBER	0.	X		_	<u> </u>	+	0.		0.
358)	MARK ALLEN	3.00						•		.
2 = 0.	BOARD DIRECTOR	0.	Х	_	_	_	╄	0.		0.
3591	CATHY AUDLEY	3.00								_
2601	BOARD DIRECTOR GALE BOLLINGER	0.	Х	-+	+	_	<u> </u>	0.		0. 0
2001	BOARD DIRECTOR	3.00	.,							
3611	JUSTIN BROWN	3.00	X	-	-		+	0.		0. 0
2017	BOARD DIRECTOR	0.	v					_		o.l
3621	DENNIS CAMERON	3.00	X			-	┼─	0.		0. 0
3021	BOARD DIRECTOR	0.	Х					0.		o .l
3631	ALICE DAHLGREN	3.00	Λ.	-	-	+	+			0.
227	BOARD DIRECTOR	0.	х					0.		o. c
3641	ROBERT DORRELL	3.00	Λ			+	+	0.		9.1
==/_	BOARD DIRECTOR	0.	Х					0.		o.
365)	NICK DUNCAN	3.00	**	\dashv	+		+	0.	*****	· · · · · · · · · · · · · · · · · · ·
- ==/_	BOARD DIRECTOR	0.	Х					0.		o. c
	DAVID HUDIBURG	3.00			\dashv					
366)							1	i		
3 <u>66)</u>		0.	Х	ŀ			1	0.		o.l a
	BOARD DIRECTOR		Х					0.		0. 0
1b	BOARD DIRECTOR Sub-total				• •		<u> </u>	0.		0. 0
1b	BOARD DIRECTOR Sub-total Total from continuation sheets to Part VII, S	ection A .			-		A A A	0.		0. 0
1b c d	BOARD DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A		istec			b b o re			0. 0
1b c d	BOARD DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A	nosel	istec			b b o re			Yes No
1b c d 2	BOARD DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A	nose l	isted	l abo	ve) wh	emp	eceived more than	\$100,000 of	Yes No
1b c d 2	BOARD DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A	nose I 37	isted trus	l abo	ve) wh	emp	eceived more than	\$100,000 of compensated	Yes No
1b c d 2	BOARD DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A	nose I 37 r, or ch ind	isted trus	about the stee,	key	emp	sloyee, or highest	\$100,000 of compensated cation from the	Yes No
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		1		•			anu	nıg	hest Compensat	eu Employees (Unanaea)
	(A)	(B)	ļ		•	C)			(D)	(E)	(F)
	Name and title	Average	١			ition			Reportable	Reportable	Estimated
		hours per					e than o		compensation	compensation from	amount of
		week (list any					is both		from	related	other
		hours for					or/trus		the	organizations	compensation
		related	r d	nsti	Officer	é	흥호	Forme	organization	(W-2/1099-MISC)	from the
		organizations below dotted	향효	重	ĕ	B B	loy ies	₫	(W-2/1099-MISC)		organization and related
		line)	tor la	읈		Key employee	8 8				organizations
		"""	, <u>5</u>	=		yee	∄				Organizations
		-	Individual trustee or director	nstitutional trustee			Highest compensated employee				
		İ		ě			iai e				
2671	ADDIANT LARTH	2 00					-	<u> </u>			
3011	ADRIANE LAKIN	3.00						1			
	BOARD DIRECTOR	0.	Х					L	0.	0.	0
368)	CHRISTIAN LEIKAM	3.00			i						,
	BOARD DIRECTOR	0.	х						0.	0.	0
3691	HERB MAGLEY	3.00				-			<u> </u>		
303/		+									
	BOARD DIRECTOR	0.	Х	\Box				<u> </u>	0.	0.	0
370)	JULIE MCKOWEN	3.00	-								
	BOARD DIRECTOR	0.	Х					1	0.	0.	0
3711	BRAD MUELLER	3.00	 	\dashv			_		<u> </u>	<u> </u>	
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	BOARD DIRECTOR	0.	X					L	0.	0.	0
372)	DAVID PASNAU	3.00	l								
	BOARD DIRECTOR	0.	Х	İ					0.:	0.	0
3731	JOE RAY	3.00		1			-	\vdash	0.1		
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	BOARD DIRECTOR	0.	Х						0.	0.	0
374)	CINDY RIESEN	3.00									
	BOARD DIRECTOR	0.	Х		ļ			i	ο.	0.	0
3751	ROY SMITH	3.00							<u> </u>	<u></u>	
J <u>- J ,</u>	·								_		
	BOARD DIRECTOR	0.	Х					L	0.	0.	0
376)	JIM WEBB	3.00		1							
	BOARD DIRECTOR	0.	Х						0.	0.	0
3771	MARY WESTBROOK	3.00									
	·		,,,								
	BOARD DIRECTOR	0.	X						0.	0.	0
1b	Sub-total							>			
C	Total from continuation sheets to Part VII, S	ection A									
d	Total (add lines 1b and 1c)							•			
	Total number of individuals (including but not									N400 000 -4	·
4					uat	OVE	e) wne) ге	ceived more than :	100,000 01	
	reportable compensation from the organization	1 🕨	37								
											Yes No
3	Did the organization list any former offic	or directo	r or	+	nta.	~ 1		mn	louge or bigheet	aammanaatad	
3	ompleyed on line 192 If "Vee " semplete Cabada	er, unecto	i, Ur da ∂aaat	uu Jahan	2166	=, ,	vey e	mh	loyee, or nighest	compensated	
	employee on line 1a? If "Yes," complete Schedu	ne J for suc	n mai	VICL	iai .						3 X
	For any individual listed on line 1s, is the	sum of ren	ortab			pen	satior	n ar	d other compens	ation from the	
4				ie c							
4	For any individual listed on line 1a, is the s							. " ,	complete Schodul	o I for such	
4	organization and related organizations gre	eater than	\$15	0,00	00?	lf	"Yes		complete Schedul	e J for such	
	organization and related organizations greindividual	eater than	\$15 	0,0(00?	lf 	"Yes				4 X
	organization and related organizations greindividual	eater than	\$15 npens	0,00 	00? on fi	lf 	"Yes ı anv	 unr	elated organization	n or individual	4 X
	organization and related organizations greindividual	eater than	\$15 npens	0,00 	00? on fi	lf 	"Yes ı anv	 unr	elated organization	n or individual	4 X
5	organization and related organizations greindividual	eater than	\$15 npens	0,00 	00? on fi	lf 	"Yes ı anv	 unr	elated organization	n or individual	4 X
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		week (list any				son is b			from	related		her
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		organizations	i d	置	6	휘형	hes	mei	(W-2/1099-MISC)		1 ~	ization
		below dotted line)	tividual : director	<u>S</u>	ŀ	employee Key employee	8	•			I	elated zations
		1	Individual trustee or director	5		yee	퓛				J. J.	24.15115
			6	nstitutional trustee			st compensated					
78)	PAUL WILLIAMS	3.00					<u> </u>					
	BOARD DIRECTOR	0.	Х						0.		o.	(
791	MATT WILSON	3.00			t	-		\dashv				`
	BOARD DIRECTOR	0.	Х						0.		o .	(
201	CAROL LIPPA		_^		-+	-					<u> </u>	
		1.00									_	
	BOARD MEMBER	0.	Х						0.		0.	(
31)	ADEAN BRIDGES	1.00		ŀ				ļ				
	BOARD MEMBER	0.	Х						0 .		0 .]	(
32)	ROBERT MARINO	1.00										
	BOARD MEMBER	0.	Х						0.		0.	(
(3)	C. PATRICK MCKOY	1.00				$\neg \vdash$		T				
	BOARD MEMBER	0.	Х						0.		0.	(
2/11	BILL MIKUS	1.00			-+	_	-		0.		· · · · · · · · · · · · · · · · · · ·	·····
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	BOARD MEMBER	0.	Х	-			\dashv	_	0.		0.	(
35)	VAL NUNNENKAMP	1.00										
	BOARD MEMBER	0.	Х						0.		0.	(
(6)	CATHY ROSSI	1.00										
	BOARD MEMBER	0.	Х		1				0.1		o .	(
37)	MICHAEL RUSSOMANO	1.00		T			\top	T				
'-	BOARD MEMBER	0.	Х						0.		0.	(
91	THOMAS SIBSON	1.00	Λ						0.		· · · · · · · · · · · · · · · · · · ·	
, 0 ,	INOMAS SIDSON						İ	l				
	DOADD MEMDED				- 1						<u> </u>	,
	BOARD MEMBER	0.	X		\perp			_	0.		0.	(
1b	Sub-total				<u></u>	<u> </u>	. 1	▶	U.		0.	(
1b c	Sub-total Total from continuation sheets to Part VII, S	ection A				 	. i	>	0.		0.	
1b c	Sub-total	ection A					. !	A A	0.		0.	
1b c d	Sub-total Total from continuation sheets to Part VII, S	ection A						► ► red			0.	
1b c d	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A		iste				> > red			0.	
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1b c d 2	Sub-total Total from continuation sheets to Part VII, Sometimes of the sheets to Part VII, Sometimes (and lines 1b and 1c)	ection A	nose 37	isted	l ab	ove) v , key	who	npl	ceived more than to	\$100,000 of		
1b c d 2	Sub-total Total from continuation sheets to Part VII, Sometimes of the sheets to Part VII, Sometimes (and lines 1b and 1c)	ection A	nose 37	isted	l ab	ove) v , key	who	npl	ceived more than to	\$100,000 of		'es N
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	(A) Name and title	Average hours per week (list any hours for related	box,	unle: er and	Pos heck ss pe	rson	e than o is both tor/trust	an	(D) Reportable compensation from the organization	Reporta compensati relate organiza (W-2/1099	on from d tions	(F) Estimated amount of other compensation from the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)			organization and related organizations
(389)	GORDON WASE	1.00										
_	BOARD MEMBER	0.	Х					L	0.		0.	0
(390)	CHRIS GRUBER	1.00										
	BOARD MEMBER	0.	Х						0.		0.	0
(391)	JOHN SMITH	1.00										
	BOARD MEMBER	0.	X						0.		o .l	0
(392)	CATE WEAVER	1.00	<u> </u>							·	"	
(322)		+	.,								ا م	0
(2 <u>0</u> 2)	BOARD MEMBER	0.	Х		<u> </u>				0.	· · · · · · · · · · · · · · · · · · ·	0.	0
(393)	JOHN ABSHER	1 00							•			
	BOARD MEMBER	0.	Х			_		<u>_</u>	0.		0.	. 0
(3 <u>94)</u>	JOHN BELISSARY	3.00										
	BOARD MEMBER	0.	Х		-				0.		0.	0
(395)	CHARLES BROWN	3.00										
	BOARD MEMBER	0.	Х						0.		0.	0
(396)	CHERYL DYE	3.00										
	BOARD MEMBER	0.	Х						0.		0.	0
(397)	LOTTA GRANHOLM	3.00							Ŭ.		- 0.1	<u> </u>
(32/)	BOARD MEMBER	0.	V						_		0	0
(200)			X						0.		0.	0
(398)	BOB JENNINGS	2.00										_
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(399)	VAN MATTHEWS	4.00			;		ĺ					
	BOARD MEMBER	0.	Х						0.		0.	0
d d	Total (add lines 1b and 1c)							A A A		1 400.000		
2	Total number of individuals (including but not reportable compensation from the organizatio				d at	OOVE	e) who	o re	ceived more than	\$100,000 (of .	
_	reportable compensation from the organizatio		37									[32] N
3	Did the organization list any former office											Yes No
	employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividu	ual					. <i>.</i>		3 X
4	For any individual listed on line 1a, is the organization and related organizations gr											
	individual											4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor	npen:	satio	on f	ron	n any	uni	related organizatio	on or indivi	dual	5 X
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•	compensation from the organization. Report of year.											
	(A)	Iress							(B) Description of se	rvices	С	(C) ompensation
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_	Name and business add							1				
	Name and business add											
	Name and business add											
	Name and business add											

(402) JACOBO MINTZER	Part VII Section A. Officers, Directors,		, <u>, , , , , , , , , , , , , , , , , , </u>	·Pic			unu	y					
Hours per Glor not check more than one compensation from related of the other persons and the compensation from the compensation	• •	(B)			(1	C)			(D)		- 1	(F)	
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A Description Post of the related Po			,						compensation	compensat	ion from		
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SARRAMA MCCARITIL				o o		l	atec				İ		
BOARD MEMBER	(AOO) BADBADA MCCANTII	2 00	-		-		-						
MALTON MICLEOD		+	٠,,										
BOARD MEMBER			X				<u> </u>	⊢	U .		0.		U.
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A-00 BOARD MEMBER		+											
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BOARD MEMBER 0. X 0. 0. 0. 0. 4401 MAJORS, CPA 1.00 BOARD MEMBER 0. X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(405) LUCIEN RICHARDSON	4.00						1					
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employee on line 1a? If "Yes," complete Schedule J for such individual													No
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for services rendered to the organization? If "Yes," complete Schedule J for such person													
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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation	for services rendered to the organization? I	f "Yes," comple	te Sch	edu	le J	for	such	per.	son			5	Х
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Name and business address Description of services Compensation	(A)	·							(B)			(C)	
2 Total number of independent contractors (including but not limited to those listed above) who received	Name and business	address							Description of se	rvices	C	ompensation	
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	2 Total number of independent contractors	i (including bι	ıt not	lim	ited	d to	thos	e li	sted above) who	received			

Part VII Section A. Officers, Directors (A) Name and title	(B) Average hours per week (list any hours for	(da r box,	not ch unles	Pos neck is pe ia d	ition more rson irect	than o	one an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
411) KATHY CLEMENTS	1.00									<u>_,,</u>
BOARD MEMBER	0.	Х		_				0.	0.	0
12) MOLLY MIDDLETON-MEYER	1.00	Ų								,
BOARD MEMBER 13) TARA ARANCIBIA	1.00	Х						0.	0.	C
BOARD MEMBER		Х						0.	0.	(
14) MICHAEL COHEN	1.00				·-··		-	0.	0.	
BOARD MEMBER	0.	Х						0.	0.	(
15) ROBERT KIDDER	1.00	Δ.						0.	0.	
BOARD MEMBER		Х						0.	0.	(
L6) JULES RUSHING	1.00	Λ						0.	0.	
BOARD MEMBER	0.	х						0.	0.	(
17) STEPHEN WOODFIN	1.00	Λ.	\dashv					0.	0.	,
BOARD MEMBER		Х						0.	0.	(
L8) DON BAIRD	2.00							0.	0.	
BOARD MEMBER	0.	Х		ĺ				0.	0.	
9) ALEX BONETTI	2.00							0.	0.	
BOARD MEMBER	2.00	х						0.	0.	
20) JOHN ENGLAND	2.00			_				0.	0.	'
	+	37						0	0.	
BOARD MEMBER 21) JULIE FENSKE	2.00	Х				!		0.	0.	(
BOARD MEMBER		Х						0.	0.	,
	<u> </u>						Ļ	0.		
1b Sub-total	VIII Canting A			٠.	-	• •				
c Total from continuation sheets to Part	· ·									
d Total (add lines 1b and 1c)								policed more than	\$100,000 of	
reportable compensation from the organi		37		u al	JOVE	s) will) I U	ceiveu more than	\$100,000 01	
3 Did the organization list any former employee on line 1a? If "Yes," complete S										Yes N
4 For any individual listed on line 1a, is organization and related organization individual	s greater than	\$15 	0,00	00?		"Yes	i," (complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receiv for services rendered to the organization?										5
Section B. Independent Contractors	:						1	h	4b #100 000 -	
 Complete this table for your five highest compensation from the organization. Re year. 										
(A) Name and busine	ss address							(B) Description of se	ervices C	(C) Compensation
			_							
2 Total number of independent contractor more than \$100,000 in compensation from				itec	l to	thos	e li	isted above) who	received	
more than \$100,000 in compensation in ISA 5E1055 1.000	om tile organizat	IOII P								Form 990 (20

Part VI	Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and	Hig	hest Compensat	ed Employee	s (coi	ntinued)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson Jirect	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	i	(F) Estimated amount of other compensate	of ion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	from the organizatio and relate organizatio	on d
(422) BON	NITA GREEN GAMBRELL	2.00											
	ARD MEMBER	0.	Х						0.		0.		0
	METRESS HARRELL	2.00											
	ARD MEMBER	0.	Х		<u> </u>				0.		0.		0
	ORGE E. JOHNSON	2.00	.,					ļ			2		0
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	MDEN KANALY ARD MEMBER	2.00	Х						0.		0.		0
	LEMAN LALANI, MD	2.00	_^						0.		0.1		- 0
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427) DON		2.00							0.		0.		
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	MOTHY MILLER	2.00					 		0.		- -		
	ARD MEMBER	0.	Х						0.		0.		0
	CQUELINE PIERSON	2.00	- 11					\vdash			" 		Ť
	ARD MEMBER	0.	Х						0.		0.		0
	THY TELLEPSEN	2.00					-				Ť		
	ARD MEMBER	0.	Х						ο.		0.		0
431) REN	MMELE YOUNG, JD	2.00											
BOF	ARD MEMBER	.0.	Х						0.		0.		0
432) LES	SLIE WHITE, JD	2.00											
BOF	ARD MEMBER	0.	Х						0.		0.		0
1b Sub-	total							>					
c Tota	I from continuation sheets to Part VII, S I (add lines 1b and 1c)	-						>					
	I number of individuals (including but not rtable compensation from the organization		nose l 37		d al	bove	e) wh	o re	ceived more than	\$100,000 of			
												Yes	No
	the organization list any former offic loyee on line 1a? If "Yes," complete Schede										1 B	3	Х
orgai	any individual listed on line 1a, is the s nization and related organizations gre idual	eater than	\$15	0,0	00?	lf.	"Yes	s," (complete Schedu	le J for such	7	4 X	
5 Did a	any person listed on line 1a receive or ervices rendered to the organization? If "Ye	accrue cor	mpen	satio	on f	fron	n any	un	related organizatio	on or individua	ı	5	Х
	B. Independent Contractors							<i>p</i>					
	plete this table for your five highest compensation from the organization. Report c											tax	
	(A) Name and business add	Iress							(B) Description of se	rvices	Cor	(C) npensation	
2 Total	I number of independent contractors (in	ncluding bu	ıt not	lim	nited	d to	thos	se li	sted above) who	received	14(1) (1)		

