



December 21, 2009

The Honorable Charles E. Grassley  
Ranking Member, Committee on Finance  
United States Senate

Dear Senator:

My office received your letter dated December 7, 2009, and I thank you for the opportunity to respond to your inquiry.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

The Alzheimer's Association was founded in 1980 by a small group of family members caring for loved ones with the disease. Frustrated by the lack of understanding and awareness of Alzheimer's that existed in both the general public and the scientific community, they created a first of its kind organization with a mission to eliminate Alzheimer's through the advancement of research and to improve care and support for individuals, their families and caregivers.

Since the Alzheimer's Association's beginnings three decades ago, we have responded to the needs of an ever-increasing number of people and families impacted by the disease. According to the *Alzheimer's Disease 2009 Facts and Figures* report, as many as 5.3 million Americans are living with Alzheimer's disease with help from 10 million caregivers. The numbers are rising at an alarming rate – to as many as 16 million Americans with Alzheimer's by mid-century. The economics of this disease are staggering to families, to health systems and to society.

The Alzheimer's Association is made up of our national organization, which is responding to your inquiry, and 73 local Chapters with more than 300 points of presence around the U.S. offering care and support to individuals, families and caregivers facing the disease. The establishment of a national 800 telephone line in 1983 has developed into our nationwide Helpline, offering information, referral and care consultation to those in need 24 hours a day, 7 days a week, 365 days a year. In response to families concerned for loved ones with Alzheimer's who wander, the Alzheimer's Association launched its Safe Return® program in 1993, which has identified and returned thousands of lost people to the safety of their homes. This year we

launched the Alzheimer's Association Comfort Zone™, the first GPS-based system designed specifically for Alzheimer's location management, giving people with the disease more freedom and independence while providing families greater peace of mind. We also offer CareSource™, a suite of free online tools assisting caregivers, and CareFinder™ and Senior Housing Finder™, to help people make home and residential care decisions. Thousands of people nationwide participate online and face to face in our support groups and care consultation to help them navigate the long journey through Alzheimer's disease.

While ensuring we are best addressing the needs of people with the disease and their caregivers, the Alzheimer's Association is also on the forefront of research. Since awarding our first grants to researchers in 1982, the Association has committed more than \$265 million to 1,800 best-of-field proposals. As a leader in research, we have fostered research information sharing within the scientific community in multiple ways, including by hosting the annual Alzheimer's Association International Conference on Alzheimer's Disease (ICAD). As a result of our commitment to research, the Association has been a catalyst for scientific progress; we have been a part of every major Alzheimer's research advance in the past three decades.

Through our efforts we have touched the lives of millions of people affected by Alzheimer's, who in turn support the Association through their willingness to educate friends and family and to raise revenue for the cause. For example, each year, more than 25,000 teams participate in nearly 600 Memory Walks® held across the United States. In 2009, efforts of the dedicated Memory Walk team members and sponsors raised more than \$40 million to support the Alzheimer's Association mission while also recruiting thousands of new volunteers.

The Alzheimer's Association takes its responsibility to be transparent to our constituents very seriously and recognizes the value of appropriate scrutiny of the non-profit sector, specifically including corporate relations practices in the field of voluntary health. We believe it strengthens our organization. Our integrity and the public trust in it are fundamental to every aspect of our work. We are committed not only to the basics of compliance with related laws and regulations, but also to the fulfillment of voluntary internal policies based on recognized external guidelines and our intent to model such commitment and performance within our sector.

To that end, last year the Board of Directors convened an External Standards Task Force to review external best practices more widely applied to an organization such as ours, to audit our own adherence to such standards, and to recommend any changes to address opportunities for improvement. This extensive review included external standards recommended by the Better Business Bureau Wise Giving Alliance, The Independent Sector's Principles for Good Governance and Ethical Practice, the IRS Form 990, and input from other external experts. While the task force found that our organization had most of the policies in place to conform to contemporary external standards and reporting, including fundraising, compensation, accounting and many other important functions, in keeping with our desire to provide leadership and to be consistent with the latest thinking, several policies were added or enhanced based upon the review. All recommended changes were approved by the Board of Directors as of June 2009 and subsequently implemented.

We can confidently report that we are not influenced in the pursuit of our mission by support from the industry sectors you have identified or any other. Our mission, as previously stated, is our driver. We have a strong, diverse and independent Board, populated by directors who come to the table with a deep commitment to serve that mission. We have a strong staff that is dedicated to operationalizing the strategic plans adopted by the Board to map our course to mission fulfillment. As part of our journey, we are eager to have you understand that the Alzheimer's Association is not only dedicated to achieving our mission, but also to providing leadership within our sector along the way.

In your letter of inquiry you asked for several specific things as follow:

*An accounting of industry funding that pharmaceutical, medical device companies, foundations established by these companies or the insurance industry have provided to the Alzheimer's Association between the years 2006 – 2009.*

Association response: The Alzheimer's Association is pleased to attach the requested charts detailing its funding from the industry sectors defined in your letter. These charts confirm the minimal level of such funding for our organization.

These reports reflect revenue to the national organization. You will see the funding is broken out by industry sector as well as in total across sectors by year. We have included this additional information to make even clearer just how small an element of our overall income is attributable to any one of these distinct and typically unaligned industries. As these spreadsheets reflect, over the applicable timeframe, the Alzheimer's Association's average overall income from the pharmaceutical industry was 2.5%, the medical device companies was 0.21%, and the insurance industry was 1.9%. The combined total was 4.6%. Relative to the overall budget, the Alzheimer's Association's income from these sectors is a small part of our overall revenue portfolio.

In addition, you have asked specific questions related to the Association's practices for accepting industry funding for the period of January 2006 to the present as follow:

*Please describe the policies for accepting industry funding and whether or not the Alzheimer's Association allows companies to place restrictions or provide guidance on how funding will be spent.*

Association response: The Alzheimer's Association Organization Standards Manual includes a Corporate Relations Policy that is used as guidance on accepting corporate support. This policy, like all others, is reviewed and updated from time-to-time by our Board of Directors which is made up entirely of independent members. The Corporate Relations Policy has been in place since 2002 and was most recently updated as of June of this year. It is designed to drive appropriate diligence by the Association to ensure that the public's trust and faith are not violated by such relationships. The policy further

outlines the Association's operating procedures for the review and approval of corporate relationships and their ongoing evaluation. All agreements are subject to an evaluation framework that includes a mission benefit analysis, risk management guidelines and other criteria. To ensure transparency, the Alzheimer's Association recognizes industry support in appropriate web pages or print pieces.

Among the considerations for accepting corporate support are: meaningful mission-related benefits, consistency with the strategic plan, policies, standards and public positions of the Association, consistency with the science and evidence base for Alzheimer's disease for all health-related relationships, and consistency with third party guidelines. The Alzheimer's Association, consistent with our overall approach to the mission and as specified by the policy, exercises independent judgment in decision-making related to any corporate relationship, annually evaluates the total of all corporate support, and ensures that all relationships are described with accurate, non-deceptive terms or statements understandable to a reasonable individual.

Additionally, of course, neither staff nor Board member nor immediate family members may derive personal benefit from any for-profit collaboration. Conflict of interest statements must be signed and on file with the National Office. Our Governance and Nominating Committee reviews the disclosures annually following submission.

Within six months of the close of the fiscal year and completion of audit, the Alzheimer's Association will disclose amounts received from corporations identified on Schedule B of Form 990 on its website along with other corporate and/or financial information. Disclosure will include the name of the corporation and the aggregate amount of support provided by that corporation.

The Alzheimer's Association does solicit and receive restricted contributions from the industries you have specified as well as from other kinds of companies and individuals for specific purposes related to our work. As the previously described criteria for accepting corporate gifts indicate, we will not accept a gift that is not consistent with what we already intend to accomplish. This would apply beyond the reach of our Corporate Relations Policy. We would not accept a gift from an individual if it did not fit with our mission or strategic plan. If your concern is that industry representatives influence our policies, we will state it clearly. That does not happen. The policies and practices we have described are established and executed to protect the organization and our ability to advance our mission. The support that most of us in the non-profit sector would consider to be restricted is what we receive because a donor wishes to support a specific element of the work we have already decided to do in pursuit of our mission, consistent with our strategic plans. In fact, all of the restrictions we are reporting to you represent support we have sought for specific activities that advance our mission, consistent with our strategic plans. None of the reported restricted support was guided by industry.

*If the Alzheimer's Association allows companies to place restrictions on industry funding, then please explain all restrictions and/or guidance for each transfer of value from industry. For every transfer of value with a restriction, please provide the following information: year of transfer, name of company and restriction placed on funding.*

Association response: As indicated above, the Alzheimer's Association, solely at its discretion, consistent with accepted fundraising and accounting practices and our own policies, does accept some restricted gifts from the sectors you have identified, other corporations and, most commonly, from individuals. The Association reviews any such restriction to be sure it is in line with the mission, the strategic plan and any other applicable internal policies before pursuing or accepting any such gift. To be very clear, we tell industry what we'll accept, not the opposite, and anything we accept must be consistent with our mission and existing plans.

At your request, we have included spreadsheets in the format you specified to list the year, the source, the amount and the purpose of the funding. These data again indicate the minimal level of support that we derive from these sources. And, to reiterate, all of the restrictions we are reporting to you represent support we have sought for specific activities that advance our mission, consistent with our strategic plan. None of the reported restricted support was guided by industry.

It is especially important to note again here that what the non-profit sector considers a restricted gift is a gift that supports a specific purpose. In this regard, gifts we record as restricted do not fit the negative circumstances that you and we would agree would be inappropriate. A restricted gift to support one of our meetings, for example, does not gain the donor any special influence at the meeting. The scale of a restricted gift for a higher level of sponsorship might gain the donor a higher level of recognition but again, as described before, it does not have any effect on the conduct of the meeting or on the policies of the Alzheimer's Association.

*Please explain what policies, if any, that the Alzheimer's Association plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of your organization.*

Association response: As already indicated, the Alzheimer's Association has had for many years, regularly reviews and recently updated its specific Corporate Relations Policy which provides parameters regarding relationships with the corporate community. Also, as previously stated, last year the Board of Directors convened an External Standards Task Force to review external best practices more widely applied to an organization such as ours, to audit our own adherence to such standards, and to recommend any changes to address opportunities for improvement. This extensive review included external standards recommended by the Better Business Bureau Wise Giving Alliance, The Independent Sector's Principles for Good Governance and Ethical Practice,

the IRS Form 990, and input from other external experts. While the task force found that our organization had most of the policies in place to conform to contemporary external standards and reporting, including fundraising, compensation, accounting and many other important functions, in keeping with our desire to provide leadership and to be consistent with the latest thinking, several policies were added or enhanced based upon the review. All recommended changes were approved by the Board of Directors by June 2009 and implemented.

Currently we are reviewing the remaining set of policies within our organization with consideration of any appropriate updates to advance the latest thinking and best practices for non-profits in our sector. All of these efforts reflect our desire for transparency and our recognition of the responsibility to maintain the public trust, credibility and integrity as an independent, mission-driven organization. Our Board aims to keep these policies up-to-date and will continue to do so to maintain our leadership in implementing emerging best practices for the sector as suggested in guidelines from the IRS, Independent Sector and others.

*Please explain your policies on disclosure of outside income by your top executives and board members.*

Association response: The Alzheimer's Association's bylaws are intended to help persons interested in Board positions to avoid any situation that could compromise the integrity and even perceived independence of the Association's decision-making process, public confidence or reputation. The Association requires as a condition for service to the Association, disclosure of any known or reasonably foreseeable actual or potential conflicts of interest. As a matter of practice, our Chairman opens each meeting of the Alzheimer's Association Board of Directors with a call for disclosures that might be pertinent to the day's agenda.

All interested persons are required to file a disclosure statement with the Association prior to commencing his or her service with the Association and thereafter to file with the Association an updated disclosure statement, no less than annually, or as may be required from time to time by the Board of Directors or its committee designee. Our Governance and Nominating Committee, on behalf of our Board, will also soon be evaluating and recommending any appropriate updates to our current conflicts and disclosure policy and practice for Board members and staff.

*Please provide the disclosures of outside income filed with your organization by your top executives and board members.*

Association response: We have attached a copy of the Alzheimer's Association Disclosure Statements for each member of the executive staff and for each Board member for the period requested.

We have appreciated the opportunity to respond to your inquiries. Transparency and dedication to our mission and to the constituency we serve are first and foremost to the volunteers and staff of the Alzheimer's Association. This has been our history and we intend to continue these high standards in the future.

Sincerely,

A handwritten signature in dark ink, appearing to be 'H. Johns', with a long horizontal stroke extending to the right.

Harry Johns  
President and CEO

Attachments:  
Industry Revenue Spreadsheets  
Board and executive disclosures

**ATTACHMENT**  
**Signed Disclosure Statements for Key Executives and Board Members**

Disclosure Statements signed by senior staff and members of the Board of Directors of the Alzheimer's Association for the period of January 2006 to the present are attached in two PDF files.

The Alzheimer's Association's guidelines regarding compensation and conflict of interest state that "all interested persons shall be required to file with the Association a disclosure statement prior to such individual commencing his or her service with the Association, and thereafter shall file with the Association an updated disclosure statement as may be required from time to time by the Board of Directors, or its Committee designee, and in no event less often than annually."

For the period January 2006 through present, Disclosure Statements have generally been signed annually in advance of the first meeting of newly elected board members, typically in late January or early February, following election to the board at the Alzheimer's Association's fall meeting.



**Alzheimer's Association  
Signed Disclosure Statements  
January 2006 - Present**

<b>Director (listed alphabetically by last name)</b>	<b>Year - Election to Board of Directors</b>	<b>Year - Conclusion of Board Service</b>
Albert, Marilyn	2001	2009
Anderson, Electa	Fall 2009	n/a
Arthur, Michael	2004	n/a
Attea, Paul	2002	n/a
Austrom, Mary	2004	n/a
Bazelides, Diane	1998	2006
Berube, Ed	2003	n/a
Blanchette, Patricia	2000	2008
Bodkin, Tom	2005	n/a
Bowen, Lane	2005	n/a
Branche, Christine	1999	2007
Bridgwater, Bill	2008	2009
Brock, Randolph	2003	n/a
Buechele, Bill	Fall 2009	n/a
Burke, Robert	2007	n/a
Burns, Heather	2006	n/a
Cole, Charles, III	1998	2006
Coleman, Laurel	2002	n/a
Comer, Meryl	2006	n/a
Conklin, George	2000	2008
DeKosky, Steven	2003	n/a
Della Penna, Richard	2005	n/a
Dilworth-Anderson, Peggye	2001	2009
Edge, Cathy	2005	n/a
Fabares, Shelley	2000	2008
Flynn, Mark	1999	2007
Fuchs, Michael	1999	2007
Gandy, Samuel	2005	2009
Geha, Marlana	2008	n/a
Gelfand, Marshall	2003	n/a
Goldhammer, Colleen	2004	n/a
Hortenstine, Rita	2007	n/a
Hume, Steve	Fall 2009	n/a
Jodsaas, Larry	2001	2009