		(D)	ŀ						(5)	(=)		(-)
	(A) Name and title	(B)			Pos	C)			(D) Reportable	(E) Reportable		(F) Estimated
	Name and ade	Average hours per	(do	not ch			e than o	one	compensation	compensation	- 1	amount of
		week (list any	box,	unles	ss pe	rson	is both	an	from	related		other
		hours for	Offici	r and			or/trus:		the	organizatio		compensation from the
		related organizations	i div	ıstit	Officer	æy e	ing light	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	organization
		below dotted	ecto	턍] ¥	du	est c	٩	(44-211099-141130)			and related
		line)	¥	nal t		Key employee	" ă					organizations
			Individual trustee or director	Institutional trustee		w	Highest compensated employee	ĺ				
	BRINKMAN, PHD	2.00										
	D DIRECTOR	0.	Х						0.		0.	
	NE BRADSHAW D DIRECTOR	2.00	х						٥.		0.	(
	GE BRINEGAR	2.00						\vdash	0.			
	D DIRECTOR		X						0.		0.	(
	E ANN DURDEN	2.00		-					0.			
	D DIRECTOR	0.	Х						0.		0.	(
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	D DIRECTOR		Х						0.		0.	
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	GRISSOM	2.00	^						0.		· · ·	
	D DIRECTOR		Х			İ			0.		0.	
	JAMIESON	2.00									0.	
	D DIRECTOR		Х						0.		0.	
	N TELSCHOW JOHNSON	2.00	^						0.		0.	
	D DIRECTOR	0.	X						0.		0.	
	CCA KONVICKA	2.00	- ^						0.		0.	
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	D DIRECTOR											
3) CHRI	S LOKEY	2.00							0		١	
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Name and title	Part VII Section A. Officers, Directors, Tr		, y L.11	pic			anu	ing	1		1
Non-year Section Compensation	(A)	(B)				•			(D)	(E)	(F)
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1441 DAVID MEILLINA		1							· •		
44 DAVID MEDILINA		hours for	office								
44 DAVID MEDILINA		1	or d	nst	≩	ey	를 를	즉		(W-2/1099-MISC)	
44 DAVID MEDILINA			irec	itutio	ğ	emp	loye	ner	(W-2/1099-MISC)		_
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145) CAROL MONFECHMERY	444) DAVID MELLINA	2.00					-				
BOARD DIRECTOR	BOARD DIRECTOR	0.	X			<u>l</u>			0.	0.	0
46 GLORIA STEIME 2.00	445) CAROL MONTGOMERY	2.00			İ						
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153 JEFFREY D. ULMER, CPA 1.00 BOARD DIRECTOR 0. X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	452) E. RAY DINSTEL	1.00									
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BOARD DIRECTOR 10 Sub-total 1 Total from continuation sheets to Part VII, Section A 1 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 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 Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	453) JEFFREY D. ULMER, CPA	1.00				Ì					
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 37 Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes		-						•		· · -	
reportable compensation from the organization 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								o re	ceived more than	\$100.000 of	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					u ai	0040) WIII	, 10	Colved IIIOle thail .	φ100,000 di	
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	- I operiode companion in a significant	,	J /								[V] N-
employee on line 1a? If "Yes," complete Schedule J for such individual	o Did d										
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	3 Did the organization list any former office	er, directo	r, or	tru باستدن	ıste	e, ı	кеу е	mp	oloyee, or nighest	compensated	Control of the Contro
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line Tar II Yes, comprete Sched	ule J for suc	in ina	νιαι	ıaı	• •		• •	• • • • • • • • • •		3 X
individual											
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶											
for services rendered to the organization? If "Yes," complete Schedule J for such person											
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	5 Did any person listed on line 1a receive or	accrue cor	mpen	satio	on f	ron	any	uni	related organizatio	n or individual	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	for services rendered to the organization? If "Y	es," complet	te Sch	edu	le J	for	such	pers	son		5 X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization [A) (B) (C) Compensation Compensation	Section B. Independent Contractors										
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization [A) (B) (C) Compensation Compensation	1 Complete this table for your five highest com	pensated in	ndepe	nde	nt d	cont	tracto	rs ti	hat received more	than \$100,000 o	f
(A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization											
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation ▶	year.										
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation ▶	/A)							Τ	/B)		(C)
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 ▶		dress								rvices C	
more than \$100,000 in compensation from the organization ▶								+	1		,
more than \$100,000 in compensation from the organization ▶								+			
more than \$100,000 in compensation from the organization ▶								+		.	
more than \$100,000 in compensation from the organization ▶								+			·
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more than \$100,000 in compensation from the organization ▶								٠.			
					itec	d to	thos	e li	sted above) who	received	Hillian Salah Dalah
		e organizat	ion 🕨	•					·		

Name and title	(B) Average hours per week (list any hours for	box, office	unles ranc	sper Jadi	ition more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	on from d ions	(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	organization and related organizations
455) LEON HILL		1.00										
BOARD DIRECTOR		0.	X						0.		0.	0
456) BARRY N. MOORE, PHI	D	1.00							_			
BOARD DIRECTOR		0.	Х		_				0.		0.	0
457) DELORES OVERSTREET BOARD DIRECTOR		1.00	X						0		0.	0
BOARD DIRECTOR 158) MARGIE SHAVER		1,00	X			-			0.		- 0.	0
BOARD DIRECTOR		0.	Х						0.		0.	0
159) MATTHEW SUNDERLIN		1.00	^						0.		- 0.1	0
BOARD DIRECTOR	·	0.	х		-	İ			0.		0.	0
60) LISA J. TILLEY, CPA	Δ	1.00		-	-	-			0.			
BOARD DIRECTOR	:-	0.	Х			Ì			о.		0.	0
61) JULIE PANGELINAN		2.00							<u> </u>	•		
BOARD FINANCE CHAIL	R	0.	х						0.		0.	0
62) MICHAEL L. HERRINTO		2.00										
BOARD AUDIT CHAIR	·	0.	Х						0.		0.	0
63) JEAN MARTIN		2.00										
BOARD DIRECTOR		0.	Х						0.		0.	C
64) R. JORDAN SMYTH, JI	R .	2.00										
BOARD DIRECTOR		0.	Х						0.		0.	0
65) TOM WIITHMAN		2.00										
BOARD DIRECTOR		0.	Х						0.		0.	0
1b Sub-total								•				
c Total from continuation she						•		\blacktriangleright				
d Total (add lines 1b and 1c)								▶				
2. Total number of individuals	(includina but not li	mited to the	hose I	ister	d ab		e) who	re	ceived more than :	\$100,000 o	f	
reportable compensation fro		•	37			ove	,					
	om the organization any former office	er, directo	37 r, or	tru	stee	e, k	кеу е					Yes No
3 Did the organization list employee on line 1a? If "Yes 4 For any individual listed or organization and related	any former office t," complete Schedul on line 1a, is the si organizations grea	er, directo le J for sud um of rep ater than	3.7 r, or ch indi ortab \$15	tru ividu le c 0,00	stee lal . omp	e, k	key e satior "Yes	i ar ," (nd other compens	ation from le J for s	 the	
3 Did the organization list employee on line 1a? If "Yes. 4 For any individual listed or	any former office "complete Schedul " line 1a, is the si organizations green ine 1a receive or a	er, directo le J for suc um of rep ater than	r, or ch independent of the second of the se	tru ividu le c 0,00	stee	e, k	satior	n ar ," (nd other compens complete Schedul	sation from le <i>J for</i> s	the cuch	3 × ×
 3 Did the organization list employee on line 1a? If "Yes 4 For any individual listed or organization and related individual 5 Did any person listed on li 	any former office "complete Schedul n line 1a, is the si organizations greating to the second	er, directo le J for suc um of rep ater than	r, or ch independent of the second of the se	tru ividu le c 0,00	stee	e, k	satior	n ar ," (nd other compens complete Schedul	sation from le <i>J for</i> s	the cuch	3 X
 3 Did the organization list employee on line 1a? If "Yes 4 For any individual listed or organization and related individual 5 Did any person listed on lift for services rendered to the 	any former office "complete Schedul n line 1a, is the si organizations greating ine 1a receive or a organization? If "Yestetors r five highest comp	er, directo le J for suc um of rep ater than accrue cor s," complet	37 r, or ch indivortab \$15 mpense Sch	tru ividu le c 0,00 satio	stee lal omp omp on fr le J	e, k	satior "Yes any such	n ar ," o unr pers	nd other compens complete Schedul related organization	sation from le J for s on or individe	the such dual 	3 X 4 X 5 X
 3 Did the organization list employee on line 1a? If "Yes 4 For any individual listed or organization and related individual 5 Did any person listed on liftor services rendered to the Section B. Independent Contral 1 Complete this table for your compensation from the organization from the organization from the organization. 	any former office "complete Schedul n line 1a, is the si organizations greating ine 1a receive or a organization? If "Yestetors r five highest comp	er, directo le J for suc um of rep ater than accrue cor s," complet pensated ir	37 r, or ch indivortab \$15 mpense Sch	tru ividu le c 0,00 satio	stee lal omp omp on fr le J	e, k	satior "Yes any such	n ar ," o unr pers	nd other compens complete Schedul related organization	eation from le J for son or individent	the such	3 X 4 X 5 X
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 3 Did the organization list employee on line 1a? If "Yes 4 For any individual listed or organization and related individual 5 Did any person listed on liftor services rendered to the Section B. Independent Contral 1 Complete this table for your compensation from the organizatio	any former office the complete Schedule In line 1a, is the si organizations greatine 1a receive or a organization? If "Yestectors r five highest companization. Report co	er, directo le J for suc um of rep ater than accrue cor s," complet pensated ir	37 r, or ch indivortab \$15 mpense Sch	tru ividu le c 0,00 satio	stee lal omp omp on fr le J	e, k	satior "Yes any such	n ar ," o unr pers	nd other compens complete Schedul related organization hat received more nding with or with	eation from le J for son or individent	the such	3 X 4 X 5 X
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 3 Did the organization list employee on line 1a? If "Yes 4 For any individual listed or organization and related individual 5 Did any person listed on liftor services rendered to the Section B. Independent Contral 1 Complete this table for your compensation from the organization from the or	any former office the complete Schedule In line 1a, is the si organizations greatine 1a receive or a organization? If "Yestectors r five highest companization. Report co	er, directo le J for suc um of rep ater than accrue cor s," complet pensated ir	37 r, or ch indivortab \$15 mpens	tru ividu le c 0,00 satio	stee lal omp omp on fr le J	e, k	satior "Yes any such	n ar ," o unr pers	nd other compens complete Schedul related organization hat received more nding with or with	eation from le J for son or individent	the such	3 X 4 X 5 X
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Part VII Section A. Officers, Directors, To	usices, Ne	<u>y </u>	hic	ye	cs,	anu	ng		eu Limpioy	ees (C		
(A) Name and title	(B) Average hours per week (list any			Pos heck		e than e		(D) Reportable compensation from	(E) Reportal compensation related	on from	(F) Estima amour othe	ated nt of
	hours for related organizations below dotted line)	office	r an	dac		or/tru Highest compensated		the organization (W-2/1099-MISC)	organizati (W-2/1099-	ions	compen from organiz and re organiz	nsation the zation elated
466) TIMOTHY F. BELANGER BOARD DIRECTOR	2.00	Х						0.		0.		0.
467) LAWRENCE L. LAMADE	2.00	A						0.				
BOARD DIRECTOR	0.	Х						0.		0.		0.
468) VENESSA H. FORSYTHE BOARD DIRECTOR	2.00	Х						0.		0.		0.
469) GREG WHITE	2.00											
BOARD DIRECTOR	0.	Х		<u> </u>				0.		0.		0.
470) PETER ABRAHAMS	2.00	١,,										٥
BOARD DIRECTOR 471) ALEX BOURELLY	2.00	X				-	-	0.		0.		0.
BOARD DIRECTOR	0.	Х				1		0.		0.		0.
472) LAINIE BUXTON MULLER	2.00		-			-	<u> </u>					
BOARD DIRECTOR	0.	Х						0.		0.		0.
173) HARRY J. KLAFF	2.00											
BOARD DIRECTOR	0.	Х						0.		0.		0.
174) BRAD ROSE	2.00											
BOARD DIRECTOR	0.	Х						0.		0.		0.
475) FLOYD E. "SKIP" DAVIS III	2.00											
BOARD DIRECTOR	0.	Х				ļ		0.		0.		0.
176) HATTIE BARLEY	1.00							_				_
BOARD MEMBER (JUL15-JUN16)	0.	X			<u> </u>]	<u> </u>	0.		0.		0 .
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A .				• •		>		£100,000 a	, f		
2 Total number of individuals (including but no reportable compensation from the organization)		nose 31		a a	vod	e) wn	o re	eceived more than	\$100,000 0	H		
3 Did the organization list any former offi	cer directo	nr or	tri	ıste	ı.	kev i	-mr	nlovee or highes	t compens	ated	Y	es No
employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the organization and related organizations g	sum of rep	ortat	ile d	com	per	nsatio	n a	nd other compens	sation from	the		
individual											4	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5	Х
Section B. Independent Contractors												
 Complete this table for your five highest cor compensation from the organization. Report year. 												
(A) Name and business ad	idress							(B) Description of se	ervices	С	(C) ompensati	on
							1					
							‡					
							\pm					
2 Total number of independent contractors (nite	d to	thos	se I	isted above) who	received			

(A)		1	l		1-			1941	/p=\	/E1
Name and title		(B) Average		F	(C) Positio	n		(D) Reportable	(E) Reportable	(F) Estimated
		hours per				ore than		compensation	compensation fro	
		week (list any				n is both ctor/trus		from	related	other compensation
		hours for related	9 =					the	organizations	6b
		organizations	글	stit	Officer	Highest	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC	organization
		below dotted	dividual t director	Li i	4 5	Highest co	º	(W-211099-WIGC)		and related
		line)	₹	nait	Officer	July July				organizations
		•	Individual trustee or director	Institutional trustee	"	compensated				
77) DIANA BRIGHT		1.00			+	ä				
BOARD MEMBER		0.	X					0.	(0.
8) REV. DR. PAIGE LANII	ER CHARGOIS	1.00	l						,	,
BOARD MEMBER		0.	X		\perp			0.	(0.
9) GARLAND CREIGHTON,	JR.	1.00							,	.
BOARD MEMBER		0.	X		_			0.	(0. (
0) BRAD KISCADEN		1.00						_		_
BOARD MEMBER		0.	Х				_	0.	(0.
1) SELENA SANDERSON		1.00					1			
BOARD MEMBER		0 .	X				<u> </u>	0.		0.
2) JAMES ASA SHIELD, J	R., MD	1.00						-		
BOARD MEMBER		0 .	Х				L	0.	(0.
3) MYRA GOODMAN SMITH		1.00								
BOARD MEMBER		0 .	Х				l	0.	(0.
4) THOMAS STINSON		1.00								
BOARD MEMBER		0.	Х					0.	(). (
5) CHRISTY WALSH-SMITH		1.00								
BOARD MEMBER		0.	Х					0.	(o.
6) FRANCES ZEHMER		1.00								
BOARD MEMBER		0.	X			1	1	0.	(o. (
					+	 	 			<u> </u>
		. 50	l		- 1					
7) EDWARD MARTIN	 GATE	. 50	X					0.	(o.
7) EDWARD MARTIN BOARD ASSEMBLY DELE		0.	L				Ļ	0.	(0. (
7) EDWARD MARTIN BOARD ASSEMBLY DELETED Sub-total		0.					<u> </u>	0.	(). (
7) EDWARD MARTIN BOARD ASSEMBLY DELET 1b Sub-total c Total from continuation sheet	ets to Part VII, Se	0. ection A					>	0.	(). (
7) EDWARD MARTIN BOARD ASSEMBLY DELEGATION 1b Sub-total c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII, Se	0. ection A		 			▶ ▶ №). (
7) EDWARD MARTIN BOARD ASSEMBLY DELEGATE 1b Sub-total c Total from continuation sheet d Total (add lines 1b and 1c)	ets to Part VII, Se	0. ection A		sted			o re			
7) EDWARD MARTIN BOARD ASSEMBLY DELE 1b Sub-total c Total from continuation shed d Total (add lines 1b and 1c). 2 Total number of individuals (in reportable compensation from 3 Did the organization list a	ets to Part VII, Se ncluding but not li n the organization	0. imited to the contract of	hose l	isted	abo	ve) wh	emp	ceived more than	\$100,000 of	Yes N
7) EDWARD MARTIN BOARD ASSEMBLY DELETED Sub-total c Total from continuation sheet d Total (add lines 1b and 1c). 2 Total number of individuals (in reportable compensation from	ets to Part VII, Se ncluding but not li n the organization	0. imited to the contract of	hose l	isted	abo	ve) wh	emp	ceived more than	\$100,000 of	
7) EDWARD MARTIN BOARD ASSEMBLY DELET 1b Sub-total c Total from continuation shed d Total (add lines 1b and 1c). 2 Total number of individuals (in reportable compensation from 3 Did the organization list a employee on line 1a? If "Yes," 4 For any individual listed on	ncluding but not ling the organization any former office complete Scheduline 1a, is the si	imited to the	hose last	trus	abo	key	emp	ceived more than cloyee, or highes	\$100,000 of t compensated sation from the	Yes N
7) EDWARD MARTIN BOARD ASSEMBLY DELEGATION to Total from continuation sheet of Total (add lines 1b and 1c). Total number of individuals (in reportable compensation from 1b and 1c). Did the organization list and 1c a	ncluding but not ling the organization the organization from the scheduling from the scheduline 1a, is the scorganizations greaters.	o cotion A imited to the control of reparter than	hose l 37, or, or ch ind	trus	about about	ve) wh	emp • • n ai	ceived more than cloyee, or highes and other compens	\$100,000 of t compensatedsation from the le J for such	Yes N
7) EDWARD MARTIN BOARD ASSEMBLY DELET 1b Sub-total c Total from continuation shed d Total (add lines 1b and 1c). 2 Total number of individuals (in reportable compensation from 3 Did the organization list a employee on line 1a? If "Yes," 4 For any individual listed on	ncluding but not ling the organization the organization from the scheduling from the scheduline 1a, is the scorganizations greaters.	o cotion A imited to the control of reparter than	hose l 37, or, or ch ind	trus	about about	ve) wh	emp • • n ai	ceived more than cloyee, or highes and other compens	\$100,000 of t compensatedsation from the le J for such	Yes No.
7) EDWARD MARTIN BOARD ASSEMBLY DELEGATION c Total from continuation shed d Total (add lines 1b and 1c). 2 Total number of individuals (in reportable compensation from a memory of the transfer of the tra	ncluding but not ling the organization into the organization into the organization into the organization into the organization into the organization greating and the organization greating	o cotion A imited to the control of reparter than accrue control of the cont	hose I 37 or, or ch ind oortab \$15	trus ividua le co	atee, al . compe	key ensatio	emp n ar s,"	ceived more than coloyee, or highes complete Schedu	\$100,000 of t compensated	Yes N
7) EDWARD MARTIN BOARD ASSEMBLY DELEGATE 1b Sub-total c Total from continuation sheet d Total (add lines 1b and 1c). 2 Total number of individuals (in reportable compensation from 1 and 1 a	ncluding but not ling the organization former office complete Scheduline 1a, is the storganizations greated as receive or a reganization? If "Yes	o cotion A imited to the control of reparter than accrue control of the cont	hose I 37 or, or ch ind oortab \$15	trus ividua le co	atee, al . compe	key ensatio	emp n ar s,"	ceived more than coloyee, or highes complete Schedu	\$100,000 of t compensated	Yes No.
10 EDWARD MARTIN BOARD ASSEMBLY DELEGATION C Total from continuation sheet d Total (add lines 1b and 1c). Total number of individuals (in reportable compensation from 1) Did the organization list a employee on line 1a? If "Yes," For any individual listed on organization and related or individual. Did any person listed on ling for services rendered to the office of the compensation from the organization from the org	ncluding but not ling the organization from the schedul line 1a, is the storganizations greater a receive or a reganization? If "Yestors five highest comp	o imited to the control of the c	hose land and a state of the st	trus ividua le co 0,00	aboo	key ensatio	emp n ans," ' uni per	ceived more than clove, or highes complete Schedu crelated organization	\$100,000 of t compensated	3 X 4 X 5 X
7) EDWARD MARTIN BOARD ASSEMBLY DELEGATION 1 Total from continuation sheet of Total (add lines 1b and 1c). 2 Total number of individuals (in reportable compensation from 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1	ncluding but not ling the organization from the schedul line 1a, is the storganizations greater a receive or a reganization? If "Yestors five highest comp	o imited to the control of the c	hose land and a state of the st	trus ividua le co 0,00	aboo	key ensatio	emp n ans," ' uni per	ceived more than clove, or highes complete Schedu crelated organization	\$100,000 of t compensated	Yes N 3 X 4 X 5 X
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Part VII Section A. Officers, Directors (A) Name and title	(B) Average hours per week (list any	(do r box,	not cl unles	Pos heck	C) iltion more erson	e than o	one an	(D) Reportable compensation from the	(E) Reports compensati relate organiza	able ion from ed	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
(488) JEFF BORMAN	.50										
BOARD DIRECTOR	0.	Х						0.		0.	0 .
(489) CHAD BROADWATER	.50	,,						0.		0.	0.
BOARD DIRECTOR (490) DEBORAH CURRY	.50	Х						0.		<u> </u>	
BOARD DIRECTOR		Х						0.		0.	0.
(491) SONIA BAILEY GIBSON	.50		-					· ·			
BOARD DIRECTOR	 0.	Х						0.		0.	0.
(492) TERESA MILLER	.50										
BOARD DIRECTOR	0.	Х					L	0.		0.	0.
(493) TODD SWANSON	.50										
BOARD DIRECTOR	0.	Х					<u> </u>	0.		0.	0.
(494) EMILY UMBLE	.50										
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495) ANGELA VANCE	. 50							_			
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496) ANNE DORN	1.00	,,								ا م	0
BOARD DIRECTOR	0.	Х						0.		0.	0 .
497) REBECCA EMMONS BOARD DIRECTOR	1.00	X						0.		0.	0
498) GINA GREEN-HARRIS	1.00	^	_					0.		· · ·	0
BOARD DIRECTOR		x						0.		0.	0
1b Sub-total	1						<u> </u>				
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)		 			• •	 	>				
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4 For any individual listed on line 1a, is organization and related organizations	the sum of rep greater than	oortab \$15	ile c 50,0	om 00?	per	nsatio "Yes	n ai	nd other compens	sation from le J for	the such	
individual											4 X
5 Did any person listed on line 1a receiv for services rendered to the organization? Section B. Independent Contractors	If "Yes," comple	te Sch	nedu	ile J	l for	such	per	son			5 X
Complete this table for your five highest	compensated i	ndone	nde	ent i	con	tracto	ire t	hat received more	than \$10	0.000	ıf
compensation from the organization. Rep											
(A) Name and busines	ss address		-					(B) Description of se	ervices	C	(C) Compensation
		-									
										The Control of Control	
2 Total number of independent contracto more than \$100,000 in compensation from				nite	a to	thos	se I	isted above) who	received		