**Alzheimer's Association  
Signed Disclosure Statements  
January 2006 - Present**

Director (listed alphabetically by last name)	Year - Election to Board of Directors	Year - Conclusion of Board Service
Jones, Deborah	2007	n/a
Kauffman, Karen	2005	n/a
Kaye, William	2002	2007
Khan, Princess Yasmin Aga	Lifetime Honorary Vice Chair	
Kouri, Jacqueline	Fall 2009	n/a
Lucero, Tamara	2006	n/a
Maggio, John	2005	n/a
Manly, Jennifer	2005	2007
Marcus, Bonnie	2005	n/a
Mendelson, Linda	2004	n/a
Morris, John	1998	2006
Moscow, David	2006	n/a
Nguyen, Lam Viet	2008	n/a
Osher, John	2002	n/a
Petersen, Ron	2008	n/a
Pierce, David Hyde	1999	2007
Ponder, Oscar	2003	2008
Profili, Ron	Fall 2009	n/a
Prugh, Jim	2003	n/a
Putnam, Stewart	2006	n/a
Quick, Roger	2000	2006
Rabins, Peter	2006	2007
Randall, Deborah	2007	n/a
Revell, Dennis	2002	2008
Sabl, John	2004	n/a
Saltzman, Bettylu	2001	2009
Sampson, Gerry	2004	n/a
Schilling, Ronald	2003	n/a
Shiley, Darlene	2004	n/a
Silverglat, Alan	2007	n/a
Stone, Jerome	Lifetime Honorary Chair	
Swift, Suzanne	2005	n/a
Thomas, Robert	2000	2009
Thompson, Evan	2001	2008

**Alzheimer's Association  
Signed Disclosure Statements  
January 2006 - Present**

<b>Director (listed alphabetically by last name)</b>	<b>Year - Election to Board of Directors</b>	<b>Year - Conclusion of Board Service</b>
Tsai, Tenny	2002	n/a
Tuerk, Carl	2007	n/a
Urbut, Michael	2001	2009
Varnes, Larry	1998	2006
Vidinsky, Joanne	2002	n/a
Wesley-Freeman, Debra	2008	n/a
Williams, Shellie N.	2008	n/a
Winkel, Thomas	2007	n/a
Woolridge, Robert	1999	2007
Yoshikawa, Thomas	2007	n/a
Zimmerman, Karen	Fall 2009	n/a



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Marilyn Albert

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
- ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- Ownership or equity interest in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: Marilyn Albert

Date: 1/31/09

For office use only:

Date Received: 1/31/09

Staff Review: YES

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecfo@alz.org](mailto:officeofthecfo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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1. Name: Marilyn Albert
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:

Marilyn Albert

Date:

3/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review:

[Signature]

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):



- *Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?*  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?*  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:  
☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☐ I do not have any objection to dissemination of this disclosure.

Signed: Marilyn Albert Date: 4/5/07

For office use only:

Date Received: 4.5.07

Staff Review: [Signature]

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:

Marilyn Albert

Date:

2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: C. B. 207

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Michael Arthur

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
- ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: 1-31-09

Staff Review: 743

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecao@alz.org](mailto:officeofthecao@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Michael Arthur
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
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\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: 3/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MICHAEL ARTHUR
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

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- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

2/11/07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Michael Arthur
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: P. D. 707

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: PAUL J. ATTEA

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

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\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

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\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

3-9-09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Paul J. Attea

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

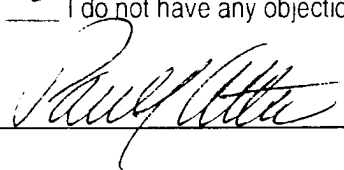
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 5-8-2008

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Paul J. Attea
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

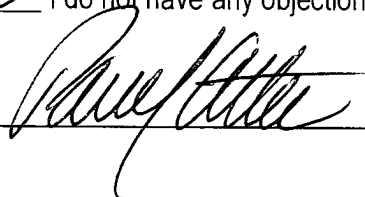
\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

2-10-2007

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Paul J. Attea
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

✓ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

2-11-2006

For office use only:

Date Received: 2.11.06

Staff Review: R. B. Joy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Mary Guerriero Austrom
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☒ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

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5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

1-31-09

For office use only:

Date Received: 1-31-09

Staff Review: MS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecao@alz.org](mailto:officeofthecao@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Mary Guerriero Austrom
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

3-8-08

Mary Guerriero Austrom

For office use only:

Date Received: \_\_\_\_\_

Staff Review:



Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Mary Guerriero Austrom
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
  - ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - ~~Ownership or equity interest~~ in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - ~~Offices and/or positions~~ (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):



- *Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?*  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
  
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☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

4-18-07

For office use only:

Date Received: \_\_\_\_\_

4-19-07

Staff Review: \_\_\_\_\_

RS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Mary Guerriero Austrom
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

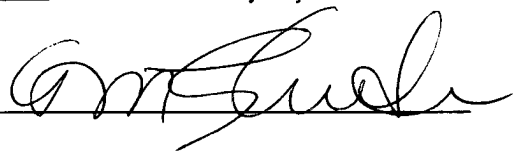
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: 2-12-06

For office use only:

Date Received: 2.12.06

Staff Review: P. Brey

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: DIANE BAZELIDES
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- \_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: *L. Anne Bazile*

Date: *7/11/06*

For office use only:

Date Received: *2.11.06*

Staff Review: *R. B. Roy*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: ED BERUBE

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
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- *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

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☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

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- ☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

1 / 30 / 09

For office use only:

Date Received: 1/31/09

Staff Review: HS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecfo@alz.org](mailto:officeofthecfo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: EDWARD BERUBE
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

3/8

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: EDWARD BERUBE
2. Level of Service:  
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☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
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5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 2/9/07

EDWARD BERUBE

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: ED BERGE
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: R. B. Joy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Patricia Blanchette
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

*Glenn Hutton*

Date: \_\_\_\_\_

*3/8/08*

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

*msj*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Patricia Lanoue Blanchette, M.D., MPH
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Blanchette M.D.

Date: 4-4-07

For office use only:

Date Received: 4.4.07

Staff Review: SB

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Patricia Blanchette, M.D.
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Blanchetta M.D.

Date: 2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: E. B. Roy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Robert Thomas Bodkin
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:  
☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: Robert Thomas B. B. B.

Date: 1/30/09

For office use only:

Date Received: 1/30/09

Staff Review: THB

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Robert Thomas Badkin
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:

R. Thomas Barber

Date:

3/8/2008

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Robert Thomas Bookin
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

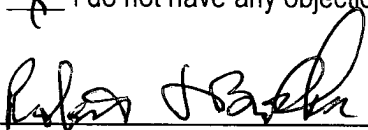
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: 2/9/2009

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

5

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Robert Thomas BODKIN
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

X I do not have any objection to dissemination of this disclosure.

Signed:

Robert B. Kelly

Date:

2/11/2006

For office use only:

Date Received: 2.11.06

Staff Review: P. B. 707

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Lane Bauer 3-7-09

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
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  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

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- ~~Ownership or equity interest~~ in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  
- ~~Offices and/or positions~~ (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

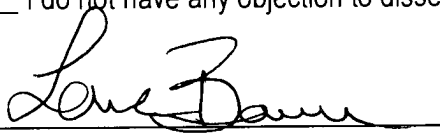
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☐ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

3-7-09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: LANE M Bowen
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

3-8-08

For office use only:

Date Received: \_\_\_\_\_

Staff Review:



Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: LANE BOWEN
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: Lane Bauer

Date: 2-8-07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: LANE M Bowen
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: Lane Bauer

Date: 9-5-06

For office use only:

Date Received: 9-11-2006

Staff Review: E.O. Joy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Christine Branche
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Christine Brande

Date: 2/11/02 06

For office use only:

Date Received: 2.11.06

Staff Review: R. B. TOY

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

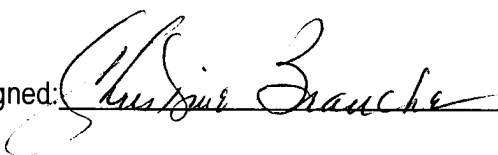
1. Name: Christine Branche
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 2/9/07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Bill Bridgewater
  
2. Level of Service  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601 by email to [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:
- ☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☐ I do not have any objection to dissemination of this disclosure.

Signed: Bill B. Quater Date: 3-4-08 2009

For office use only

Date Received: 3 4 09

Staff Review: [Signature]

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601. by email to \_\_\_\_\_ or by fax to (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: BILL BRIDGWATER
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: Bill Bulquater

Date: 3/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: RANDY BROCK
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):
- *Compensation in cash or in kind*, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed:  Date: 1/31/09

For office use only:

Date Received: 1/31/09 Staff Review: MIS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: RANDY BROCK
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - Ownership or equity interest in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
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\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance &

✓ Nominating Committees and the designated staff without my consent.

\_\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 3/6/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: RANDOLPH D. BROCK III
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

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☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

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☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

10

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: RANDALL L. BROCK III
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

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\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

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\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: 2.11.06

Staff Review: L. B. 707

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Robert K. Burke

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
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☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  
- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_X\_\_ I do not have any objection to dissemination of this disclosure.

Signed: /s/ Robert K. Burke

Date: 24 April 2009

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 496-7660

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Robert K. Burke
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No

Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No

Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 6 March 2008

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Heather Burns
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
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  - ~~Ownership or equity interest~~ in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):



- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):
- *Compensation in cash* or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: 1/31/09

Staff Review: MB

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecao@alz.org](mailto:officeofthecao@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Heather L. Burns
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- \_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: Heather Ben

Date: 3/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: HEATHER BURNS
  
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
  - ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Harold B.

Date: 4/20/07

For office use only:

Date Received: 4.20.07

Staff Review: [Signature]

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: CHARLES M COLE
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: Charles M. Cole Date: 2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: R. B. Roy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Laurel Coleman
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):



- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: David Colman Date: 1-30-09

For office use only:

Date Received: 1-31-09

Staff Review: JS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Laurel Celima

2. Level of Service:
- ☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☒ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

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4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☒ Yes ☐ No Describe (organization, location, nature of business, your interest):

*Medical Director for Beacon Hospice  
(The Hospice serves <sup>some</sup> patients with Alzheimer's Disease)*

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ✓ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ✓ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

✓ I do not have any objection to dissemination of this disclosure.

Signed: Carol Coleman <sup>AD</sup> Date: 3/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: [Signature]

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Laurel Coleman
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: David Coleman

Date: 2-8-07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Laurel Coleman MD
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☒ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Laurel Coleman Date: 2/12/06

For office use only:

Date Received: 2.11.06

Staff Review: R. B. Toy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



**CONFLICT OF INTEREST  
DISCLOSURE STATEMENT**

**RECEIVED**

**FEB 24 REC'D**

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MERYL COMER
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

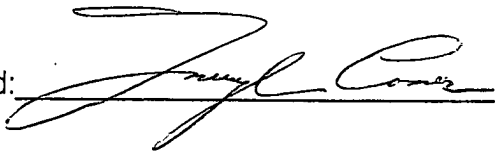


- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

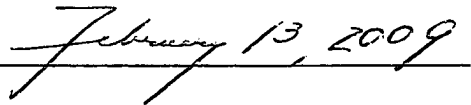
5. In regard to the dissemination of this disclosure:

- ☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☐ I do not have any objection to dissemination of this disclosure.

Signed:



Date:



For office use only:

Date Received: 2-24-09

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MERYL COMER

2. Level of Service:

- ☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

- ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☒ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☒ Yes ☐ No Describe (organization, location, nature of business, your interest):

*PRESIDENT OF GEOFFREY BEENE FOUNDATION ALZ INITIATIVE  
PRIVATE 501C3 - FUNDER*

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

     Yes ✓ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

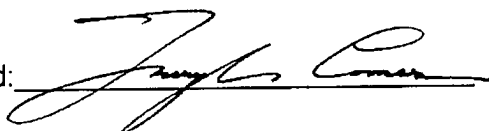
     Yes ✓ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

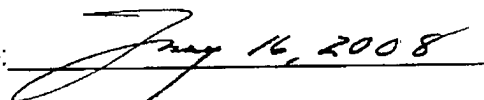
✓ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

     I do not have any objection to dissemination of this disclosure.

Signed:



Date:



For office use only:

Date Received: 8.20.08

Staff Review:



Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

# ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MERYL COMER
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
  - ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

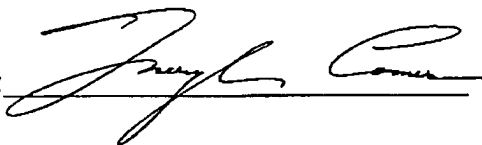
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

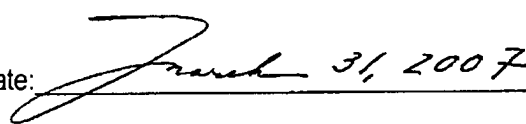
☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☐ I do not have any objection to dissemination of this disclosure.

Signed:



Date:



For office use only:

Date Received: 4.18.07

Staff Review: SLD

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: George S. Conklin
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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  e   I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

3/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):



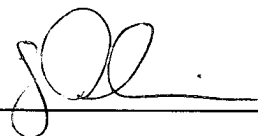
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- \_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

2/9/07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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1. Name: George Conklin
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☒ Yes ☐ No Describe (organization, location, nature of business, your interest):  
CHRISTUS Health - Dallas, TX ; healthcare system ; Sr. VP and CEO

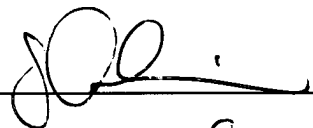
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- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

2/11/06

George Gunklin

For office use only:

Date Received: 2-11-06

Staff Review: R. B. Joy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Steven T. DeKosky
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

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☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: STW De Ky

Date: March 6, 2009

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Steven T. DeKosky
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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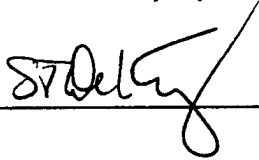
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: 5-12-06

For office use only:

Date Received: 6-11-08

Staff Review: \_\_\_\_\_



Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

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2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
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☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: I consult for a number of pharmaceutical companies and do industry-sponsored research on Alzheimer's disease. None of these relationships are conflicts as defined by the Alzheimer's Association policies. I report these to several oversight groups including my School of Medicine, the Alzheimer's Disease Cooperative Study, and the FDA. At the request of the Association I will provide them if it is felt they are relevant to the conflict of interest policy. I do not feel any of them conflict with my Association responsibilities.*

For office use only:

Date Received: 7.10.07

Staff Review: MB

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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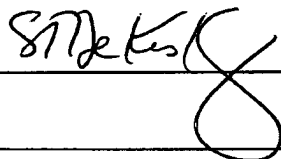
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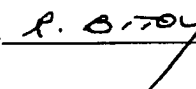
✓ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:  Date: 2/27/06