Name and title Acres Compare	Part VII Section A. Officers, Directors,		, <u>-</u>	ipic			unu	9	1			
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ADARD DIRECTOR 1.00	Name and tille	1 '	(do i	not cl				nne	•			
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Part VII Section A. Officers, Directors, (A) Name and title	(B) Average hours per week (list any hours for	(da) box, office	not ch unles	Pos heck sspe	ition mon rson irect	e than o is both tor/trus	one an tee)	(D) Reportable compensation from the	(E) Report compensat relat organiza	able tion from ed	(F) Estimated amount of other compensation
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(510) MARK MCCARTER	1.00										
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BOARD MEMBER	1.00	.,						0		0.	0
(512) ELIZABETH MASIC	1.00	X						0.		0.	
BOARD MEMBER	0.	Х						0.		0.	0
513) LARRY COMBS	1.00						-				
BOARD MEMBER	0.	Х						0.		0.	0
514) RAY GUZMAN	1.00										
BOARD MEMBER	0.	Х						0.		0.	C
515) WILLIAM FISHER	40.00						Г				
CEO	0.	ļ		Х				262,872.		0.	38,675
516) JAN WILLIAMS	40.00										
FINANCE DIRECTOR	0.			Х				105,565.		0.	9,932
517) LINDA MITCHELL	50.00									_	
PRESIDENT/CEO	0.			Х				183,950.		0.	5,361
518) KEITH SWANSON	40.00							115 740			15 044
VP, FINANCE	0.			Х				115,740.		0.	15,841
519) ELEONORA C. TORNATORE PRESIDENT	45.00			Х				105 256		ا م	7 700
520) JAMES VUMBACO	45.00			^				185,256.		0.	7,723
COO	0.			x				107,615.		0.	17,063
1b Sub-total											
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							*				
Total number of individuals (including but reportable compensation from the organization)	not limited to t		iste				o re	ceived more than	\$100,000	of	
											Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch											3 X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,00	00?	lf	"Yes	," {	complete Schedui	le J for	such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? It	or accrue cor	mpen	satio	วก f	ron	ı any	uni	related organizatio	on or indiv	ridual	5 X
Section B. Independent Contractors					•		, -,,				
 Complete this table for your five highest of compensation from the organization. Repo year. 											
(A) Name and business	address							(B) Description of se	rvices	C	(C) ompensation
							-				
									· · · · · · · · · · · · · · · · · · ·		
2 Total number of independent contractors more than \$100,000 in compensation from				ited	to	thos	e li	sted above) who	received		

Name and title	Part VII Section A. Officers, Directors, Tr	1	, <u>_</u>	·p·c			and .	ı ııg	1			
	(A)	(B)				-			(D)	(E)		(F)
Security Security	wame and fille	1	(do.)	not ci				nne	1			· ·
CEL CAROL NAY		1							1			
Case Section		1										
Section Page Section		related	유方	75	Q	ě	ag	-F				from the
Section Page Section		organizations	di Ki	#	g	y er	흥흥	∄	_		,	
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		line)	ੋ ਹੈ	alt		γe	mg				ļ	organizations
			stee	ust		Œ) ž					
				ее			šă					
CSO	(521) CAROL MAY	40.00				-		┼~~				
SECOND STEPHEN STEP		+			v				123 822		n l	7 413
CCO		-			<u> </u>			┼╌	123,022.		- '	,,,,,,,,
SATHRYN E. REDINGTON 40.00 X 108,125. 0 5,857		+			١,,				100 (01		ا ر	7 012
CEO		-			X		ļ		108,691.		<u> </u>	7,913.
1 1 1 1 1 1 1 1 1 1		+										
VP, FINANCE & OPERATIONS		0.			Х				108,125.		0.	<u>5,857</u> .
PRESIDENT/CEO PRESIDENT/CEO O X 164,962 0. 12,407 20, 114,407	(524) JESSICA B. FEAZELL	40.00										
PRESIDENT/CEO PRESIDENT/CEO O X 164,962 0. 12,407 20, 114,407	VP, FINANCE & OPERATIONS	0.	1		Х				62,993.		0.	5,857.
PRESIDENT/CEO		40.00				-		T				
526) STEPHEN BEROWN VP. FINANCE 0. X 131,131. 0. 19,973 527) HEATHER HERSHBERGER 40.00 EXECUTIVE DIRECTOR 0. X 169,805. 0. 25,167 528) WANDA LEW FINANCE & OPERATIONS DIRECTOR 0. X 118,118. 0. 4,737 529) MARSHA HILLS EXEC DIRECTOR (JUL15-CCT15) 0. X 65,600. 0. 0 530) DYANN SCHAPFER 40.00 FINANCE DIRECTOR 0. X 47,816. 0. 0 531) LAURIE TRENHOLM EXECUTIVE DIRECTOR 0. X 47,816. 0. 0 531) LAURIE TRENHOLM EXECUTIVE DIRECTOR 0. X 106,144. 0. 7,475 15 Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization From the organization and related organization 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 endered to the organization? 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 endered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services endered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensation from any unrelated organization or individual individual individual individual individual individual individual i		+			v				16/ 962		0	12 407
VP. FINANCE 77. HEATHER HERSHBERGER 80.00 EXECUTIVE DIRECTOR 10. X 169,805. 0. 25,167. 78. WANDA LEW FINANCE & OPERATIONS DIRECTOR 10. X 118,118. 0. 4,737. 10. X 118,118. 0. 4,737. 10. X 118,118. 0. 4,737. 10. X 118,118. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.					<u> </u>			├	104, 502.			12,407.
SERECUTIVE DIRECTOR 0. X 169,805. 0. 25,167		 			١							
EXECUTIVE DIRECTOR 0 X 169,805. 0 25,167. 528) WANDA LEW 40.00 FINNCE & OPERATIONS DIRECTOR 0 X 118,118. 0 4,737. 529) MARSHA HILLS 40.00 X 65,600. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					X				131,131.		0.	10,973.
528) WANDA LEW 40.00 X 118,118. 0. 4,737. 529) MARSHA HILLS 40.00 X 65,600. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(527) HEATHER HERSHBERGER	40.00										
528) WANDA LEW 40.00 X 118,118. 0. 4,737. 529) MARSHA HILLS 40.00 X 65,600. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	EXECUTIVE DIRECTOR	0.			Х				169,805.		0.	25,167.
FINANCE & OPERATIONS DIRECTOR 0 X 118,118 0 4,737. 29 MARSHA HILLS 40.00 EXEC DIRECTOR (JUL15-OCT15) 0 X 65,600 0 0 0 300 DYANA SCHAFFER 40.00 FINANCE DIRECTOR 0 X 47,816 0 0 0 531) LAURIE TRENHOLM 40.00 EXECUTIVE DIRECTOR 0 X 106,144 0 . 7,475 1b Sub-total 1	(528) WANDA LEW	40.00										
SEST DIRECTOR (JULIS-OCTI5) 0.		+	1		x				118.118	ĺ	n	4.737
EXEC DIRECTOR (JUL15-OCT15)					1,7	 		-	110,110.		- 0.	1,737.
530) DYANN SCHAEFER FINANCE DIRECTOR 0. X 47,816. 0. 0 5311 LAURIE TRENHOIM EXECUTIVE DIRECTOR 0. X 106,144. 0. 7,475 1b Sub-total c Total from continuation sheets to Part VII, Section A 4 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 ► 37 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		+			١				45 440			
FINANCE DIRECTOR		0.			X	ļ		ļ	65,600.			
EXECUTIVE DIRECTOR 10 Sub-total 106,144. 106,144. 107,475. 11 Sub-total 1 Total from continuation sheets to Part VII, Section A 1 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 37 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 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 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. (B) Description of services Compensation Compensation	(530) DYANA SCHAEFER	40.00								1		
EXECUTIVE DIRECTOR 0. X 106,144. 0. 7,475 1b Sub-total c Total from continuation sheets to Part VII, Section A 4 d Total (add lines 1b and 1c).	FINANCE DIRECTOR	0.			Х				47,816.		0.	0.
EXECUTIVE DIRECTOR 0. X 106,144. 0. 7,475 1b Sub-total c Total from continuation sheets to Part VII, Section A 4 d Total (add lines 1b and 1c).	(531) LAURIE TRENHOLM	40.00										•
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 37 Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation		0.	1		Ιx				106.144.		0.	7,475.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of independent Contractors (A) Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 37 Yes No	1h Cub total	-	<u> </u>					_				·
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 37 Yes No												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 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										<u> </u>		
Total number of independent contractors (including but not limited to those listed above) who received Yes No Yes N								_	<u> </u>			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					d a	bovi	e) wh	o re	ceived more than	\$100,000 (οf	
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	reportable compensation from the organizatio	n 🕨	37	7								
employee on line 1a? If "Yes," complete Schedule J for such individual												Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividι	ual							3 X
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
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												l i l
for services rendered to the organization? If "Yes," complete Schedule J for such person												
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received												
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received	for services rendered to the organization? If "Y	es," comple	te Sch	redu	ile J	for	such	per	son	· · · · · ·		5 X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received	Section B. Independent Contractors											
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received	1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100	0.000 o	f
year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received												
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	· · · · · · · · · · · · · · · · · · ·	•					-		ū	-		
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received								1		T		
2 Total number of independent contractors (including but not limited to those listed above) who received		draca								minos		
	Name and dusiness add	n 622							Description of Se	i vices		ompensation
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								T				
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	2 Total number of independent contractors (i	ncluding by	it not	lim	nit o 4	d ta	thos	المع	isted ahoua) who	received	Afficial resident	HE GOLD BY
					met	u (C	, iiiOS	ic II	isted above) MIIO	10001AGG		

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and l	Hig	hest Compensat	ed Emplo	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unies er and	Pos heck ss pe	erson	e than i is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Report compensat relate organiza	able ion from ed ations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	9-MISC)	organization and related organizations
(532) DEBRA R. BROOK	50.00										
EXECUTIVE DIRECTOR	0.			Х				153,613.		0.	9,546.
(533) JANET HORN	50.00										
FINANCE & OPERATIONS DIRECTOR	0.			Х			<u> </u>	70,638.		0.	9,546.
(534) GARY GIRON	40.00										
EXECUTIVE DIRECTOR	0.			Х			<u> </u>	100,351.		0.	6,061.
(535) KATHLEEN SUE BRANSON FINANCE DIRECTOR	40.00			Х				32,813.		0.	6,561.
(536) ELIZABETH SMITH-BOIVIN	40.00										
EXECUTIVE DIRECTOR/CEO	0.			Х				103,088.		0.	7,296.
(537) ELAINE CANELL FINANCE DIRECTOR (JUL15-NOV15)	40.00			х				57,225.		0.	0.
(538) BEN GIANNETTI	40.00										
FINANCE DIRECTOR (NOV15-JUN16)	0.			Х				8,403.		0.	608.
(539) ELAINE SPROAT	35.00										
PRESIDENT/CEO (JUL15-FEB16)	0.			Х				106,327.		0.	8,452.
(540) JENNIFER SCHEUERMANN	35.00		·								
VP, FINANCE & OPERATIONS	0.			Х				84,450.		0.	7,801.
(541) TERESA GALBIER	40.00										
PRESIDENT/CEO	0.			Х				139,160.		0.	13,306.
(542) HANNELORE STEVENS CONTROLLER	40.00			Х				77,093.		0.	7,921.
1h Sub total					<u> </u>						
c Total from continuation sheets to Part VII, S	ection A						>				
d Total (add lines 1b and 1c)							n re	colved more than	L \$1በበ በበበ	of	
reportable compensation from the organizatio		37		uai	DUV	=) WIII	U IE	cerveu more man	\$100,000	UI	
		<u> </u>									Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	or, or	tru	ıste	e,	key e	emp	loyee, or highest	compens	sated	3 X
											3 7
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,0	00?	lf If	"Yes	s, "	complete Schedu	le J for	such	
individual											4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors				•							
Complete this table for your five highest com- compensation from the organization. Report of											
year.											
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) ompensation
							1				
							+				
							1				· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractors (in				nite	d to	thos	L se li	isted above) who	received		
more than \$100,000 in compensation from th											

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	уе	es,	and	Hig	hest Compensat	ed Emplo	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	irec	e than is both tor/trus	an	(D) Reportable compensation from the organization	(E) Reporta compensati relate organiza (W-2/1099	ion from ed itions	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			organization and related organizations
(543) LEILANI J. PELLETIER, MS	40.00										
EXECUTIVE DIRECTOR	0.			Х			_	95,088.		0.	9,338.
(544) COLLEEN M. WENZEL	40.00										
FINANCE DIRECTOR	0.	ļ. <u>-</u>		Х				56,937.		0.	7,904.
(545) PAMELA SCHUELLERMAN	40.00									i	
EXECUTIVE DIRECTOR	0.			Х			L.	117,207.		0.	4,940.
(546) JOAN SILLASEN	40.00										
FINANCE DIRECTOR	0.			Х				63,816.		0.	9,457.
(547) NANCY B. UDELSON	45.00										
PRESIDENT/CEO	0.	Ī		Х				119,246.		0.	12,213.
(548) CHRIS M. CHELINE	45.00						İ				
VP, FINANCE & HR (JUL15-DEC15)	0.			х				68,418.		0.	10,382.
(549) VINCE MCGRAIL	40.00			- <u>.,</u> -		-	-	00,410.			10,302.
	0.			Х				120 755		0.	12 774
EXECUTIVE DIRECTOR						ļ—	-	120,755.		U .	12,774.
(550) NANETTE MANN ARRIAGA	40.00			١				50.406			•
FINANCE DIRECTOR	0.			Х				72,196.		0.	0.
(551) ERIC VANVLYMEN	37.50										
EXECUTIVE DIRECTOR	0.			X				104,850.		0.	2,838.
(552) SALLI BOLLIN	50.00										
EXECUTIVE DIRECTOR	0.			Χ				75,955.		0.	19,383.
(553) MARK FRIED	45.00										
PRESIDENT/CEO	0.			Х				127,460.		0.1	3,664.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t				· .		► ► • re	eceived more than	\$100,000	of	
reportable compensation from the organizatio	n 🕨	37	ı								
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividu	ual							Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	lf If	"Yes	s, "	complete Schedul	le J for		4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	ie Sch	eau	iie J	TOP	such	per	son	<u></u> .		5 X
Complete this table for your five highest com	noncotod i	adana	ndo	nt .	con	tracto	rc f	that received more	than \$100	1 000 6	<u> </u>
compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) ompensation
2 Total number of independent contractors (in				nite	d to	thos	se l	isted above) who	received		a no se se se se se se se se se se se se se
more than \$100,000 in compensation from th	ie organizat	ion 🕨	•								

Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for	(đơ i bax,	not cl unte:	Pos heck ss pe	C) ition mon rson	e than o	one an	(D) Reportable compensation from the	(E) Report compensat relate organiza	able ion from ed	(F) Estimated amount of other compensation
	related organizations below dotted line)	아 c	Institutional trustee	$\overline{}$	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
(554) KATE SCRUGGS	45.00				•						
FINANCE DIRECTOR	0.			X				55,095.		0.	5,565.
(555) WENDY L. CAMPBELL	37.50	ļ									
PRESIDENT/CEO	0.			X	_	<u> </u>	<u> </u>	172,061.		0.	18,238.
(556) REGINA BRADSON	37.50	ł						22.266			10 100
VP, FINANCE & OPERATIONS	0.			X			_	88,066.		0.	12,429.
(557) CYNTHIA ALEWINE	50.00	1		,				00 006			0 207
PRESIDENT/CEO	50.00			Х	-	<u> </u>	_	98,096.		0.	9,207
(558) BECKY PRINCE PRESIDENT/CEO	0.			x				141,427.		0.	8,506
(559) STEVE KROLL	50.00							141,427.			0,500
FINANCE DIRECTOR	0.			Х				75,325.		0.	11,395
(560) RICHARD ELBEIN	50.00							75,525.		<u> </u>	11,355
CEO				Х				177,512.		0.	20,260
(561) DAVID STREUSAND	50.00							1,,,011.			20,200
CFO	0.			х				100,563.		0.	17,516
(562) THERESA HOCKER	50.00										
EXECUTIVE DIRECTOR	0.			Х				114,259.		0.	14,647
(563) JEANIE ZINKE	45.00										· · ·
FINANCE DIRECTOR	0.			Х				77,117.		0.	13,086
(564) SUE FRIEDMAN	40.00										
PRESIDENT/CEO	0.	L		Х				89,471.		0.	2,685
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	Section A Ilimited to t		iste				o re	eceived more than	\$100,000	of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	cer, directo	or, or	tru <i>ivid</i> u	ual			• •				Yes No
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15 	0,0	00?		"Yes	s,"	complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "Section B. Independent Contractors											5 X
 Complete this table for your five highest cor compensation from the organization. Report year. 											
(A) Name and business ac	Idress							(B) Description of se	rvices	С	(C) ompensation
									-		
2 Total number of independent contractors (more than \$100,000 in compensation from the				nited	d to	thos	se li	isted above) who	received		

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (co	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o is both tor/trus!	an tee)	(D) Reportable compensation from the	(E) Report compensat relate organiza	able ion from ed	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
(565) JOHN CHRISTOPHER BROULLIRE	40.00				<u> </u>		-				
PRESIDENT/CEO	0.			Х	L.			94,800.		0.	10,728.
(566) BEN KORDESTANI	40.00									ì	
SVP/CFO	0.			Х	<u> </u>		ļ	157,586.		0.	24,410.
(567) MARIE KOLENDO	40.00									_	
EXECUTIVE DIRECTOR	0.			X				43,700.		0.	3,562.
(568) KEVIN NORTHROP	40.00			١				75.046			1 715
FINANCE DIRECTOR	0.			Х	-		-	75,346.		0.	1,715.
(569) LAUREL WALLER	37.50			١,,				64 150		0	6 060
EXEC DIRECTOR (JUL15-FEB16) (570) BETHANY HALL	37.50	-		X	-		-	64,150.		0.	6,069.
EXEC DIRECTOR (FEB16-JUN16)		-		Х				0.		0.	0.
(571) THOMAS HLAVACEK	40.00			<u> </u>				Ų .		- 0.	
EXECUTIVE DIRECTOR				X				117,402.		0.	14,506.
(572) CHRISTINA PACKARD	40.00			 ``				11,,102.			
FINANCE & HR DIRECTOR	0.	1		x				81,709.		0.	6,405.
(573) JIM WARD	37.50			<u> </u>							
PRESIDENT/CEO	0.	1		X	1			125,000.		0.	0.
(574) ELIZABETH EDGERLY	40.00										
CHIEF PROGRAM OFFICER	0.	1				Х		127,774.		0.	12,687.
(575) DAGMAR SCHILDWACH CHIEF DEVELOPMENT OFFICER	40.00					Х		124,660.		0.	13,208.
to Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	ot limited to t	hose	 liste		 		► ► o re	eceived more than	\$100,000	of	
reportable compensation from the organiza	tion P	37	•								Yes No
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch											3 X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,0	00?	P If	"Yes	s,"	complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive	or accrue col	mpen	sati	on '	fron	n any	un	related organization	on or indiv	idual	
for services rendered to the organization? If Section B. Independent Contractors	yes, compre	te Scr	eau	ne u	101	sucn	per	SON			5 X
Complete this table for your five highest c	ompensated i	ndens	nde	ant	con	tracto	ire t	hat received more	than \$100		 F
compensation from the organization. Repo											
(A) Name and business	address							(B) Description of se	rvices	C	(C) ompensation
2 Total number of independent contractors	(including br	ıt not	lim	nite	d tr	thos	se li	isted above) who	received		AKISHSHI SASASANA
more than \$100,000 in compensation from	the organizat	tion 🕨	>				"	22270, 1110			erenter (77 in 16 Arabe dedekt

Part VI Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any	(do r box,	not ch unles	Pos neck	c) sition more	e than o	ne an	(D) Reportable compensation from	(E) Reporta compensati relate	able ion from ed	(F) Estimated arnount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		compensation from the organization and related organizations
76) ROBYN MOORE CDO (JUL15-DEC15)	40.00					Х		119,739.		0.	10,970
77) DAVE HOUSTON VP, DEVELOPMENT	40.00					х		128,008.		0.	9,813
78) ELLIOTT GASKINS VP, DEVELOPMENT	40.00			-		Х		128,850.		0.	15,347
1h Sub total							Ļ				
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *				-
Total number of individuals (including but not reportable compensation from the organization)	limited to t		iste				o re	eceived more than	\$100,000	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											Yes No
4 For any individual listed on line 1a, is the organization and related organizations grantified in the state of the state	eater than	\$15	0,00	00?	lf If	'Yes	5, "	complete Schedu	le J for	such	4 X
 individual	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or indiv	idual	5 X
Section B. Independent Contractors									£40	2000	
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) Name and business add	tress							(B) Description of se	ervices	((C) Compensation
							-				
							-				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ite	d to	thos	se I	isted above) who	received		

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to	any line in this Part VIII .			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants nounts	1a Federated campaigns 1a 1,967,1 b Membership dues 1b c Fundraising events 1c 10,554.0				A CONTROL OF THE STATE OF THE S
ıs, Gifts, imilar Aı	d Related organizations 1c 10,554,0 e Government grants (contributions) . 1e 9,090,4		point (Money of the Control of the C	an Administra 12 majada kangs 12 majada kangs	
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above . g Noncash contributions included in lines 1a-1f: \$ 521, 6				
<u>ਨੂੰ ਜ਼</u>	h Total. Add fines 1a-1f				
ne	Business Co	de j			
ĕ	2a CONSUMER EDUCATION 624100	2,454,045.	2,454,045.	0.	0.
ă	b EARLY STAGE PROGRAMMING 624100	202,385.	202,385.	0.	0.
ξį	c information and referral 624100	198,565.	<u>198,565.</u>	0.	0.
Š	d PUBLIC AWARENESS 624100	179,947.	179,947.	0.	0.
Program Service Revenue	e SUPPORT GROUPS 624100	163,380.	163,380.	0.	0.
Б	f All other program service revenue	398, 917.	398,917.	0.	0.
<u>~</u>	g Total. Add lines 2a-2f	··▶ 3,597,239.		Marie Ball	
	Investment income (including dividends, interest and other similar amounts)	<u> </u>	0,	0.	1,197,407.
	5 Royalties		0.	0.	60,424.
	(i) Real (ii) Person		0.	0.	00,424.
	6a Gross rents 63, 648.				
	b Less: rental expenses 63, 648.	is fixed the second			
	c Rental income or (loss)				
	d Net rental income or (loss)	►	0.	0.	0.
	7 a Gross amount from sales of (i) Securities (ii) Other		Ų.	Ų.	0.
	assets other than inventory b Less: cost or other basis	685. u lent handling.		rajmostia ir sum s Lenstraja pagada	
	and sales expenses <u>16,386,586</u> . <u>1,8</u>	<u> 376.</u>			
		<u> 109. januaran kantan la</u>			
	d Net gain or (loss)	·· ▶ -1,207.	0.	0.	<u>-</u> 1,207.
Revenue	8a Gross income from fundraising events (not including\$				
я.	See Part IV, line 18)50.			
Ē	b Less: direct expenses b 2,893,8		NAME OF BRIDE		
Other	c Net income or (loss) from fundraising events			0.	-873,781.
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b 4 , 7	197.			
	c Net income or (loss) from gaming activities	·· ▶ 9,051.	0.	0.	9,051.
	10a Gross sales of inventory, less returns and allowances	270.			
	b Less: cost of goods sold b 33, 2	<u> 14.</u>			
	c Net income or (loss) from sales of inventory	··• 35,056.	10,699.	0.	<u> 24,357.</u>
	Miscellaneous Revenue Business Co				PROPERTY OF THE PROPERTY OF TH
	h	984,987.	388,908.	0.	596,079.
	C All all all all all all all all all all				
	d Alt other revenue	198,075.	0.	0.	198,075.
		1,183,062.	2 202 215		
	12 Total revenue. See instructions	▶ 83,381,423.	3,996,846.	0.1	1,210,405.

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 res				
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21	564,200.	564,200.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,180,511.	1,180,511.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	7,190,389.	4,891,641.	1.379.441.	919,307.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1723073031	1,031,011.	2,0,0,112	
7	Other salaries and wages	35,276,044.	28,111,908.	2,081,230.	5,082,906.
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1			
_	Other employee benefits	1,007,450.	793,866.	62,660.	150,924.
9		4,043,869.	3,176,568.	282,077.	585,224.
10	Payroll taxes	3,375,811.	2,628,060.	277,719.	470,032.
11					
_	Management	848,163.	639,956	63,447.	144,760.
	DLegal	418,713.	139,582.	247,071.	32,060.
	: Accounting	1,157,911.	497,535.	572,725.	87,651.
-	Labbying	69,429.	69,429.	0.	0.
	Professional fundraising services. See Part IV, line 17				
-	Investment management fees	186,029.	85,835.	83,094.	17,100.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,406,992.	1,778,642.	156,352.	471,998.
12	Advertising and promotion	3,542,176.	2,749,065.	94,803.	698,308.
13	Office expenses	6,066,421.	4,210,862.	491,722.	1,363,837.
14	Information technology	1,109,280.	839,140.	105,828.	164,312.
15	Royalties				
16	Occupancy	5,073,673.	3,940,734.	402,270.	730,669.
17	Travel	2,814,056.	2,086,956.	245,617.	481,483.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,906,716.	2,651,220.	151,040.	1,104,456.
20	Interest	1,371.	1,043.	152.	176.
21	Payments to affiliates	198,892.	198,892.	0.	0.
22	Depreciation, depletion, and amortization	820,204.	630,680.	90,711.	98,813.
23	Insurance	386,374.	272,302.	53,813.	60,259,
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.)				And the state of t
a Ł	PLEDGE WRITE-OFF	289,355.	72,998.	168,753.	47,604.
c	. 				
C		265 602	100 063	20 205	E1 [1 [
	All other expenses	265,683.	185,963.	28,205.	51,515.
25	Total functional expenses. Add lines 1 through 24e	82,199,712.	62,397,588.	7,038,730.	12,763,394.
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 \(\subseteq \s	1,616,504.	888,226.	0.	728,278.
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		Check if Schedule O contains a response or note to any line in this Part X			X
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	14,855,558.	1	17,555,808.
	2	Savings and temporary cash investments	8,698,374.	2	9,088,560
	3	Pledges and grants receivable, net	15,887,559.	3	13,715,556
	4	Accounts receivable, net	7,505,709.	4	6,910,529
	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	47,682.	8	22,094.
:	9	Prepaid expenses and deferred charges	1,059,318.	9	1,154,122
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10 b 5, 625, 526.	7,060,351.	10 c	7,051,886
-		Investments – publicly traded securities	38,488,362.	11	35,981,589
-	12	Investments – other securities. See Part IV, line 11	00/100/002.	12	00/001/00/
.	13	Investments – program-related. See Part IV, line 11		13	
-	14	Intangible assets		14	
-	15	Other assets. See Part IV, line 11	3,907,090.	15	4,409,043
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	97,510,003.	16	95,889,187
-	17	Accounts payable and accrued expenses	11,010,590.	17	9,255,055
-	18	Grants payable	,	18	
-	19	Deferred revenue	1,202,114.	19	1,654,178
	20	Tax-exempt bond liabilities		20	
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	11,799.	21	12,199
2	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	st kujujusteli) ili	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties	25,000.	24	0
2	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	98,374.	25	60,860
2	26	Total liabilities. Add lines 17 through 25	12,347,877.	26	10,982,292
		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		7	
:		Temporarily restricted net assets	58,754,542.	27	60,620,596
1		Permanently restricted net assets	23,127,716.	28	21,287,837
'		· · · · · · · · · · · · · · · · · · ·	3,279,868.	29	2,998,462
3 3 3 3		Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.			
3		Capital stock or trust principal, or current funds		30	_
3		Paid-in or capital surplus, or land, building, or equipment fund		31	
3		Retained earnings, endowment, accumulated income, or other funds		32	
3		Total net assets or fund balances	85,162,126.	33	84,906,895.
	34	Total liabilities and net assets/fund balances	97,510,003.	34	95,889,187.

Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Retain the services and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		_
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Retain the services and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	<u></u> .	X
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	381,423	١.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	199,712	
5 Net unrealized gains (losses) on investments 5 — 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 — 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 84, Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	181,711	
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 - 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 84, Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	162,126	
7 R Prior period adjustments	-776,237	
8 Prior period adjustments		
9 Other changes in net assets or fund balances (explain in Schedule O)		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		
column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	-660,705	١.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		
Check if Schedule O contains a response or note to any line in this Part XII	906,895	
1 Accounting method used to prepare the Form 990:	_	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
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:	a X	2
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	b 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: X Separate basis Consolidated basis Both consolidated and separate basis		
	c 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?	a X	_
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	b X	

Form 990 (2015)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2015

Open to Public Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656

Employer identification number

	deliner b biblines into	TULLITIES DIDOL	COLINO INDUCCINITY	J11		100 010000		
Part	Reason for Public Cha	arity Status (All or	ganizations must co	mplete	this p	art.) See instruction	S	
The o	rganization is not a private founda	tion because it is: (For	lines 1 through 11, check	only on	e box.)		,	
1	A church, convention of churc	hes, or association of o	churches described in se	ction 17	O(b)(1)(A)(i).		
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	or 990-	EZ).)			
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organizati	on operated iл conjunc	tion with a hospital descr	ibed in s	section	170(b)(1)(A)(iii). Enter th	e hospital's	
	name, city, and state:	,	·			*	•	
5	An organization operated for t		or university owned or or	perated i	oy a gov	ernmental unit described	in section	
6	A federal, state, or local gover	nment or governments	al unit described in sectio	n 170(b)(1)(A)(v	<i>t</i>).		
7	An organization that normally in section 170(b)(1)(A)(vi).		part of its support from a	governn	nental ur	nit or from the general pu	blic described	
8	A community trust described i	n section 170(b)(1)(A)	(vi). (Complete Part II.)					
9	An organization that normally from activities related to its ex investment income and unrela June 30, 1975. See section 5	empt functions – subje ted business taxable ir	ect to certain exceptions, ncome (less section 511	and (2) i	no more	than 33-1/3% of its supp	ort from gross	
10	An organization organized and	d operated exclusively	to test for public safety. S	ee sect	ion 509	(a)(4).		
11	An organization organized and or more publicly supported organizes 11a through 11d that des	janizations described i	n section 509(a)(1) or s e	ection 5	09(a)(2).	See section 509(a)(3).	rposes of one Check the box in	
а	Type I. A supporting organization(s) the power to recomplete Part IV. Sections A	egularly appoint or elec	sed, or controlled by its so at a majority of the directo	pported ors or tru	organiz stees of	ation(s), typically by givir the supporting organizat	ig the supported ion. You must	
b	Type II. A supporting organiza management of the supporting must complete Part IV. Sect	g organization vested in	trolled in connection with the same persons that	its supp control o	orted or r manag	ganization(s), by having le the supported organiza	control or ation(s). You	
С	Type III functionally integral organization(s) (see instructio	t ed. A supporting organes). You must comple	nization operated in connete Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	th, its supported	
d	Type III non-functionally inte- functionally integrated. The or instructions). You must comp	ganization generally m	ust satisfy a distribution r	connecti equirem	on with i ent and	ts supported organizatio an attentiveness require	n(s) that is not ment (see	
е	Check this box if the organiza integrated, or Type III non-fun	tion received a written	determination from the IF	RS that it	is a Typ	e I, Type II, Type III fund	tionally	
f	Enter the number of supported or							
a	Provide the following information	about the supported or	ganization(s).					
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizati in your go docun	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		:		Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
							<u></u>	
T-4-1								

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011 (b) 2012 (e) 2015 (d) 2014 (f) Total (c) 2013 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 57,465,278 59,134,683. 63, 593, 278. 73, 051, 130. 78, 174, 052 331,418,421 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . 57,465,278 59, 134, 683. 63, 593, 278. 73, 051, 130. 78,174,052 331. 418,421 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . 0. Public support. Subtract line 5 from line 4 331,418,421. Section B. Total Support Calendar year (or fiscal year (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total beginning in) > Amounts from line 4 57,465,278 59,134,683 63,593,278 ,051,130. 78,174,052 331,418,421 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 995,233 978,969 1,015,854 1,252,363 1,321,479 5,563,898. Net income from unrelated business activities, whether or not the business is regularly 2,074 0 0 2,074. 0 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in 551.939 1,142,038 ,657,927 . 431 . 626 2,878,388 8,661,918. Total support. Add lines 7 through 10 345,646,311. 12 Gross receipts from related activities, etc. (see instructions). 12 20,790,398. 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 88 % 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 95.51 16a 33-1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box b 33-1/3% support test - 2014. 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 17a 10%-facts-and-circumstances test — 2015. 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .

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.)