For office use only:

Date Received: 3.14.2006

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Richard O. Allen
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: 6/3/2009

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: RICHARD D DELLA PENNA MD
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
  - ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - ~~Ownership or equity interest~~ in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - ~~Offices and/or positions~~ (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☒ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

*I receive my regular salary from Kaiser during attendance at Board meetings as well as travel*

- Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☒ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:

*[Signature]* Date: *5/11/08*

For office use only:

Date Received: \_\_\_\_\_

Staff Review:

*[Signature]*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Richard D. Della Penna, MD
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
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\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):



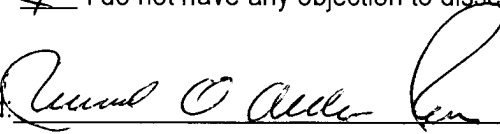
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

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\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: February 10, 2007

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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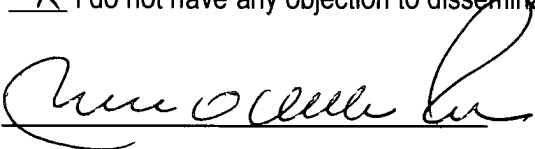
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Signed:

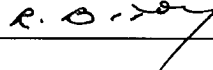


Date:

2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Peggye Dilworth-Anderson, PhD
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

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5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

X  I do not have any objection to dissemination of this disclosure.



Signed: \_\_\_\_\_

Date:  March 25, 2009

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

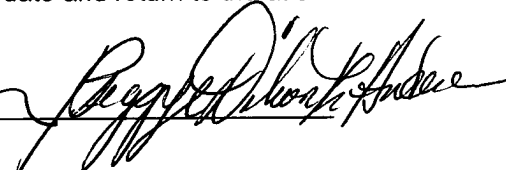
Reported to Executive Committee: \_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Peggy Dilworth-Anderson 
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- \_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
\_\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: \_\_\_\_\_

Staff Review:  \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Peggye Dilworth-Anderson, Ph.D  
\_\_\_\_\_
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
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☐ Yes ☐ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.



Signed: \_\_\_\_\_

Date: 4/20/07

For office use only:

Date Received: 4.20.07

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Peggy Dilworth Anderson
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
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☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☐ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: R. B. 107

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Cathy Edge

2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

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☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

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☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Cathy Edge

Date: 2/2/09

For office use only:

Date Received: 2-10-2009

Staff Review: MS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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1. Name: Cathy Edge
2. Level of Service:
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  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
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☒ I do not have any objection to dissemination of this disclosure.

Signed:

Cathy L. Edge

Date:

5/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:

*Cathy Edge*

Date:

*3/14/07*

For office use only:

Date Received: *FEB 20 2007*

Staff Review:

*Gene Day*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Cathy Edge
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

*Cathy Gedge*

Date: \_\_\_\_\_

*2/11/06*

For office use only:

Date Received: *2.11.06*

Staff Review: *P. B. 707*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

JUN 19 2011

# ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Shelley FABARES
  
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
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☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:

*Shelley Fabares*

Date:

*Oct. 13, 2008*

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeoftheceo@alz.org](mailto:officeoftheceo@alz.org) or by fax to: (866) 466-7660

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MARK FLYNN
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

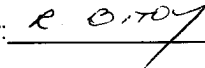
☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 9/1/07

For office use only:

Date Received: 9.11.2006

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Michael Fuchs
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

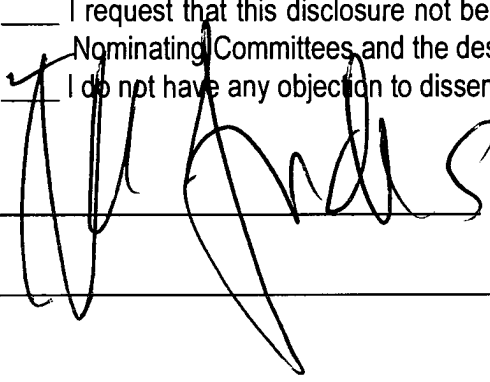
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

5/13/07

For office use only:

Date Received: 5-22-07

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MICHAEL FUCHS
  
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
  - ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  
  - Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

## 5. In regard to the dissemination of this disclosure:

- ☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☐ I do not have any objection to dissemination of this disclosure.

Signed:

Date:

9/13/06

MICHAEL FUCHS

## For office use only:

Date Received: 9.28.06

Staff Review:

Reported to Executive Committee:

Special Instructions:

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Sam Gandy
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☒ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☒ Other ☐ MSAC Chair \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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*Ownership or equity interest in an organization with dementia-related interests.*

☒ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

SMB Member, Elan/Wyeth AAC-001  
SAB Member, Epix  
SAB Member, SMART Pharmaceuticals  
SAB Member, Diagenic  
Former SAB member, F Hoffman La Roche  
Current grantee of Forest Research Foundation  
Former grantee of Pfizer, Wyeth

*Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

*Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

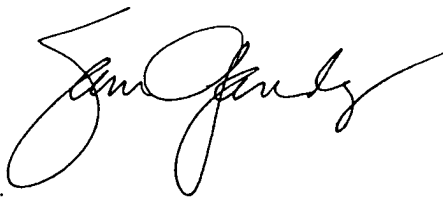
*Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.



Signed:

Date: March 29, 2009

For office use only:

Date Received: \_\_\_\_\_

Staff Review:

Reported to Executive Committee:

Special Instructions:

RECEIVED

JUN 19 2007

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Sam Gandy
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☒ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☒ Other MSAC Chair
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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*Ownership or equity interest in an organization with dementia-related interests.*

☒ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

SMB Member, Elan/Wyeth AAC-001  
SAB Member, Epix  
SAB Member, SMART Pharmaceuticals  
SAB Member, Diagenic  
Former SAB member, F Hoffman La Roche  
Current grantee of Forest Research Foundation  
Former grantee of Pfizer, Wyeth

*Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

*Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

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☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date: June 18, 2008

For office use only:

Date Received: \_\_\_\_\_

Reported to Executive Committee:

Special Instructions:

Staff Review:



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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1. Name: Sam Gandy

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

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- *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
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☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:

Date:

5/2/07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Sam Gandy

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

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*DSMB for Plan Vaccine trial*

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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
- Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

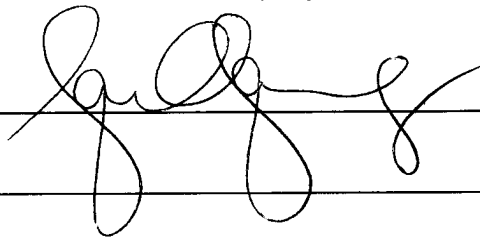
\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: R. B. Joy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.


DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MARLANN J. GEHA
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 1/30/09

For office use only:

Date Received: 1.31.09

Staff Review: JRS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660

RECEIVED  
MAY 1 REC'D

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MARSHALL M GEFAND

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
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  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

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- *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  
- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
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Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

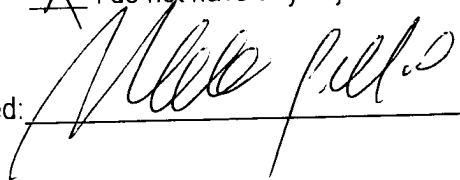
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

3/6/09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MARSHALL M. GELFAND
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
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\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:

*Wade J. Sefton*

Date:

*3/8/08*

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MARSHALL GELFAND
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: 4.5.07

Staff Review: RS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: M ARSHALL GELFAND
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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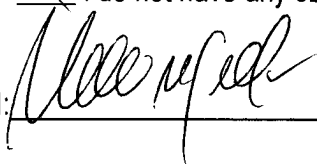
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☐ I request that this disclosure not be disseminated beyond the Executive and Governance &

☒ Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: R. B. Roy

Reported to Executive Committee:

Special Instructions:

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Colleen Goldhammer

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
- Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☒ Yes ☐ No Describe (organization, location, nature of business, your interest):

*Genworth Financial*

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

- ~~Compensation in cash~~ or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
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- Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☒ Yes ☐ No Describe (part of the organization, transaction, your interest):

Genworth Financial

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

3/26/09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Colleen Goldhammer
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☒ Yes ☐ No Describe (organization, location, nature of business, your interest):

Glenworth Financial



- *Compensation* in ~~cash~~ or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☒ Yes ☐ No Describe (part of the organization, transaction, your interest):

Genworth Financial

5. In regard to the dissemination of this disclosure:
- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

5/15/08

For office use only:

Date Received: 6/4/08

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Colleen Goldhammer
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
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\_\_\_X\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

Strategic relationship with Genworth Financial

5. In regard to the dissemination of this disclosure:  
\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
\_\_\_X\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 4/9/07

For office use only:

Date Received: 4.16.07

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

RECEIVED  
MAY 10 2011

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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1. Name: Colleen Goldhammer

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

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☒ Yes ☐ No Describe (organization, location, nature of business, your interest):

*Glenworth Financial*  
 - strategic alliance w/ the Alzheimer's Association

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☒ Yes ☐ No Describe (part of the organization, transaction, your interest):

*Genworth Financial*

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed

*[Signature]*

Date:

*5/5/04*

For office use only:

Date Received: *5.9.06*

Staff Review: *R. B. Joy*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: RITA NORTENSTINE
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

*Ownership or equity interest* in an organization with dementia-related interests.

☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

*Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

4/27/09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Rita HORTENSTINE
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

*Ownership or equity interest in an organization with dementia-related interests.*

☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

*Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?*

☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

*Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association,*



from any other organization?

☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

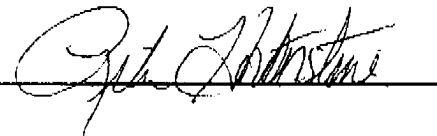
*Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?*

☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☐ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: May 8. 08

For office use only:

Date Received: \_\_\_\_\_

Reported to Executive Committee:

Special Instructions:

Staff Review:



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Stephen Humme
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary.  
(Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- *Ownership or equity interest* in an organization with dementia-related interests.

     Yes      No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

     Yes      No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

     Yes      No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

     Yes      No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

     I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

  X   I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 12/17/09



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: LARRY JOOS AAS
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

\_\_\_ Yes X No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes X No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes X No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

X I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

11/3/09

For office use only:

Date Received: 1-31-09

Staff Review: JS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecfo@alz.org](mailto:officeofthecfo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: LARRY JOSSAAS
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: LARRY JODASAS
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes X No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

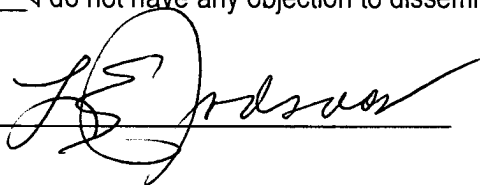
\_\_\_ Yes X No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

X I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

2/12/07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: LARRY JOOS AAS
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: P. B. 707

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Deborah Jones
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

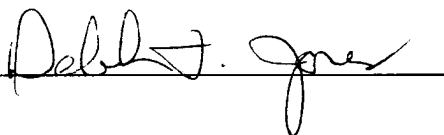
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

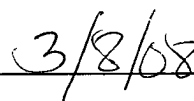
☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_



For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_



Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Deborah Jones
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
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  - Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_ Yes \_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- \_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

2/10/09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecfo@alz.org](mailto:officeofthecfo@alz.org) or by fax to: (866) 466-7660



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Karen S. Kauffman

2. Level of Service:

- ☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

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- Ownership or equity interest in an organization with dementia-related interests.

☒ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

*I have my own company, Life Passages Care Consultants, Inc. and provide long term care consultation to older adults and their families in the community. Most of my clients deal w A.D*



- ☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- Yes   ✓   No Describe (organizations, locations, nature of business, your compensation):

- Yes ✓ No Describe (part of the organization, transaction, your interest):

✓ I do not have any objection to dissemination of this disclosure.

Date: 01.31.09

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: KEVIN S. KUFFNER
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

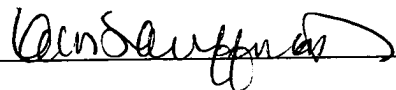
\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance &

☒ Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 02.08.08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: KAREN S KAUFFMAN

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

☐ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)

☒ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- Ownership or equity interest in an organization with dementia-related interests.

☒ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

*I am founder and sole owner of Life Passages Care Consultant, Inc. I provide long term care consultation to families in the*

- Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☒ Yes ☐ No Describe (organization, location, nature of business, your interest):

*I am President of Life Passages Care Consultants Inc.*

*Baltimore area. Most of my clients are dealing with Alzheimer's disease.*

- Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☒ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. I am a co-investigator (consultant) on an NIH funded SBIR that is conducting translational research on in-home caregiving. The PI is interested in exploring how the Alzheimer's Association and the project might collaborate.
- In regard to the dissemination of this disclosure:
- \_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- \_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: Alan Scauffman  
02.22.04

Date: \_\_\_\_\_  
Collaborate.

For office use only:

Date Received: 3.4.04

Staff Review: R. B. 104

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: KAREN S. Knutman
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

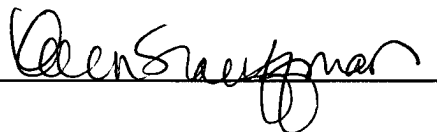
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:

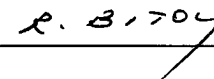


Date: 02.11.06

For office use only:

Date Received: 2.11.06

Staff Review:



Reported to Executive Committee:

Special Instructions:

RECEIVED

MAY 08 2007

ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: William Kere
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

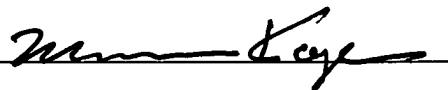
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: April 20 / 2007

For office use only:

Date Received: 5.8.07

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

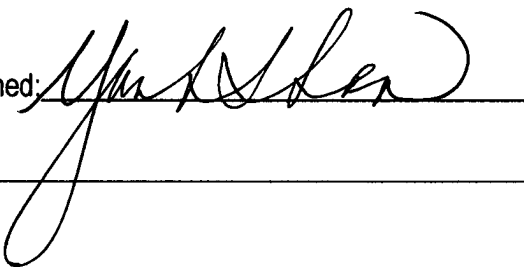
1. Name: Yasmin Aga Khan
2. Level of Service:  
☐ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☐ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

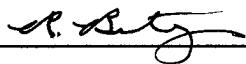
- \_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
\_\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: September 08, 2006

For office use only:

Date Received: 9.21.06

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Jackie Kouri
  
2. Level of Service:  
☒ X National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ X Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_X\_\_ I do not have any objection to dissemination of this disclosure.