Sec	tion A. Public Support		i 				
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
r	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)					nere de les les de de Les estats les desdu (di	
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		!				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable						
_	income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		****				
	Total support. (Add lines 9, 10c, 11, and 12.)			the trade of the second		504(-\/B)	<u> </u>
	First five years. If the Form 990 is organization, check this box and s	top here					
	Tublic support percentage for 201	Diic Support P	rercentage	a column /f\\			
15	Public support percentage for 201.						9
16	Public support percentage from 20		<u> </u>			16	왕
	tion D. Computation of Inv						
17	Investment income percentage for	•		· ·	• •		90
18	Investment income percentage fro						용
	33-1/3% support tests — 2015. If is not more than 33-1/3%, check the second of the sec	his box and stop h	ere. The organiza	tion qualifies as a p	oublicly supported (organization	
	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%, or Private foundation. If the organiz	check this box and	stop here. The or	rganization qualifie	s as a publicly sup	ported organization	n ▶ 📙
20	Finale roundation. If the organiz	auon did not check	a DUX UIT IIIIE 14,	Toa, or TSD, CHECK	vina nov and 266 t	naductions	····· · · · · · · · · L

Part IV Supporting Organizations

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

	Sections A, B, and E. If you checked the of Farth, complete Sections A and B, and complete the	21 L V . /		
Sec	tion A. All Supporting Organizations		_	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ic	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		

10b

- Continues of	Middle High Control and Additional Management and Additional Managemen	<u> </u>		<u> </u>
Pa	rt IV Supporting Organizations (continued)			- N-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
	ction B. Type I Supporting Organizations			
	and the state of t		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
		•		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Sche	edule A (Form 990 or 990-EZ) 2015 ALZHEIMER'S DISEASE AND RELATED DISORDER	S AS	SOCIATION 36-346	53656 Page
	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 2.			ctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		. <u> </u>
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
þ	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7	_	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2015

7

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

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ti ons (continued)	
	tion D - Distributions		2.481	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions	<u></u>		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizat in Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u></u>		
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b	The state of the s			A Commence
C			1000	per la ligitation de la
d	From 2013			
е	From 2014			
f	Total of lines 3a through e		and the second	
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount		4.0	
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015		La allega septim	

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt II Ln 10

2015 TOTAL OTHER INCOME \$2,878,388 INCLUDES:

INCOME FROM FUNDRAISING AND GAMING EVENTS \$2,033,898

GROSS SALES OF INVENTORY \$50,336

MISCELLANEOUS REVENUE \$794,154

2014 TOTAL OTHER INCOME \$1,431,626 INCLUDES:

INCOME FROM FUNDRAISING AND GAMING EVENTS \$1,268,097

GROSS SALES OF INVENTORY \$48,934 MISCELLANEOUS REVENUE \$114,595

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

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

GROSS SALES OF INVENTORY \$40,557

MISCELLANEOUS REVENUE \$428,447

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

INCOME FROM FUNDRAISING AND GAMING EVENTS \$997,347

GROSS SALES OF INVENTORY \$11,548

MISCELLANEOUS REVENUE \$133,143

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

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

GROSS SALES OF INVENTORY \$2,656 MISCELLANEOUS REVENUE \$155,142

Schedule B

(Form 990, 990-EZ. or 990-PF)

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION 36-3463656 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and It. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the

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

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

Part I Cont	tributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$116,151.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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_		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number 36-3463656

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13		\$305,594.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14		\$\$63,454.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17		\$\$51,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$ 80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ \$	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
26		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution	
27		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
28_		\$ 100,313.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and Z!P + 4	(c) Total contributions	(d) Type of contribution	
29_		\$ \$ 40,911.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
30		\$ 124,428.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$115,321.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$49,901. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$62,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ 128,682.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ 315,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ 105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 42,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$63,820.	Person Payroll Noncash (Complete Part II for noncash contributions.)

	ASSOCIATION		30-3403030
Part I	Contributors (see instructions). Use duplicate copies	of Part Lif additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		 \$ 30,056.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part Lif additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
49		\$\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>50 ·</u>		\$ 38,761.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
51		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
52		\$\$60,626.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
53_		\$ 232,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
54		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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		\$50,137.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
56		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
57_		\$ 105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
58		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
59		\$ 400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
60		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$622,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$ 60,583.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64_		\$498,666.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$ 130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
66		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
68_		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
69		\$\$\$1,073,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
70		\$\$18,539.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
71		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
72		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS Employer identification number ASSOCIATION Solution Solutio

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		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
74		\$\$ 155,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
75_		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
76		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
77		\$\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
78		\$\$116,453.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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

(a)	/L\	/-\	1-1/
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$ 45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$ \$1,191.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$ 177,418.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$\$	Person X Payroll Noncash (Complete Part II for

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

	ASSOCIATION		30-3403030		
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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
86		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
87		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
88		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
89		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
90_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number 36-3463656

Part 1	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$145,372.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$75,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$130,958. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$56,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$\$17,819.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$ 53,724.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
97		\$ 76,559.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
98		\$\$ 58,842.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
99		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
100		\$\$.	Person X Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
101		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
102		\$ 32,258.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
103		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
104 -		\$ \$ 477,741.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroil Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and Z I P + 4	Total contributions	Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

36-3463656

Part II	Noncash Property (see instructions). Use duplicate cop	oies of Part II if additional	space is needed.
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(a) No. from Part I	(b) Description of noncash property given (c) FMV (or estimate) (see instructions)		(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2015)		Page		
Name of or	rganization ALZHEIMER'S DISEASE & F ASSOCIATION	RELATED DISORDERS	Employer identification number 36-3463656		
Part III	(10) that total more than \$1,000 for the	he year from any one con ons completing Part III, ente year. (Enter this informatio	tions described in section 501(c)(7), (8), or otributor. Complete columns (a) through (e) an er the total of exclusively religious, charitable, etcon once. See instructions.) ► \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee		
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(b) Furpose of girt	(c) Ose of grit	(u) Description of now gift is field		
	(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.	(b) Durnog of sift	(c) Use of gift	(d) Degaription of how gift is hold		
from Part I	(b) Purpose of gift	(c) use or girt	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

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

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

• 5	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
Name	of organization			Employer identifica	ation number
ALZ	HEIMER'S DISEASE A	ND RELATED DISORDERS ASSO	CIATION	36-346365	6
Pai	t I-A Complete if the or	rganization is exempt under sec	tion 501(c) or is a	section 527 organi	zation.
1		ganization's direct and indirect political car			
2					
3					
Par	TIFB Complete if the o	rganization is exempt under sec	tion 501(c)(3).		
1		e tax incurred by the organization under se			
2	•	e tax incurred by organization managers u			
3	=	section 4955 tax, did it file Form 4720 for the			= =
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
Par		rganization is exempt under sec			
1	Enter the amount directly expe	ended by the filing organization for section	527 exempt function act	ivities ▶ \$	
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 I	Form 1120-POL for this year?			Yes No
5	Enter the names, addresses a organization made payments.	and employer identification number (EIN) of For each organization listed, enter the am is received that were promptly and directly action committee (PAC). If additional space	f all section 527 political ount paid from the filing delivered to a separate	organizations to which the organization's funds. Also political organization, suc	e filing enter the
	(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)			. –		

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

Schedule C (Form 990 or 990-EZ) 2015

-	
Pane	

Part II-A Complete if section 501(the organizatio	n is exempt under se	ection 501(c)(3) and	d filed Form 5768 (el	ection under
	• • • • • • • • • • • • • • • • • • • •	gs to an affiliated group (an-	d list in Part IV each affili	ated group member's nam	e,
address,	EIN, expenses, and	share of excess lobbying ex	xpenditures).		
B Check ► if the filing	g organization check	ked box A and 'limited contro	ol' provisions apply.		
(The term		ing Expenditures ans amounts paid or Incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur	es to influence publi	ic opinion (grass roots lobby	ring)		
		islative body (direct lobbying	•		· <u>···</u>
		i 1b)			
	,	·			
		unt from the following table i			
If the amount on line 1e, colu	ımn (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		\$100,000 plus 15% of the exces			ng grafigati salah
Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$		\$175,000 plus 10% of the excess \$225,000 plus 5% of the excess			
Over \$1,000,000 out not over \$	17,000,000	\$1,000,000.	dver \$1,500,000.	Section 1994 Co.	rikis Elipaija ele
	mount (enter 25% of	line 1f)			
	•	enter -0			
i Subtract line 1f from line	1c. If zero or less, e	nter -0			
j If there is an amount othe section 4911 tax for this y	er than zero on eithe	r line 1h or line 1i, did the o	rganization file Form 472	0 reporting	Yes No
		4-Year Averaging Period l	··· ·· · · · · · · · · · · · · · · · ·		L large
(Some	e organizations tha	at made a section 501(h) e ns below. See the instruct	lection do not have to o		
	Lobi	oying Expenditures During	g 4-Year Averaging Per	od	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount			7		
b Lobbying ceiling amount (150% of line 2a, column (e)) · · · ·				1000 100	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e)) · · · ·					
f Grassroots lobbying expenditures				Schodula C/Farm	990 or 990-EZ) 2015
BAA				Schedule 6 (FOIII)	330 01 330-EZ) 2013

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

	(election under section 501(n)).					
		(a	1)		(b)	
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description ne lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
	a Volunteers?	X				
	c Media advertisements?		X_	<u> </u>		
	d Mailings to members, legislators, or the public?	Х			8,0	21.
	e Publications, or published or broadcast statements?	Х			1,5	529.
	f Grants to other organizations for lobbying purposes?	Х			6,8	390.
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			335,0)49.
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			180,9	951.
	I Other activities?	Х			59,2	
	j Total. Add lines 1c through 1i			Ç	591,7	
	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	*******************	Х			
	b If 'Yes,' enter the amount of any tax incurred under section 4912			appportunities and ASSESS.		
	c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	0.00 M 100	0.00.000			
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or			
	section 501(c)(6).	(0)(0)	, 0.			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	T	
2	and the second s					
3						
Pε	(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part	, or s III-A,	section 5	i01(c) s)
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	a Current year		2 a			
	b Carryover from last year		2 b			
	c Total		2 c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5			5			

Part IV Supplemental Information

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

Pt II-B Line 1 LOBBYING ACTIVITIES

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

AS ALZHEIMER'S DISEASE AND RELATED DEMENTIAS, HEREAFTER REFERRED TO AS ALZHEIMER'S DISEASE, THREATEN TO BANKRUPT FAMILIES, BUSINESSES AND THE HEALTHCARE SYSTEM, SCIENTISTS ARE MOVING CLOSER TO FINDING BETTER TREATMENTS THAT COULD ALTER THE COURSE OF THE DISEASE. THE ALZHEIMER'S

Part IV Supplemental Information (continued)

ASSOCIATION ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF PREVENTION AND ULTIMATELY A CURE, AS WELL AS FOR HIGH QUALITY HEALTHCARE AND LONG TERM SERVICES AND SUPPORT FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. THIS INCLUDES ADVOCACY FOR BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. ADVOCACY ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	ALZHEIMER'S DISEASE AND REI	ATED DISORDERS ASS	SOCIATION	36-3463656	
Dai	t Organizations Maintaining Dono	r Advised Funds or Ot	her Similar Fu		
<u>I</u>	Complete if the organization answer	ered 'Yes' on Form 990,	Part IV, line 6.		
		(a) Donor advised	funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor are the organization's property, subject to the org	advisors in writing that the ass	sets held in donor a	dvised funds	No.
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or	for any other purpo	ose conferring	No
Pai	Conservation Easements. Complete if the organization answer	ered 'Yes' on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	e organization (check all that	apply).		
	Preservation of land for public use (e.g., recr	eation or education)	Preservation of	f a historically important land area	
	Protection of natural habitat		Preservation of	f a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation of	contribution in the fo	orm of a conservation easement on the	
				Held at the End of the Tax	Year
	a Total number of conservation easements				
	Total acreage restricted by conservation easeme				
	Number of conservation easements on a certified	d historic structure included in	(a)	. 2c	
1	d Number of conservation easements included in (structure listed in the National Register	c) acquired after 8/17/06, and	поt ол a historic	. 2d	
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguish	ed, or terminated b	y the organization during the	
4	Number of states where property subject to cons			_	
5	Does the organization have a written policy regard and enforcement of the conservation easements	it holds?		Yes []	No
6	Staff and volunteer hours devoted to monitoring,				
7	Amount of expenses incurred in monitoring, insperse.				
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements.				
Pa	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historica ered 'Yes' on Form 990,	I l Treasures, o Part IV, line 8.	r Other Similar Assets.	
1	a If the organization elected, as permitted under SI art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, educa	tion, or research in	tatement and balance sheet works of furtherance of public service, provide,	
	b If the organization elected, as permitted under SI historical treasures, or other similar assets held f following amounts relating to these items:	or public exhibition, education,	, or research in furt	herance of public service, provide the	
	(i) Revenue included on Form 990, Part VIII, lin	e1			
	(ii) Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	6 (ASC 958) relating to these i	items:		
	a Revenue included on Form 990, Part VIII, line 1				
	b Assets included in Form 990, Part X			. , \$	

Part III Organizations Mainta	ining Collections	of Art, Histor	ical Treasures, o	r Other	Similar Ass	ets (c	ontinu	ıed)
3 Using the organization's acquisitio items (check all that apply):	n, accession, and other	r records, check an	ny of the following that	are a sign	ificant use of its	collect	ion	
a Public exhibition		d Loan or	exchange programs					
b Scholarly research		e Other			 -			
c Preservation for future genera								
4 Provide a description of the organi Part XIII.								
5 During the year, did the organizati to be sold to raise funds rather tha	n to be maintained as p	part of the organiza	ition's collection?		[Yes		No
Part IV Escrow and Custodia line 9, or reported an a	ii Arrangements. mount on Form 99	Complete if the 10, Part X, line 2	e organization ans 21.	wered 1	es' on Form	990,	Part IV	/,
1 a Is the organization an agent, trustee on Form 990, Part X?	e, custodian or other in	ntermediary for con	ntributions or other ass	ets not inc	cluded	Yes	. [X No
b If 'Yes,' explain the arrangement in	Part XIII and complete	the following table	e:					
					,	Amoun	t	
c Beginning balance								
d Additions during the yeare Distributions during the year								
f Ending balance.							·	
2 a Did the organization include an an					(2)	yl vac		No
b If 'Yes,' explain the arrangement in				-	<u> </u>	<u>^ </u> 163		x
Dir 100, Oxpiciii tiio tiirangomontii	Trace value of took flore	T the explanation in	100 00011 p. 041000 011 1	u1174111 .			[<u></u>
Part V Endowment Funds. C	complete if the orga	anization answe	ered 'Yes' on Forr	n 990, P	art IV, line 1	0.		
	(a) Current year	(b) Prior year	(c) Two years back		hree years back		our years	s back
1 a Beginning of year balance	10,626,921.	11,758,993	3. 10,228,11	8. 9	,587,432.	9	,213,	208.
b Contributions	72,501.	94,118	8. 811,76	2.	661,423.		768,	171.
c Net investment earnings, gains,	125 200	220 50	2 1 1 4 5 6 5	,	004 000		100	600
and losses	~135,386.	320,502	<u> </u>		824,990.		129,	693.
e Other expenditures for facilities	3,750.	20,000	0. 62	3.	589.			0.
and programs	2,315,657.	1,445,525	5. 360,05	2.	798,792.		493,	862.
f Administrative expenses	62,430.	81,16	7. 65,86	4.	46,346.		29,	778.
g End of year balance	8,182,199.	10,626,923		<u>3. 10</u>	,228,118.	9	,587,	432.
Provide the estimated percentage		balance (line 1g, c	column (a)) held as:					
a Board designated or quasi-endow	ment >	⁹ 6						
b Permanent endowment	96							
c Temporarily restricted endowment								
The percentages on lines 2a, 2b, a	and 2c should equal 10	J%.						
3 a Are there endowment funds not in organization by:	the possession of the o	organization that ar	e held and administer	ed for the		ī	Yes	No
(i) unrelated organizations						3a(i)		No
(ii) related organizations						3a(ii)	X	Х
b If 'Yes' on line 3a(ii), are the relate						3b		^
4 Describe in Part XIII the intended	•	· ·				<u> </u>		<u> </u>
Part VI Land, Buildings, and								
Complete if the organization		es' on Form 99	0, Part IV, line 11	a. See F	orm 990, Pa	ırt X, I	ine 10	١.
Description of property		or other basis restment)	(b) Cost or other basis (other)		cumulated reciation	(d) l	Book va	ilue
ta Land		6,000.	<u>338,</u> 501.				344,	501.
b Buildings			4,965,943.		413,129.	4	,552,	814.
c Leasehold improvements			1,619,961.		943,252.		676,	<u>.709.</u>
d Equipment			5,055,364.		861,192.	1	,194,	.172.
e Other	· · · · · · · · · · · · · · · · · · ·	,]	691,643.		407,953.			,690.
Total. Add lines 1a through 1e. (Column	(d) must equal Form 9	90, Part X, column	(B), line 10c.)				,051,	
BAA					Schedu	ie D (F	orm 990	0) 2015

Schedule D (Form 990) 2015 ALZHEIMER'S DISEASE AND	D RELATED DISORDERS	s Association 36-34	63656 Page
Part VII Investments — Other Securities.	.		
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		ļ	
(A) (B)			
(C)			
(D)		* "	
(E)			·
(F)			
(G)			
(H)			
_(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >		1. 1. 1. 1. 1. Leading the short of the state of the stat	
Part VIII Investments — Program Related. Complete if the organization answered	Yes' on Form 990.	Part IV. line 11c. See Form 990.	Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)			
(2)			
(3)			
_ (4)		<u></u> .	
(5)			
(6)			
<u>(7)</u>		 	<u> </u>
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
Part IX Other Assets.	\/ \	D . N. P	D 1 V 1 4 5
Complete if the organization answered '	Yes' on Form 990, i	Part IV, line 11d. See Form 990,	(b) Book value
(1)	acription		(a) DOOR VAILE
(2)		•	
(3)			
(4)			<u> </u>
(5)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) I	ine 15.)		<u> </u>
Part X Other Liabilities.	000 D-4 IV K 4	4446 D F 000 D V II 0E	
Complete if the organization answered 'Yes' on F (a) Description of liability	orm 990, Paπ IV, line 1 (b) Book value		
(1) Federal income taxes	(b) Book vaide		
(2) CAPITAL LEASE	40,56	53.	
(3) GIFT ANNUITIES	20,29	97. N. P. Rechiude	
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
(10)			
(11)		60.	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 60,86	60.	

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

PT IV, LINE 2B

ESCROW AND CUSTODIAL ARRANGEMENTS

THE HOUSTON AND SOUTHEAST TEXAS CHAPTER HOLDS FUNDS RECEIVED FROM OUTSIDE ORGANIZATIONS AND DISBURSES THOSE FUNDS BASED ON JOINT AGREEMENT TO INCREASE LEGISLATORS AWARENESS OF THE ALZHEIMER'S DISEASE AND INFLUENCE PUBLIC POLICIES. THE FUNDS HELD FROM OTHER ORGANIZATIONS FOR JOINT PUBLIC POLICY INITIATIVES, AS IT RELATES TO ALZHEIMER'S DISEASE AND RELATED DISORDERS, ARE INCLUDED IN THE CHAPTER'S CASH AND CASH EQUIVALENTS.

Pt IV, Line 2b

BAA

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

PT V, LINE 4

ENDOWMENT FUNDS

THE DATA ENTERED IN COLUMNS (B) PRIOR YEAR, (C) TWO YEARS BACK, (D) THREE YEARS BACK AND (E) FOUR YEARS BACK DIFFER FROM THE PREVIOUSLY FILED TAX RETURN. THE SCHEDULE REFLECTS PRIOR YEAR(S) ACTIVITY FOR THE CHAPTERS INCLUDED IN THIS YEAR'S TAX RETURN. 15 CHAPTERS IN THE GROUP TAX RETURN HAVE ENDOWMENTS. BELOW IS THE BREAKOUT BY PERCENTAGE OF THE TYPES OF ENDOWMENTS AND THE INTENDED USE OF THE ENDOWMENT FUNDS FOR EACH OF THE 15 CHAPTERS.

NORTHERN CALIFORNIA AND NORTHERN NEVADA CHAPTER 100% PERMANENT ENDOWMENT

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

SOUTHEAST FLORIDA CHAPTER

100% PERMANENT ENDOWMENT

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

CENTRAL AND NORTH FLORIDA CHAPTER

100% PERMANENT ENDOWMENT

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

GEORGIA CHAPTER

100% BOARD DESIGNATED OR QUASI-ENDOWMENT

THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO BE A SOURCE OF FUNDS FOR PROGRAMS AND SERVICES NOT NORMALLY COVERED BY FUNDRAISING. TRANSFERS ARE ALSO MADE TO AND FROM THE FUNDS TO ACCOMMODATE FOR CASH FLOW VARIANCES.

NEW MEXICO CHAPTER

100% PERMANENT ENDOWMENT

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

ROCHESTER CHAPTER

52% BOARD DESIGNATED OR QUASI-ENDOWMENT

17% PERMANENT ENDOWMENT

31% TEMPORARILY RESTRICTED ENDOWMENT

THE BOARD DESIGNATED ENDOWMENT FUNDS IS TO 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 FUND IS TO BE HELD AS A PERMANENT ENDOWMENT FOR THE FORESEEABLE FUTURE. EARNINGS ARE NOT TO BE ADDED TO THE ENDOWMENT AND ARE DESIGNATED TO BE USED FOR OPERATING EXPENSES.

Part XIII Supplemental Information (continued)

CLEVELAND AREA CHAPTER

87% BOARD DESIGNATED OR QUASI-ENDOWMENT

13% TEMPORARILY RESTRICTED ENDOWMENT

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

CENTRAL OHIO CHAPTER

100% PERMANENT ENDOWMENT

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

MIAMI VALLEY CHAPTER

100% BOARD DESIGNATED OR OUASI-ENDOWMENT

THE ENDOWMENT FUND USE IS UNRESTRICTED AND UNSPECIFIED AT THIS TIME.

OKLAHOMA CHAPTER

100% PERMANENT ENDOWMENT

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

DELAWARE VALLEY CHAPTER

100% PERMANENT ENDOWMENT

THE ENDOWMENT INCOME SUPPORTS GENERAL OPERATIONS AND ADVOCACY EFFORTS.

SOUTH CAROLINA CHAPTER

100% BOARD DESIGNATED OR QUASI-ENDOWMENT

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

GREATER DALLAS CHAPTER

0% BOARD DESIGNATED OR QUASI-ENDOWMENT

0% PERMANENT ENDOWMENT

0% TEMPORARILY RESTRICTED ENDOWMENT

THE INTENDED USE OF THE ENDOWMENT FUND WAS TO RECOGNIZE AND SUPPORT PROFESSIONAL EDUCATION AND/OR COLLEGE STUDENTS COMMITTED TO PROFESSIONAL RESEARCH, TREATMENT, AND/OR CARE OF THOSE SUFFERING FROM ALZHEIMER'S DISEASE OR RELATED DEMENTIAS AND THEIR FAMILIES. IN MARCH 2016 THE ENDOWMENT FUND WAS TRANSFERRED TO ANOTHER 501(C)(3) ORGANIZATION SUBSEQUENT TO THE DECISION OF THE REORGANZIATION TO MERGE THE CHAPTERS WITH THE NATIONAL ORGANIZATION. THIS TRANSFER DISSOLVED THE ENDOWMENT FUND AND THE CHAPTER'S RESPONSIBILITY ASSOCIATED WITH THE FUND.

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 FUND CREATES A MECHANISM FOR THE CHAPTER TO SET ASIDE A PORTION OF UNRESTRICTED, LARGER BEQUESTS, OR OTHER EXCESS SUPPORT TO BE INVESTED IN LONGER-TERM INVESTMENTS TO ACHIEVE HIGHER RATES OF RETURN. THE EARNINGS FROM THE FUND'S INVESTMENTS MAY, AT THE DISCRETION OF THE FINANCE COMMITTEE, BE USED TO HELP FUND CURRENT PROGRAMS AND EXPENSES OR RETAINED WITHIN THE ENDOWMENT FUND.

Part XIII Supplemental Information (continued)

PT X, LINE 2

FIN 48 FOOTNOTE

THE CHAPTERS IN THE NETWORK ARE EXEMPT FROM INCOME TAX UNDER INTERNAL CONTROL CODE ("IRC") SECTION 501(C)(3), EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE CHAPTER NETWORK ADOPTED THIS GUIDANCE AS OF JULY 1, 2009. THE ADOPTION OF THIS GUIDANCE DID NOT HAVE ANY IMPACT ON THE CHAPTER'S FINANCIAL STATEMENTS. ASIDE FROM THE CURRENT YEAR, THE TAX YEARS ENDED 2013, 2014 AND 2015 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE CHAPTERS RECEIVE INDIVIDUAL AUDITS AND 22 CHAPTERS INCLUDED A FOOTNOTE THAT ADDRESSES THE LIABILITY FOR UNCERTAIN TAX POSITIONS.

Pt X, Line 2

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identific	ation number
ALZHEIMER'S DISEASE AND F						36-346365	6
Part Fundraising Activities. Comp	lete if the organi uired to complete	ization ans e this part.	wered 'Ye	s' on Form 990, Part IV,	line 17.		-
1 Indicate whether the organization ra							
a Mail solicitations			е	Solicitation of non-g	jovernme	ent grants	
b Internet and email solicitations			t	Solicitation of gover			
c Phone solicitations			g	$H_{\alpha} \rightarrow L_{\alpha} \rightarrow L_{\alpha}$	_		
d In-person solicitations			9		0.000		
└ '		A	. 61.	e 1. P. e 1.			
2a Did the organization have a written of employees listed in Form 990, Part V	or orai agreemen /II) or entity in co	it with any onnection	individual with profes	(including officers, direct ssional fundraising service	tors, trus ces?	tees or key	Yes No
b If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	iduals or entities		•				o be
(i) Name and address of individual	(ii) Activity	(III) Did 6	undraiser	(iv) Gross receipts	(v) An	nount paid to	(vi) Amount paid to
or entity (fundraiser)	(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	have custo	dy or control ibutions?	from activity	or re	etained by)	(or retained by)
		of contri	ibutions?			iser listed in olumn (i)	organization
·=		Yes	No		 		
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Total							
				contributions or has bee	n notifical	it is evennt fro	m registration
List all states in which the organizati or licensing.	on is registered	or licensed	ı (O SOIICIT (contributions of has bee	ii nolitied	it is exempt fro	in registration
~							
		- -					
							

Schedule G (Form 990 or 990-EZ) 2015 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Partill Fundraising Events. Complete if the organization answered 'Yes' on 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 GALA (S)	(b) Event #2 DANCE (S)	(c) Other events	(d) Total events (add column (a) through column (c))
Ë		1	(event type)	(event type)	(total number)	
E V E N U	1	Gross receipts	6,938,422.	2,292,814.	3,342,851.	12,574,087
E	2	Less: Contributions	6,242,343.	1,929,953.	2,381,741.	10,554 <u>,</u> 037
	3	Gross income (line 1 minus line 2)	696,079.	362,861.	961,110.	2,020,050
	4	Cash prizes	500.		900.	1,400
	5	Noncash prizes		16,049.	1,151.	17 <u>,</u> 200
D I R E C T	6	Rent/facility costs	532,513.	36,07 <u>5</u> .	189,098.	757 <u>,686</u>
- 1	7	Food and beverages	377,920.	98,557.	336,276.	812,753
EXPENSES	8	Entertainment	132,679.	61,975.	10,320.	204,974
N SE	9	Other direct expenses	524,556.	113,197.	462,065.	1,099,818
	11	Net income summary. Subtract line 10 from Gaming. Complete if the organizati	line 3, column (d)			2,893,831 -873,781 ed more than
		\$15,000 on Form 990-EZ, line 6a.	····			
- 1		\$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))
<u> </u>	1		(a) Bingo	bingo/progressive	(c) Other gaming	(add column (a)
R E V E N U E	1		(a) Bingo	bingo/progressive	(c) Other gaming	(add column (a)
R E V E N U E	1	Gross revenue	(a) Bingo	bingo/progressive	(c) Other gaming	(add column (a)
R E V E N U E	1 2 3	Gross revenue	(a) Bingo	bingo/progressive	(c) Other gaming	(add column (a)
	2 3 4	Gross revenue	(a) Bingo	bingo/progressive	(c) Other gaming	(add column (a)
R E V E N U E	1 2 3 4 5	Gross revenue	Yes%	bingo/progressive bingo	Yes %	(add column (a)
R E V E N U E	1 2 3 4 5	Gross revenue	Yes %	bingo/progressive bingo Yes % No	Yes %	(add column (a)
R E V E N U E	1 2 3 4 5	Gross revenue	Yes %	bingo/progressive bingo Yes % No	Yes %	(add column (a)
R E V E N U E	1 2 3 4 5	Gross revenue	Yes % No gh 5 in column (d)	bingo/progressive bingo	Yes %	(add column (a) through column (c))
REVENUE EXPENSES 9 a	1 2 3 4 5 6 7 8 Entities the list the	Gross revenue	Yes % No gh 5 in column (d) 7 from line 1, column (c) ucts gaming activities:	bingo/progressive bingo Yes % No states?	Yes % No	(add column (a) through column (c))
REVENUE EXPENSES	1 2 3 4 5 6 7 8 Entities the list the	Gross revenue	Yes % No gh 5 in column (d) 7 from line 1, column (c) ucts gaming activities:	bingo/progressive bingo Yes % No states?	Yes % No	(add column (a) through column (c))

SCFIE	edule & (Louin ago of ago-ES) 5012 ALXHEIMER, S. DISEASE, AND RETAILED DISORDERS ASSOCIATION 3.9-	3463636	1 age 3
11	Does the organization conduct 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
	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	96
		13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name *		
	Address •		
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		No
k	b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the a	amount	
	of gaming revenue retained by the third party \$		
(c If 'Yes,' enter name and address of the third party:		
	Name •		- - ₁
	Address		 - -
16	Gaming manager information:		
	Name •		-
	Gaming manager compensation \$		
	Description of services provided	. 	. – – – -
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	hę	
	organization's own exempt activities during the tax year 🔭 💲		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, column and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addinformation (see instructions).	s (III) and (V); tional	
BAA	A TEEA3703 06/02/15 Schedule G	(Form 990 or 990-	EZ) 2015

BAA

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service		Information	about Schedule I (► Information about Schedule I (Form 990) and its instructions is at www.irs		.gov/form990.		Inspection
Name of the organization							Employer identification number	tion number
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION	MER'S DISEASE AND RELATED DISORDERS A	ATED DISORDER	RS ASSOCIATIO	Ň			36-3463656	io,
Does the organizate the selection criter	tion maintain records : ia used to award the g	to substantiate the an grants or assistance?	nount of the grants or	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the granthe selection criteria used to award the grants or assistance?	s' eligibility for the grant	nts or assistance, and		X Yes No
2 Describe in Part IV	the organization's pro	ocedures for monitoring	ng the use of grant fu	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States				
Part II. Grants and Form 990,	d Other Assistan Part IV, line 21, fo	nce to Domestic or any recipient th	Organizations a	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere 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		lete if the organization answered if additional space is needed.	on answered 'Yes' on is needed.	on
1 (a) Name and address of organization or government	ess of organization riment	(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) CITY_OF_LAUDERDALI 4320_NW_36TH_ST	LAKES							
LAUDEKDALE LAKES EL 3 (2) MAINE DEPT OF HEALTH 221 STATE ST		39-09/4030	PO VI					C#2561 452 4263
AUGUSTA ME 04333		01-6000001	GOVT	13,200.				BEHVR RISK SYS
(3) ALZHEIMER'S ASSOCIATION225_N MICHIGAN AVE FL17 _CHICAGO_IL 60601	ASSOCIATION AN AVE FL17 0601	13-3039601	501(C)(3)	515,000.				RESEARCH
(4)								
								All professional
(5)								
								A STATE OF THE STA
<u>(6)</u>								
<u>(8)</u>								
2 Enter total number3 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	and government orgal s listed in the line 1 ta	nizations listed in the	line 1 table			· · · · · · · · · · · · · · · · · · ·	o ω
ا م	eduction Act Notice,	, see the Instruction	s for Form 990.		TEEA3901	11/04/15	Schedul	Schedule I (Form 990) (2015)
		•						

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

call be aublicated it additional space is freeded.	e is lieeueu.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RESPITE - VARIOUS	2,112	1,010,372.			
2 SAFE RETURN/CAREGIVER PROGRAM	877	147,924.			
3 SCHOLARSHIPS/CONFERENCES	22	22,215.			
4					
O					
G .					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b)	le the information	required in Part I, li	ne 2, Part III, colum		and any other additional information.

: L Line 2

THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS FOR 25 CHAPTERS

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

COLORADO CHAPTER -

OR VENDOR. VENDOR. THE CHAPTER THEN ISSUED PAYMENT AFTER RECEIVING AN INVOICE FROM THE RESPITE SERVICE PROVIDER AFTER AN INDIVIDUAL WAS APPROVED FOR FUNDING, RESPITE SERVICE WAS PROVIDED BY THE APPROVED OUTSIDE

CONNECTICUT CHAPTER -

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

SOUTHEAST FLORIDA CHAPTER ~

THE GRANT ASSISTANCE PROVIDED BY THE CHAPTER WAS FOR A CAREGIVER PROGRAM. THE CHAPTER REQUIRED REPORTING OF THE USE OF THE GRANT FUNDS FROM THE GRANTEE AT THE END OF THE GRANT PERIOD

BAA

Part IV — Supplemental Information Continuation of

PROVIDED VOUCHERS TO CAREGIVERS, WHICH ALLOWED FOR A SCHOLARSHIP FOR THE IDENTIFICATION PROGRAM THE VP OF FINANCE, PAYABLE TO MEDICALERT+SAFE RETURN*. THE APPLICATION AND CHECK WERE THEN MAILED TO STAFF THEN SUBMITTED A CHECK REQUEST TOGETHER WITH THE APPLICATION AND VOUCHER TO THE VP OF PROGRAMS RETURN* APPLICATION TOGETHER WITH THE VOUCHER RECEIVED FROM THE PROGRAM STAFF. THE CHAPTER PROGRAM TOGETHER WITH THE SAFE RETURN* APPLICATION. THE VOUCHERS AND APPLICATION WERE PROVIDED TO RECIPIENTS THE CHAPTER RECEIVED RESTRICTED GRANT MONEY TO PROVIDE TO THE SAFE RETURN* PROGRAM. PROGRAM STAFF CENTRAL AND NORTH FLORIDA CHAPTER MEDICALERT+SAFE RETURN*. COPIES WERE KEPT ON FILE AND RECONCILIATIONS WERE PROVIDED FOR THE ANNUAL THROUGH HELPLINE CONTACTS AND/OR PROGRAM PRESENTATIONS. THE CAREGIVERS SUBMITTED A COMPLETED SAFE APPROVAL. THE CEO REVIEWED AND APPROVED THE CHECK REQUEST AND FINANCE ISSUED A CHECK APPROVED BY

GEORGIA CHAPTER -

EACH GRANT WAS TRACKED AND RECONCILED ON A MONTHLY BASIS TO ENSURE THE FUNDS WERE BEING ALLOCATED REPORTING CORRECTLY. THERE WAS A GRANT WRITER AT THE CHAPTER WHO KEPT RECORDS AND MONITORED ACTIVITY AND

GREATER INDIANA CHAPTER -

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

CENTRAL AND WESTERN KANSAS CHAPTER -

CAREGIVER HAS A SERVICE NEED THAT IS DIRECTLY RELATED TO THE CARE OF THE PATIENT CHAPTER'S 68 COUNTIES SERVED; 2) THE PATIENT NEEDS THE SERVICE OF WHICH THEY ARE APPLYING; AND 3) THE THE BOGNER AND KGS GRANT THEY WERE AWARDED \$500. THE REQUIREMENTS WERE 1) MUST LIVE IN ONE OF THE DISEASE OR RELATED DISORDER; AND 3) PERSON NEEDING CARE MUST BE 65+ YEARS OLD. FOR THE MEMORIAL DAYCARE OR HOURS OF IN-HOME RESPITE. THE REQUIREMENTS WERE 1) THE PERSON MUST LIVE IN SEDGWICK THE GRANTS AWARDED WERE RESPITE GRANTS. FOR THE IIIE GRANT THE CHAPTER AWARDED SO MANY DAYS OF (GOLF) GRANT, EACH PERSON WAS AWARDED A REIMBURSEMENT FOR RESPITE CARE UP TO \$400 FOR THE YEAR. FOR OR HARVEY COUNTY; 2) DOCUMENTATION FROM A PHYSICIAN STATING A DIAGNOSIS OF ALZHEIMER'S

MAINE CHAPTER -

RELATED TO THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM THE CHAPTER REQUIRED RECEIPTS OR DOCUMENTATION FROM THE GRANTEE IN ORDER TO PROVE EXPENSES WERE

HEART OF AMERICA CHAPTER -

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

NEW MEXICO CHAPTER -

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

NORTHEASTERN NEW YORK CHAPTER -

AND THEN INVOICED WHEN NEEDED ON A PER ITEM BASIS. FUNDS FOR THE SAFETY SERVICES GRANTS WERE MONITORED THROUGH REQUESTS AND INVOICES. REQUESTS WERE MADE

HUDSON VALLEY CHAPTER -

BY CREATING MOBILE APPS FOR AGING POPULATIONS (65+ OR OLDER) THAT HELPED THE ELDERLY WITH VARIOUS ASSOCIATION AND THE AGENCY THE FAMILY CHOSE TO ENSURE PROPER BILLING FULL AMOUNT WAS USED. THERE WAS ALSO AN AGREEMENT THAT WAS PUT IN PLACE BETWEEN THE ALZHEIMER'S OF PROGRAMS AND SERVICES. THE CARE CONSULTANTS MONITORED THE USE OF THE GRANT IN ORDER TO ENSURE THE PUT IN PLACE THE APPROPRIATE RESPITE INTERVENTION ONCE THE APPLICATION WAS APPROVED BY THE DIRECTOR CAREGIVER IN ORDER TO RECEIVE A TIME AWAY GRANT. THE CARE CONSULTANT THEN WORKED WITH THE FAMILY TO ETC.). FOR THE RESPITE GRANTS PROVIDED THERE WAS AN APPLICATION THAT HAD TO BE COMPLETED BY THE ASPECTS OF THEIR DAILY LIVES (HEALTHCARE, WELLNESS, FINANCE, TRANSPORTATION, HOSPITALITY, SHOPPING, THE PACE UNIVERSITY GRANT WAS A CHALLENGE THAT INVITED STUDENT TEAMS TO PUT THEMSELVES ON THE "MAAP"

ROCHESTER CHAPTER -

DIRECTORS APPROVED A MATCHING CHAPTER GRANT TO THE PROGRAM. BOARD OF DIRECTORS FOR WHEN THE CHAPTER WAS FISCALLY ABLE TO DO SO. DURING FISCAL YEAR 2016, A STATEMENTS WERE REVIEWED. RESEARCH GRANTS TO THE NATIONAL ALZHEIMER'S ASSOCIATION WAS APPROVED BY THE STATEMENTS WERE REVIEWED MONTHLY AND PARTICIPANT UTILIZATION WAS ADJUSTED AS NECESSARY AFTER THE MADE DIRECTLY BY THE CHAPTER TO THIRD PARTIES TO PROVIDE ASSISTANCE TO INDIVIDUALS. FINANCIAL RESEARCH GIFT WAS RECEIVED AND DESIGNATED TO A LOCAL PHYSICIAN'S RESEARCH PROGRAM. THE BOARD OF THE CHAPTER DETERMINED WHO RECEIVED RESPITE AND MEDICALERT+SAFE RETURN* ASSISTANCE. THE PAYMENTS WERE

WESTERN NEW YORK CHAPTER -

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

MIAMI VALLEY CHAPTER -

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

NORTHWEST OHIO CHAPTER -

INDIVIDUALS AFTER AN INVOICE WAS RECEIVED FOR SAFE RETURN* SCHOLARSHIPS. THE CHAPTER PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS WAS TO REIMBURSE AN ORGANIZATION AND/OR

OKLAHOMA CHAPTER -

REGISTERING INDIVIDUALS WHO APPLIED DIRECTLY TO THE CHAPTER FOR THE PROGRAM AND PAID FOR THEIR GRANTS WERE ALSO MADE TO ASSIST A LIMITED NUMBER OF VOLUNTEERS TO ATTEND THE ALZHEIMER'S ASSOCIATION MEMBERSHIP FEE. THE CHAPTER KEPT RECORDS OF ALL OF THE INDIVIDUALS IT SUPPLIED WITH MEMBERSHIPS RECEIPTS OR PAID DIRECTLY TO THE VENDOR ADVOCACY FORUM. THESE GRANTS WERE REIMBURSEMENTS TO THOSE INDIVIDUALS AFTER SUBMISSION OF EXPENSE THE GRANTS WERE FOR MEMBERSHIPS FOR THE MEDICALERT+SAFE RETURN* PROGRAM. THE CHAPTER WORKED IN

DELAWARE VALLEY CHAPTER -

SPECIALIST AND CHAPTER OFFICE BRANCH COORDINATOR KEPT RECORDS FOR THE SAFE RETURN* AND ADVOCACY THE EXECUTIVE DIRECTOR KEPT DETAILED RECORDS FOR THE RESPITE PROGRAMS. THE COMMUNITY OUTREACH SCHOLARSHIPS SPECIFIC TO THE DIFFERENT AREAS

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

GREATER DALLAS CHAPTER -

CONSTITUENT'S CAREGIVER ID JEWELRY. CAREGIVER ID JEWELRY. THE MEDICALERT+SAFE RETURN* FOUNDATION THEN INVOICED THE CHAPTER FOR THAT CASES THE CHAPTER NOTIFIED THE MEDICALERT+SAFE RETURN* FOUNDATION THAT THE CHAPTER WOULD PAY FOR THE CONSTITUENTS WHO CAME TO THE CHAPTER TO ENROLL IN THE PROGRAM CLAIMED A FINANCIAL HARDSHIP. IN THOSE THE ENROLLEE SAFE RETURN* CAREGIVER ID JEWELRY, WHICH WAS EITHER A PENDANT OR A BRACELET. SOME RETURN* PROGRAM, OR THEY CAME TO THE CHAPTER ASKING TO ENROLL IN THE PROGRAM. THE PROGRAM PROVIDED EITHER MAILED THE FORM TO THE MEDICALERT+SAFE RETURN* FOUNDATION, REQUESTING ENROLLMENT IN THE SAFE NUMBER. THE CHAPTER DISTRIBUTED SAFE RETURN* BROCHURES IN THE CHAPTER SERVICE AREA. CONSTITUENTS PROCESSING THE PAYMENT. THE SPENDING OF GRANT FUNDS WAS TRACKED IN THE ACCOUNTING SYSTEM BY ASSIGNING PARTICIPANT AND REIMBURSEMENT DATA, WHICH WERE REVIEWED BY THE PROGRAM SERVICE MANAGER PRIOR TO ORGANIZATIONS AND INDIVIDUALS WERE REQUIRED TO SUBMIT RESPITE REPORTS FOR PAYMENT. THE REPORT HAD UNIQUE PROJECT NUMBER TO EACH GRANT. WHEN FUNDS WERE SPENT THEY WERE CODED WITH THE UNIQUE PROJECT

NORTH CENTRAL TEXAS CHAPTER -

THE RESEARCH GRANT RECIPIENT PROVIDED RESEARCH DOCUMENTATION PRIOR TO BEING AWARDED THE GRANT. ASSOCIATION, WHICH WERE USED TO VERIFY SERVICES BEFORE PAYMENT WAS MADE TO RESPITE CARE PROVIDERS RECIPIENTS. GRANT RECIPIENTS OF RESPITE CARE MAINTAINED AND SUBMITTED SERVICE CALENDARS TO THE PROVIDERS CONTRACTED WITH THE ASSOCIATION AND SUBMITTED INVOICES FOR CARE PROVIDED TO GRANT AND THEIR CAREGIVERS. ELIGIBILITY WAS DETERMINED BY EVALUATION OF SUBMITTED APPLICATIONS. SERVICE GRANTS WERE AWARDED TO INDIVIDUALS IN THE FORM OF RESPITE CARE SERVICES FOR PATIENTS WITH DEMENTIA

GREATER RICHMOND CHAPTER -

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

SOUTHEASTERN WISCONSIN CHAPTER -

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

MID SOUTH CHAPTER -

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

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

III, col <u>(d</u> SERVED. THE NUMBER OF RECIPIENTS LISTED WAS BASED ON THE DATA COLLECTED ON THE CHAPTER RECORDS OF INDIVIDUALS

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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, Ilne 23.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.
➤ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Internal Revenue Interna

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

LZHEIMER'S DISEASE AND RELATED DISO	RDERS ASSOCIATION 36-3463656
art I Questions Regarding Compensation	
	Yes N
1 a Check the appropriate box(es) if the organization provid VII, Section A, line 1a. Complete Part III to provide any	led any of the following to or for a person listed on Form 990, Part relevant information regarding these items.
First-class or charter travel	Housing allowance or residence for personal use
Travel for companions	Payments for business use of personal residence
Tax indemnification and gross-up payments	Health or social club dues or initiation fees
Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)
b If any of the boxes on line 1a are checked, did the organ reimbursement or provision of all of the expenses descr	nization follow a written policy regarding payment or ribed above? If 'No,' complete Part III to explain
Did the organization require substantiation prior to reiml trustees, and officers, including the CEO/Executive Dire	
3 Indicate which, if any, of the following the filing organiza CEO/Executive Director. Check all that apply. Do not chestablish compensation of the CEO/Executive Director,	ation used to establish the compensation of the organization's neck any boxes for methods used by a related organization to but explain in Part III.
X Compensation committee	Written employment contract
Independent compensation consultant	X Compensation survey or study
Form 990 of other organizations	Approval by the board or compensation committee
or a related organization:	rt VII, Section A, line 1a with respect to the filing organization
	/ment?
	nonqualified retirement plan?
	d compensation arrangement?
If 'Yes' to any of lines 4a-c, list the persons and provide	
Only section 501(c)(3) 501(c)(4), and 501(c)(29) orga	nizations must complete lines 5-9.
5 For persons listed on Form 990, Part VII, Section A, line contingent on the revenues of:	e 1a, did the organization pay or accrue any compensation
a The organization?	
b Any related organization?	
If 'Yes' to line 5a or 5b, describe in Part III.	
6 For persons listed on Form 990, Part VII, Section A, line contingent on the net earnings of:	e 1a, did the organization pay or accrue any compensation
If 'Yes' on line 6a or 6b, describe in Part III.	
7 For persons listed on Form 990, Part VII, Section A, line payments not described on lines 5 and 6? If 'Yes,' desc	e 1a, did the organization provide any non-fixed ribe in Part III
Were any amounts reported on Form 990, Part VII, paid to the initial contrast exception described in Regulations	d or accrued pursuant to a contract that was subject
9 If 'Yes' to line 8, did the organization also follow the reb	uttable presumption procedure described in Regulations
	Only July 1 (Farm 000) on

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

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

Schedule J (Form 990) 2015	Schedu			O 1	TEEA4102 10/12/15		BAA
						 	16 (ii)
	 	;]]]]	 	 	 	1 1 1	(ii)
							(ii)
					 	1	13 (ii)
 	 	 	 				(1)
							12 (ii)
 	! ! ! !	 		 		 	(0)
							11 (ii)
0.	0	0.	0.	0.	0.	0.	10 SVP/CFO (ii)
	<u> </u>	14, 955.	9,455.		1,500:	156,086.	KORDESTANI
-	0	. 0.	0.	0.		0.	9 CEO (ii)
	197,772		14,162.			177,512.	RICHARD ELBEIN (0)
-	0	0.	ł	0.		0.	8 PRESIDENT/CEO (ii)
0-	190,299	13.443.	4,795	0		172,061.	WENDY L. CAMPBELL (i)
0.	0	0.	0.	0.	0.		7 PRESIDENT/CEO (ii)
1 1 1 1 0 1	152,466	8_400_	4,_906		8.040.	131,120.	
•							E DIRECTOR
 	163,159	9_546.		 	23.613.	130,000.	BROOK
			. 0.	0.	0.	0.	VE DIRECTOR
	194,972	20_294	4,873.		34_060 -	135,745.	BERGER
0.	0	0.	0.		0.		ENT/CEO
	177,369	5_875	6,532		<u>l'</u>	160,894.	LESLIE GREGORY (I)
0.	0	0.	0.	0.	0.	0.	±
	192,979		7,723.		20,000	165, 256.	ORNATORE
0.	0	0.	1		ŀ	0.	2 PRESIDENT/CEO (ii)
	189,311		5,361.	<u> </u>	20_000	163,950.	LINDA MITCHELL (0)
0.	0	0.	0.	0.	0.	0.	1 CEO (ii)
·0÷	301,547	14, 600.	24,_075			262,872	WILLIAM FISHER (I)
deferred on prior Form 990	columns(B)(i)-(D)	benefits	and other deferred compensation	(iii) Other reportable compensation	(ii) Bonus and incentive compensation	(I) Base compensation	(A) Name and Title
	(E) Total of	(D) Nontavable	(C) Boticomont	compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown o	

Schedule J (Form 990) 2015 ALZHEIME Part III Supplemental Information

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

BAA

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open To Public Inspection

Employer identification number

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-3463656 Part I Types of Property (c) (a) Noncash contribution Check if Number of Method of determining amounts reported applicable contributions or noncash contribution amounts items contributed on Form 990, Part VIII, line 1g 3 4 5 Clothing and household goods Χ 58,368 SELLING PRICE Х 35,273 SELLING PRICE 44 Boats and planes........ 8 Х 43 91,669 MARKET VALUE 9 Securities — Closely held stock. 10 Securities - Partnership, LLC, or trust interests. . 12 Qualified conservation contribution -Qualified conservation contribution - Other. . . . 15 16 17 Collectibles 18 Х 24.177 73,490 COST 19 20 22 23 Archeological artifacts 24 X 3,827 232,896. COST OR SELLING PRICE 25 (EVENT SUPPLIES ____ Χ MARKET VALUE (COMPUTER_SOFTWARE___ 29,400. 26 27 28 Other > 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 n Νo 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? 30 a b If 'Yes,' describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31

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

ь If 'Yes,' describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2015)

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

Pt I col(b)

THE NUMBER OF CONTRIBUTIONS REPORTED IS A COMBINATION OF THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED.

Pt I Line 32b

NONCASH CONTRIBUTIONS - THIRD PARTIES

COLORADO CHAPTER -

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

PROCESSORS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer identification number

36-3463656

PART III, LINE 4

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

PUBLIC AWARENESS - ALZHEIMER'S DISEASE IS A PROGRESSIVE, DEGENERATIVE AND ULTIMATELY FATAL DISEASE. TOO FEW AMERICANS UNDERSTAND THE CURRENT AND FUTURE ECONOMIC IMPACT OF ALZHEIMER'S. ALREADY MORE THAN 5 MILLION AMERICANS ARE LIVING WITH ALZHEIMER'S AND NEARLY 16 MILLION PEOPLE ARE PROVIDING UNPAID CARE AND SUPPORT. THE ALZHEIMER'S ASSOCIATION HAS INVESTED IN EDUCATION CAMPAIGNS AND INITIATIVES TO INCREASE KNOWLEDGE ABOUT ALZHEIMER'S DISEASE AND AWARENESS OF THE ALZHEIMER'S ASSOCIATION AS THE CENTER OF HELP AND HOPE. KEY MESSAGES INCLUDE THE IMPORTANCE OF EARLY DETECTION, RESOURCES FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND THE SOCIETAL IMPACT OF THE DISEASE.

INFORMATION AND REFERRAL - PROVIDES SUPPORT AND INFORMATION ABOUT ALZHEIMER'S DISEASE AND RELATED DEMENTIAS, PROGRAMS AND SERVICES PROVIDED BY THE ASSOCIATION, AND COMMUNITY RESOURCES AS THEY RELATE TO ALZHEIMER'S DISEASE AND RELATED DISORDERS THROUGH A 24/7 TOLL FREE HELP LINE AND FACE TO FACE MEETINGS. IN FISCAL YEAR 2016 THE HELPLINE RECEIVED MORE THAN 300,000 CALLS. IN ADDITION, THE ASSOCIATION'S WEBSITE (ALZ.ORG) OFFERS 24/7 ACCESS TO ONLINE PROGRAMS INCLUDING: SELF-SERVICE EDUCATION PROGRAMS, ALZ CONNECTED*, A SOCIAL NETWORKING SUPPORT TOOL, ALZHEIMER'S NAVIGATOR*, AN ACTION PLANNING TOOL, A CAREGIVER CENTER, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN 14 LANGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFORMATION, PORTALS IN SPANISH, CHINESE, VIETNAMESE, JAPANESE, AND KOREAN, A VIRTUAL LIBRARY, AND A SAFETY CENTER. IN FISCAL YEAR 2016 THE ASSOCIATION'S WEBSITE RECEIVED MORE THAN 41 MILLION VISITS.

CONSUMER EDUCATION - CHAPTERS PROVIDE A VARIETY OF EDUCATIONAL SEMINARS OFFERED IN COMMUNITIES NATIONWIDE. PROGRAMS INCLUDE: KNOW THE 10 SIGNS, THE BASICS OF ALZHEIMER'S AND RELATED DEMENTIAS, LEGAL AND FINANCIAL PLANNING, LIVING WITH ALZHEIMER'S SERIES, UNDERSTANDING AND RESPONDING TO DEMENTIA RELATED BEHAVIOR, COMMUNICATION STRATEGIES AND HEALTHY LIVING FOR YOUR BRAIN AND BODY: TIPS FROM THE LATEST RESEARCH. WORKSHOPS ARE DELIVERED IN LOCAL COMMUNITIES AND REACH THOUSANDS OF CONSTITUENTS. IN ADDITION, WORKSHOPS ARE AVAILABLE ONLINE FOR ACCESS 24/7.

CARE CONSULTATION - IMPROVES THE QUALITY OF LIFE FOR INDIVIDUALS LIVING WITH DEMENTIA AND THEIR CAREGIVERS AND DECREASES THE STRESSFUL IMPACT OF ALZHEIMER'S AND DEMENTIA. CARE CONSULTANTS IDENTIFY AREAS OF NEED AND PROVIDE ASSISTANCE AND PSYCHOSOCIAL SUPPORT INCLUDING EDUCATION ABOUT THE DISEASE AND SYMPTOM MANAGEMENT; PROBLEM SOLVING; PLANNING FOR FUTURE NEEDS; AND LINKAGES WITH RESOURCES, PARTICULARLY DURING TRANSITIONAL OR CRISIS SITUATIONS. CARE CONSULTATIONS ARE PROVIDED IN PERSON AND ON THE PHONE, DEPENDING ON THE PREFERENCE OF THE CONSTITUENT AND ARE AVAILABLE 24/7 THROUGH THE HELPLINE.

Employer identification number

36-3463656

PUBLIC POLICY- THE ALZHEIMER'S ASSOCIATION CHAPTER NETWORK ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF PREVENTION AND ULTIMATELY A CURE. IT STRIVES FOR BETTER CARE AND RESOURCES TO ENSURE HIGH QUALITY, COST EFFECTIVE CARE FOR PEOPLE WITH ALZHEIMER'S DISEASE AND THEIR FAMILIES. POLICY ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

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

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

SAFETY SERVICES - CHAPTERS PROVIDE INFORMATION AND EDUCATION ON SAFETY ISSUES THROUGHOUT THE DISEASE CONTINUUM. DEMENTIA SPECIFIC SAFETY INFORMATION IS AVAILABLE THROUGH THE HELPLINE, IN PERSON AND ONLINE. ONLINE SERVICES INCLUDE THE DEMENTIA AND DRIVING RESOURCE CENTER. IN ADDITION, THE ALZHEIMER'S ASSOCIATION OFFERS MEDICALERT+ALZHEIMER'S ASSOCIATION SAFE RETURN*, A PROGRAM DESIGNED TO IDENTIFY AND LOCATE INDIVIDUALS DURING A WANDERING INCIDENT.

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

PT IV, LINE 12a

INDEPENDENT AUDITED FINANCIAL STATEMENTS

ALL CHAPTERS INCLUDED IN THE GROUP RETURN OBTAINED SEPARATE INDEPENDENT AUDITS. A CONSOLIDATED AUDIT IS NOT PERFORMED FOR THE CHAPTER NETWORK IN THE GROUP TAX RETURN.

Name of the organization

Employer identification number

36-3463656

PT VI, LINE la

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

GOVERNING BODY

THE CHAPTERS HAVE INDIVIDUAL GOVERNING BODIES AND BY-LAWS. THE CHAPTER BY-LAWS DESCRIBE THE PROCESS BY WHICH COMMITTEES OF THE CHAPTER BOARD OF DIRECTORS ARE CREATED AND MEMBERS ARE APPOINTED. THE BY-LAWS MAY HAVE PROVISIONS FOR AN EXECUTIVE COMMITTEE WHICH AUTHORIZE THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE CHAPTER BOARD IN MANAGEMENT OF THE BUSINESS AND IN THE AFFAIRS OF THE CORPORATION, AS NEEDED. THESE AUTHORIZATIONS ARE SUBJECT TO LIMITATIONS CONTAINED WITHIN THE BY-LAWS AND STATE CORPORATE LAW.

THE CHAPTERS MAY HAVE OTHER COMMITTEES AS REQUIRED BY THE ALZHEIMER'S ASSOCIATION POLICIES AND PROCEDURES OR ARE OTHERWISE FORMED TO CARRY OUT THE PURPOSES OF THE CHAPTER. COMMITTEES DO NOT HAVE NOR EXERCISE THE AUTHORITY OF THE CHAPTER BOARD OF DIRECTORS. THESE COMMITTEES ARE ESTABLISHED BY RESOLUTION OF THE BOARD.

Pt VI, Line la

PT VI, LINE 3

DELEGATION OF CONTROL OVER MANAGEMENT DUTIES

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

BOA SERVICES ARE PROVIDED TO THE FOLLOWING 9 CHAPTERS:
CENTRAL ILLINOIS CHAPTER
MAINE CHAPTER
CLEVELAND AREA CHAPTER
MIAMI VALLEY CHAPTER
SOUTH CAROLINA CHAPTER
CENTRAL AND WESTERN VIRGINIA CHAPTER
GREATER RICHMOND CHAPTER
WEST VIRGINIA CHAPTER
MID SOUTH CHAPTER

IN ADDITION TO BACK OFFICE ACCOUNTING, THE CLEVELAND AREA CHAPTER ALSO HIRED AN INDEPENDENT CONTRACTOR FROM JANUARY 2016 TO JUNE 2016 TO PERFORM FINANCE DIRECTOR DUTIES AND WORK IN CONJUNCTION WITH BACK OFFICE ACCOUNTING. THE INDEPENDENT CONTRACTOR DUTIES INCLUDED SUPERVISION OF ACCOUNTING STAFF, ISSUING FINANCIAL STATEMENTS, ASSISTING WITH THE PREPARATION OF THE ANNUAL BUDGET AND ASSISTING THE CHAPTER'S AUDITORS IN PREPARING THE ANNUAL AUDITED FINANCIAL STATEMENTS.

Pt VI, Line 3

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

Employer Identification number

36-3463656

PT VI, LINE 11b

FORM 990 REVIEW PROCESS

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

Pt VI, Line 11b

PT VI, LINE 12c

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

THE CHAPTERS' CONFLICT OF INTEREST POLICY FOLLOWS THESE GUIDELINES: THE RESPONSIBILITY FOR DISCLOSING ANY KNOWN OR REASONABLY FORESEEN ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL BE UPON THE INTERESTED PARTY WHOSE INTERESTS ARE OR MAY APPEAR TO BE IN CONFLICT WITH THE CHAPTER. ALL INTERESTED PARTIES ARE REQUIRED TO FILE WITH THE CHAPTER A DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE CHAPTER AND THEREAFTER SHALL FILE WITH THE CHAPTER AN UPDATED DISCLOSURE STATEMENT AS MAY BE REQUIRED FROM TIME TO TIME BY THE CHAPTER'S 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 CHAPTER BOARD OF DIRECTORS OR A COMMITTEE OF THE BOARD, THE INTERESTED PERSONS SHALL DISCLOSE SUCH CONFLICT AND SHALL NOT VOTE ON THE MATTER. WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE INDIVIDUAL CHAPTER'S BOARD OF DIRECTORS OR THE DESIGNATED COMMITTEE, AS THE CASE MAY BE.

Pt VI, Line 12c

PT VI, LINE 15a

COMPENSATION REVIEW & APPROVAL PROCESS- CHAPTER EXECUTIVE OFFICER

COMPENSATION IS ESTABLISHED FOR THE CHAPTER EXECUTIVE OFFICERS BY THE CHAPTER COMPENSATION COMMITTEES AND BOARD OF DIRECTORS AFTER A THOROUGH SALARY/MARKET REVIEW OF REGIONAL AND INDUSTRY STATISTICS. A COMPENSATION REVIEW FOR THE EXECUTIVE OFFICERS WAS LAST DONE IN 2016. THE COMPENSATION COMMITTEES EVALUATE THE EXECUTIVE OFFICERS' PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS COMPARING RESULTS TO GOALS. THE COMMITTEES AND BOARDS USE THIS DATA TO DETERMINE COMPENSATION LEVELS AND ELIGIBILITY FOR INCENTIVE COMPENSATION, IF AVAILABLE.

Pt VI, Line 15a

PT VI, LINE 15b

COMPENSATION REVIEW & APPROVAL PROCESS-OTHER CHAPTER OFFICERS

THE CHAPTER SENIOR STAFF HAVE A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW BY THE EXECUTIVE OFFICERS. THE EVALUATION AND COMPENSATION REVIEW FOR THE SENIOR STAFF WAS LAST COMPLETED IN 2016.

Pt VI, Line 15b

Name of the organization

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

36-3463656

PT VI, LINE 19

GOVERNING DOCUMENTS

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

Pt VI, Line 19

POSTED ON THEIR WEBSITE.

PT X

BALANCE SHEET

Pt X

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

PT XI

RECONCILIATION OF NET ASSETS

"OTHER CHANGES IN NET ASSETS" REPRESENTS (\$387,642) IN DISCONTINUED OPERATIONS, NORTHWEST OHIO CHAPTER; (\$255,080) IN THE DISTRIBTUION OF ENDOWMENT FUNDS, GREATER DALLAS CHAPTER; (\$14,052) ACCRUAL EXPENSE ACCOUNT FOR FUTURE WRITE-OFFS, CONNECTICUT CHAPTER AND HUDSON VALLEY CHAPTER; AND (\$3,931) FUNDRAISING EVENT REVENUE UNDERSTATED BY DIRECT DONOR BENEFIT, GREATER EAST OHIO CHAPTER.

Pt XI

Name of the organization ALZHE

ALZHEIMER'S DISEASE & RELATED DISORDERS

Employer identification number

ASSOCIATION

ATTACHMENT 1

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

TALMADGE POWELL CREATIVE 211 W. 11TH STREET TULSA, OK 74119 EVENT DESIGN & PLAN 155,944.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

(3) (2) 13 Department of the Treasury Internal Revenue Service Part III Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Partill Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Name of the organization ω (2) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN (if applicable) of disregarded entity 1 1 1 1 1 1 1 1 1 1 1 1 1 1 PUBLIC POLICY ACTIVITIES NY (b) Primary activity (b) Primary activity (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) 501 (C) (3) (d) Exempt Code section (d) Total income (e)
Public charity status
(if section 501(c)(3)) 11C, III-FI (e) End-of-year assets (f)
Direct controlling
entity 36-3463656 Employer identification number (f) Direct controlling (g) Sec 512(b)(13) controlled entity? entity Yes No ×

Page 2

Schedule R (Form 990) 2015 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV,		(2)		(1)			(a) Name, address, and EIN of related organization
of Related Orga							(b) Primary activity
nizations					country)		(c) Legal domicile
Γaxable as a						entity	(d) Direct controlling
Corporation or					512-514)	excluded from tax	(e) Predominant income (related, unrelated,
Trust Complete							(f) Share of total income
if the organization							(g) Share of end-of-year
on answere					Yes No	allocations?	(h) Dispropor- tionate
d 'Yes' on Forn					1065)	K-1 (Form	(i) Code V-UBI amount in box
า 990, P art	==			_	Yes No	partner?	(j) deneral or managing
ζ,							(k) Percentage ownership

Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

BAA	(3)	(2)	(<u>t)</u>		Name, address, a
					(a) Name, address, and EIN of related organization
					(b) Primary activity
TEEAS				country)	(c) Legal domicile
TEEA5002 06/01/15					(d) Direct
				or trust)	(e) Type of entity
					(f) Share of total income
) 	Share of end-of-
Schedule R (Form 990) 2015			 		Percentage
Form 990				Yes	Sec 512(b)(13)
) 2015				No .)(13) entity?

Page 3

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

90) 2015	ule R (Form 990) 2015	Schedule		BAA TEEA5003 10/12/15
				(6)
			a la la la la la la la la la la la la la	(5)
				(4)
				(3)
		La Carrier de Carrier		(2)
				(1)
rmining	(d) Method of determining amount involved	Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
		transaction thresholds.	relationships and	2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered
	· 1s			s Other transfer of cash or property from related organization(s)
	. 11		·	r Other transfer of cash or property to related organization(s)
	-			q. Reimbursement paid by related organization(s) for expenses
	1p			p Reimbursement paid to related organization(s) for expenses
	-			• Sharing of paid employees with related organization(s)
	1 m			m Performance of services or membership or fundraising solicitations by related organization(s)
	-			Performance of services or membership or fundraising solicitations for related organization(s)
	· 8			k Lease of facilities, equipment, or other assets from related organization(s)
	. 15			j Lease of facilities, equipment, or other assets to related organization(s)
				i Exchange of assets with related organization(s)
	1 h			h Purchase of assets from related organization(s)
	1g			g Sale of assets to related organization(s)
A				f Dividends from related organization(s)
- 120 -				e Loans or loan guarantees by related organization(s)
-	1d			d Loans or loan guarantees to or for related organization(s)
-	10			c Gift, grant, or capital contribution from related organization(s)
	1 b			b Gift, grant, or capital contribution to related organization(s)
	a			a Receipt of (i) interest, (ii) annutites, (iii) royalties, or (iv) rent from a controlled entity
			isted in Parts II-IV?	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
No	Yes			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

ВАА 2) |® ļΞ [6 ľω 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. 4 9 (a)
Name, address, and EIN of entity 1 1 1 1 1 1111 1 ı 1111 1 1 ı | | | | | 1 1 1 1 1 1 1 1 (b) Primary activity (c)
Legal domicile
(state or foreign income
{related, unre-lated, excluded from tax under sections 512-514} (d) Predominant TEEA5004 06/01/15 (e)
Are all partners section 501(c)(3) organizations? Yes Z (f) Share of total income (g) Share of end-of-year assets (h)
Disproportionate
allocations? Yes z Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Schedule R (Form 990) 2015 (j) General or managing partner? Yes Ş Percentage ownership Ê

Schedule R (Form 990) 2015 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 36-346

Part VII Supplemental Information

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

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List of Affiliates Included in Return

Form 990 Question H

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
NORTHERN CALIFORNIA AND NORTHERN NEVADA Foreign City/Country if applicable	2290 NORTH FIRST STREET, SUITE 101 SAN JOSE CA 95131	94-2897949
COLORADO Foreign City/Country if applicable	455 SHERMAN STREET, SUITE 500 DENVER CO 80203-3532	84-0908354
CONNECTICUT Foreign City/Country if applicable	200 EXECUTIVE BLVD., SUITE 4B SOUTHINGTON CT 06489	42-1540769
SOUTHEAST FLORIDA Foreign City/Country if applicable	3333 FOREST HILL BLVD. WEST PALM BEACH FL 33406	59-2008883
See List of Affiliates Included in Return Foreign City/Country if applicable		

teew3101.SCR 04/30/15

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

Briefly describe the organization's mission:

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

THE ALZHEIMER'S ASSOCIATION IS A VALUED RESOURCE FOR CAREGIVERS AND THOSE LIVING WITH THE DISEASE, OFFERING INFORMATION, EDUCATION AND SUPPORT. THE ALZHEIMER'S ASSOCIATION HAS 81 CHAPTERS WORKING TOGETHER TO ACCOMPLISH OUR MISSION. THE NATIONAL ORGANIZATION IS HEADQUARTERED IN CHICAGO, AND HAS A PUBLIC POLICY OFFICE IN WASHINGTON, D.C. THE ALZHEIMER'S ASSOCIATION PROVIDES 24/7 CONSTITUENT SUPPORT THROUGH A HELPLINE 365 DAYS A YEAR (1.800.272.3900) AND OUR WEB SITE, ALZ.ORG.

AS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN CARE, SUPPORT

AND RESEARCH, SINCE AWARDING THE FIRST GRANTS IN 1982,

THE ASSOCIATION HAS COMMITTED MORE THAN \$375 MILLION TO

MORE THAN 2,400 BEST-OF-FIELD GRANTS. AS A LEADER IN THE

FIELD, THE ALZHEIMER'S ASSOCIATION FOSTERS COLLABORATION OF THE

SCIENTIFIC COMMUNITY BY HOSTING THE LARGEST INTERNATIONAL CONFERENCE

FOCUSING ON ALZHEIMER'S DISEASE RESEARCH IN THE WORLD.

IN ADDITION, THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S, THEIR FAMILIES AND CAREGIVERS, SPEAKING UP TO HELP ENCOURAGE CONGRESS TO TAKE ACTION IN THE FIGHT AGAINST THIS DISEASE, (INCLUDING THROUGH AN ANNUAL ADVOCACY FORUM IN WASHINGTON, D.C.) AND LEADS ADVOCACY EFFORTS IN EVERY STATE. CONCERN ABOUT ALZHEIMER'S DISEASE AND AWARENESS ABOUT THE ASSOCIATION ARE CRITICAL TO ACCELERATING PROGRESS. THE ALZHEIMER'S ASSOCIATION STRIVES TO MAKE MORE PEOPLE AWARE OF THE SERVICES AVAILABLE FOR THOSE FACING THIS DISEASE AND THE BENEFITS OF EARLY DETECTION. (MORE THAN 5 MILLION ALZHEIMER'S ASSOCIATION CONSTITUENTS HAVE SIGNED UP TO EDUCATE, ADVOCATE, DONATE, AND PARTICIPATE TO MOVE THIS CAUSE

A DONOR-SUPPORTED ORGANIZATION, THE ALZHEIMER'S ASSOCIATION ALLOCATES
ITS FUNDS IN AN ETHICAL AND RESPONSIBLE MANNER THAT EXCEEDS THE
RIGOROUS STANDARDS OF AMERICA'S MOST EXPERIENCED CHARITY EVALUATOR,
THE BETTER BUSINESS BUREAU WISE GIVING ALLIANCE. THE ASSOCIATION IS
QUALIFIED TO USE THE "BBB TORCH LOGO" AND A NATIONAL CHARITY SEAL
("SEAL").

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

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

Code:	Description:	OTHER PROGRAM SERVICES SEE SCHEDULE O
Expenses	22,896,443.	
Grants Of	1,605,035.	
Revenue.	1,155,729.	

Form 990, Question H List of Affiliates Included in Return

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
CENTRAL AND NORTH FLORIDA	2180 W. STATE ROAD 434, SUITE 1100 LONGWOOD FL 32779	36-3487166
Foreign City/Country if applicable GEORGIA	41 PERIMETER CENTER EAST, SUITE 550	58-1492046
	ATLANTA GA 30346	30 1432010
Foreign City/Country if applicable		B. C. C.
CENTRAL ILLINOIS	612 WEST GLEN AVENUE PEORIA IL 61614	37-1224417
Foreign City/Country if applicable		
GREATER INDIANA Foreign City/Country if applicable	50 EAST 91ST STREET, SUITE 100 INDIANAPOLIS IN 46240	35-1747836
CENTRAL AND WESTERN KANSAS	1820 EAST DOUGLAS AVENUE WICHITA 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	2046 MPCM 75MH CMPPPM	48-0934474
HEART OF AMERICA Foreign City/Country if applicable	3846 WEST 75TH STREET PRAIRIE VILLAGE KS 66208	48-0934474
NEW MEXICO	9500 MONTGOMERY BLVD. NE, SUITE 121 ALBUQUERQUE NM 87111	85-0287820
Foreign City/Country if applicable	4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	14 1624050
NORTHEASTERN NEW YORK Foreign City/Country if applicable	ALBANY PLAZA, SUITE 405 NY 12205	14-1634958
HUDSON VALLEY/ROCKLAND/WESTCHESTER, NY	2 JEFFERSON PLAZA, SUITE 103 POUGHKEEPSIE NY 12601-4027	14-1695487
Foreign City/Country if applicable	405	16.1250041
ROCHESTER Foreign City/Country if applicable	435 EAST HENRIETTA ROAD ROCHESTER NY 14620	16-1159941
WESTERN NEW YORK	2805 WEHRLE DRIVE, SUITE 6 WILLIAMSVILLE NY 14221	16-1181599
Foreign City/Country if applicable		

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

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
GREATER EAST OHIO AREA	70 WEST STREETSBORO STREET, SUITE 201 HUDSON OH 44236	34-1454446
Foreign City/Country if applicable	AUDSON 44250	
CLEVELAND AREA	23215 COMMERCE PARK DRIVE, SUITE 300 BEACHWOOD OH 44122	34-1311175
Foreign City/Country if applicable CENTRAL OHIO	1379 DUBLIN ROAD	31-0996236
a deposit of the property of the second party and t	COLUMBUS OH 43215	
Foreign City/Country if applicable MIAMI VALLEY	31 WEST WHIPP ROAD	31-1031867
	DAYTON OH 45459	
Foreign City/Country if applicable NORTHWEST OHIO	2500 NORTH REYNOLDS ROAD	34-1423768
	TOLEDO OH 43615-2820	
Foreign City/Country if applicable	2440 FACE SIGN CERTED SHIPE 2000	73-1183372
OKLAHOMA Foreign City/Country if applicable	<u>2448 EAST 81ST STREET, SUITE 3000</u> <u>TULSA</u> OK 74137	73-1103372
DELAWARE VALLEY	399 MARKET STREET, SUITE 102	23-2280056
Foreign City/Country if applicable	PHILADELPHIA PA 19106	
SOUTH CAROLINA	4124 CLEMSON BLVD., SUITE L	57-0792592
Foreign City/Country if applicable	ANDERSON SC 29621	
GREATER DALLAS	3001 KNOX STREET, SUITE 200	75-2041194
Foreign City/Country if applicable	DALLAS TX 75205	
Foreign City/Country if applicable HOUSTON AND SOUTHEAST TEXAS	6055 SOUTH LOOP EAST AT LONG DRIVE	74-2198685
	HOUSTON TX 77087	
Foreign City/Country if applicable	2630 WEST FREEWAY, SUITE 100	75-1984152
NORTH CENTRAL TEXAS	FORT WORTH TX 76102	73 1304132
Foreign City/Country if applicable	200	E4 1200570
CENTRAL AND WESTERN VIRGINIA Foreign City/Country if applicable	1160 PEPSI PLACE, SUITE 306 CHARLOTTESVILLE VA 22901	54-1309570
NATIONAL CAPITAL AREA	3701 PENDER DRIVE, SUITE 400	52-1196162
	FAIRFAX VA 22030	
Foreign City/Country if applicable GREATER RICHMOND	4600 COX ROAD, SUITE 130	54-1263555
	GLEN ALLEN VA 23060	
Foreign City/Country if applicable WEST VIRGINIA	1601 SECOND AVENUE	36-3487172
	CHARLESTON WV 25387	
Foreign City/Country if applicable	COO COUNTY TOTAL OFFICE OF THE 160	20 1250065
SOUTHEASTERN WISCONSIN	620 SOUTH 76TH STREET, SUITE 160 MILWAUKEE WI 53214	39-1350965
Foreign City/Country if applicable	AGOS MOCHODALE DETUN CHIEF COC	62 1060364
MID SOUTH	4825 TROUSDALE DRIVE, SUITE 220 NASHVILLE TN 37220	62-1860364
Foreign City/Country if applicable		