Signed:  \_\_\_\_\_

Date: 12/20/2009

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 496-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Tamara Lucero Rajaram, MD
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: March 6, 2009

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Tamara Lucero
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
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\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):



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5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

*James L. Lewis, MD*

Date: \_\_\_\_\_

*3-8-08*

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

*[Signature]*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Tamara Lucero MD
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance &

☒ Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: *Samira Lucero, MD*

Date: *April 3, 2007*

For office use only:

Date Received: *4.3.07*

Staff Review: *[Signature]*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: John E. Maggio, Ph.D.
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to (866) 466-7660

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

X I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: 5 March 2009

For office use only:

Date Received: 3.5.09

Staff Review: CHS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Signed: \_\_\_\_\_



Date: \_\_\_\_\_

14 August 2008

For office use only:

Date Received: 8-26-08

Staff Review: \_\_\_\_\_



Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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Signed: \_\_\_\_\_

John E. Maggio, Ph.D.

Date: 4/4/07

For office use only:

Date Received: 4.18.07

Staff Review: JS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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\_\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

11 February 2006

For office use only:

Date Received: 2.11.06

Staff Review: R. B. 104

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Jennifer J. Manly
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

X I do not have any objection to dissemination of this disclosure.

*[Handwritten signature]*

Date: Feb 11 2006

\* I receive a research grant funded through the Alzheimer's Association - through 2009.

Date Received: 2.11.06

Staff Review: P. B. 204

Reported to Executive Committee:

Special Instructions: \_\_\_\_\_

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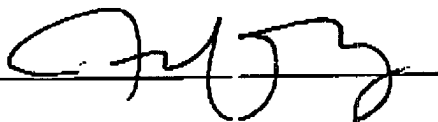
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5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☐ I do not have an objection to dissemination of this disclosure.

Signed:



Date: April 4, 2007

For office use only:

Date Received: 4.4.07

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Bonnie H. Marcus
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
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Signed: Bonnie H. Marcus

Date: 1/31/09

For office use only:

Date Received: 1/31/09

Staff Review: WLB

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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Signed: Bonnie H. Mancus

Date: 3/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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Signed: Bonnie H. Myers

Date: 2/8/07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: LINDA MENDENSON
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

Ownership or equity interest in an organization with dementia-related interests.

☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☐ Yes ☐ No Describe (organization, location, nature of business, your interest):



Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance &

Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:

Linda Mendelsohn

Date:

25 March 2009

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: LINDA MENDERSON
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

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from any other organization?

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*Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?*

☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: *Linda Mende*

Date: *11 May 2008*

For office use only:

Date Received: \_\_\_\_\_

Reported to Executive Committee:

Special Instructions:

Staff Review:

*[Signature]*

### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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1. Name: LINDA MENDERSON
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☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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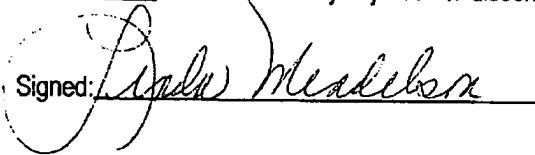
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Signed:

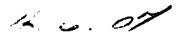


Date:



For office use only:

Date Received:



Staff Review:



Reported to Executive Committee:

Special Instructions:

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

**RECEIVED**  
MAY 03 2006

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1. Name: LINDA MENDENSON
2. Level of Service:  
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☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:

*Paula Anderson*

Date:

*28 Feb 2006*

For office use only:

Date Received: *3.3.06*

Staff Review: *C. B. 707*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: John C. Morris
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

*John C. Morris*

Date: \_\_\_\_\_

*February 11, 2006*

For office use only:

Date Received: *2.11.06*

Staff Review: *R. B. 707*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

APR 24 REC'D

# ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: DAVID MOSCOW
  
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
  
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  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

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\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

April 20, 09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

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1. Name: DAVID MOSCOW
2. Level of Service:  
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☐ Publication Author/Contributor  
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\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- Yes  No Describe (organizations, locations, nature of business, your compensation):

- ☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

X I do not have any objection to dissemination of this disclosure.

Date: June 8, 08

Staff Review: Yes

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
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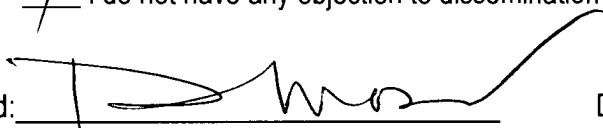
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5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

4-1-07

For office use only:

Date Received:

4.10.07

Staff Review:

SB

Reported to Executive Committee:

Special Instructions:

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Lam V. Nguyen, MD

2. Level of Service:

- ☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

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☒ I do not have any objection to dissemination of this disclosure.

Signed: Jim Meyer

Date: 3/18/09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: John Osher

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

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5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: John Osher

Date: March 13 2009

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: John O'Shea
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- \_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: May 9 / 08

For office use only **RECEIVED**

Date Received: MAY 19 REC'D

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: JOHN OSHER
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.


☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: 4/3/07

For office use only:

Date Received: 4.3.07

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: SONU OSTER
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☒ Other ZENITH VICE CHAIR
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☐ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

2/11/06

For office use only:

Date Received: 2-11-06

Staff Review: L. B. 707

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Ronald C. Petersen

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
- ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  
- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Ronald C. Petersen

Date: March 5, 2009

I consult for Elan Pharmaceuticals and Wyeth Pharmaceuticals

For office use only:

Date Received: 3/4/09

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: DAVID HYDE PIERCE

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

☐ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)

☒ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- Ownership or equity interest in an organization with dementia-related interests.

☒ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

*Some equity interest, in a broad portfolio, include health or pharmaceutical companies*

- Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: 9.1.06

Staff Review: P. O. 1704

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

# ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: DAVID HYDE PIERCE
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other National Spokesperson
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
  - ☐ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☒ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - Ownership or equity interest in an organization with dementia-related interests.
    - ☒ Yes ☐ No Describe (organizations, locations, nature of business, your interests): Non-controlling interest in some equities, i.e. pharmaceutical companies, as part of a broad-based portfolio.
  - Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

Yes X No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

     Yes X No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

     Yes X No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

X I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

     I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: 4/17/09

For office use only:

Date Received: 4-19-09

Staff Review: RS

Reported to Executive Committee: \_\_\_\_\_



**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: OSCAR W. PONDETZ
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

2-9-07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Form

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: OSCAR W. PANDER
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

X I do not have any objection to dissemination of this disclosure.

Signed:



Date:

2-11-06

For office use only:

Date Received: 2-11-06

Staff Review: R. B. 707

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: RON PROFILI
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 496-7660

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

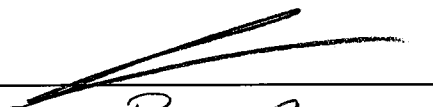
\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

  
RON PROFFITT

Date: \_\_\_\_\_

12/18/09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 496-7660



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: JIM PRUGH
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☒ Other CHAPTER BOARD
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

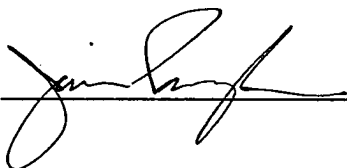
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

01/30/2009

For office use only:

Date Received: 1.01.09

Staff Review: MS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecfo@alz.org](mailto:officeofthecfo@alz.org) or by fax to: (866) 466-7660



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: JAMES D PRUGH
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☒ Other CHAPTER BOARD AND COMMITTEE MEMBER
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
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*Ownership or equity interest* in an organization with dementia-related interests.

☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

*Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

*Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association,

from any other organization?

☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

*Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

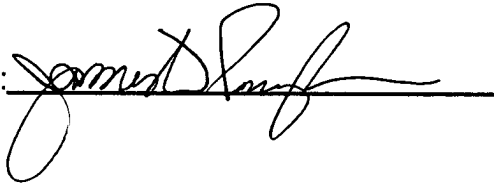
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date: 05/08/2008

For office use only:

Date Received: \_\_\_\_\_

Staff Review:



Reported to Executive Committee:

Special Instructions:

TO: RENEE BITOY

1 of 2

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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1. Name: JAMES D FRUGH

2. Level of Service:

- ☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

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Ownership or equity interest in an organization with dementia-related interests.

☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

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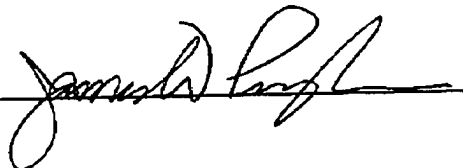
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☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 04/03/2007

For office use only:

Date Received: 4.3.07

Staff Review: 

Reported to Executive Committee:  
Special Instructions:

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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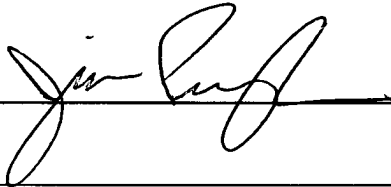
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\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

02/11/06

For office use only:

Date Received: 2.11.06

Staff Review: P. B. Joy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: STEWART C. PUTNAM
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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Signed:




Date:

2/1/09

For office use only:

Date Received: 2.13.2009

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

✓ \_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:  \_\_\_\_\_

Date: 3/8/08 \_\_\_\_\_

For office use only:

Date Received: \_\_\_\_\_

Staff Review:  \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

MAR 14 2007

# ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: STEWART C. PUTNAM
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
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Signed:



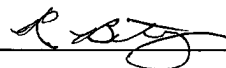
Date:

3/4/07

For office use only:

Date Received: 3.14.07

Staff Review:



Reported to Executive Committee:

Special Instructions:

1

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Roger A. Quick
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

*Roger A. Quick*

Date: \_\_\_\_\_

*2/11/06*

*Roger A. Quick*

For office use only:

Date Received: *2.11.06*

Staff Review: *R. B. Toy*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: PETER RABIN S
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

X I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

P RABINS

Date: \_\_\_\_\_

2/10/07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

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☐ Publication Author/Contributor  
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4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - Ownership or equity interest in an organization with dementia-related interests.  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:  
☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: RABINS

Date: 9/28/06

For office use only:

Date Received: 9.28.06

Staff Review: [Signature]

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: DEBORAH RANDALL
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - Ownership or equity interest in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: Adam Randall

Date: 1/31/09

For office use only:

Date Received: 1.31.09

Staff Review: AMS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecao@alz.org](mailto:officeofthecao@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Deborah Randall
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed Philip A. Randall

Date: 3/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: SPJ

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: DENNIS C. Revell
  
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
  - ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 4/3/07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement



### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: DENNIS C. Revell
  
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
  
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☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?*

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?*

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☐ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 9/5/06

For office use only:

Date Received: 9.5.2006

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: John Sabl

2. Level of Service:  
☒ XX National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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- *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ XX No Describe (organizations, locations, nature of business, your interests):
- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ XX No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_Yes \_\_\_XX\_\_\_No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_Yes \_\_\_XX\_\_\_No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_XX\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: March 4, 2009

For office use only:

Date Received: 3.4.09

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: John Sabl
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

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- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

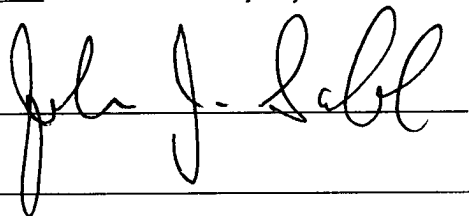
\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:



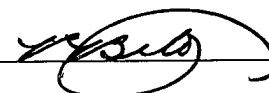
Date:

3/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review:



Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: John Sabl

2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_Yes \_\_\_No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_Yes \_\_\_No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_XX\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:  \_\_\_\_\_

Date: April 3, 2007

For office use only:

Date Received: 4.3.07

Staff Review:  \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: John Sabl
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
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  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes \_\_\_ ~~X~~ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ ~~X~~ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance &

~~X~~ Nominating Committees and the designated staff without my consent.

\_\_\_ ~~X~~ do not have any objection to dissemination of this disclosure.

Signed:

John T. Sabl

Date:

2/14/06

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Bette Ju Peltzman

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

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☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

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☐ Yes ☐ No Describe (organization, location, nature of business, your interest):
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☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: *Barbara K. Oldeman*

Date: 1-30-09

For office use only:

Date Received: 1-31-09

Staff Review: *VB*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecao@alz.org](mailto:officeofthecao@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Betty Jo Portman
2. Level of Service:  
☐ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

*Patricia K. Oatman*

Date: \_\_\_\_\_

*March 8, 2008*

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

*[Signature]*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Deborah K. Saltzman
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
  - ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Peter J. Saltzman

Date: April 3, 2007

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT

RECEIVED

FEB 27 2005

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Betty D. K. Nallyman
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- \_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
✓ I do not have any objection to dissemination of this disclosure.

Signed: Betty K. Deetman Date: 2-24-06

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For office use only:

Date Received: 2-27-06 Staff Review: E. B. Joy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: GERALD SAMPSON

2. Level of Service:

☒ National Board or Board Committee Member

☐ Publication Author/Contributor

☐ Program Speaker/Participant

☐ National Sr. Staff and Association Directors

☒ Other GREATER DALLAS CHAPTER BOARD MEMBER

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)

☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- Ownership or equity interest in an organization with dementia-related interests.

☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
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- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 1/29/09

For office use only:

Date Received: 1.31.09

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecso@alz.org](mailto:officeofthecso@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: GERALD SAMPSON
  
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
  
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☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

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- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

5/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_



Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT

RECEIVED

March 13 2007

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: GERALD SAMPSON
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

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- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:

*Gerald Johnson*

Date:

*2/11/07*

For office use only:

Date Received: *3.13.07*

Staff Review: *R.O. 107*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: GERALD JAMPSON
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Gerald Gajson

Date: 2/13/06

For office use only:

Date Received: 2.13.06

Staff Review: R. B. 707

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: RONALD B. SCHMIDT

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
- ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

1/30/09

For office use only:

Date Received: 1-31-09

Staff Review: HA

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecfo@alz.org](mailto:officeofthecfo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: RONALD B. SCHULING
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

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- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

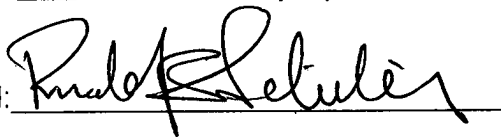
5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance &

✓ Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:



Date:



For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_



Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: **Ron Schilling**
  
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
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  - ~~Ownership or equity interest~~ in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  
  - ~~Offices and/or positions~~ (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?*

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?*

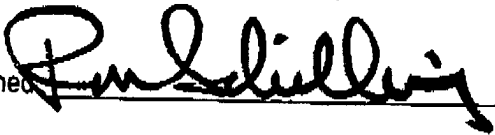
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed



Date:

4/5/07

For office use only:

Date Received: 4-6-07

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: RAW SCHAUNG
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - ~~Ownership or equity interest~~ in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - ~~Offices and/or positions~~ (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

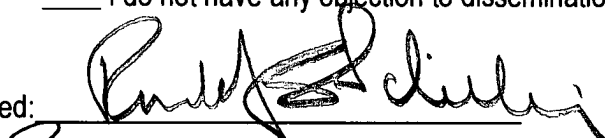
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed:

  
Robert B. Schumacher

Date:

2/11/06

For office use only:

Date Received: 2.11.06

Staff Review:

R. B. Schumacher

Reported to Executive Committee:

Special Instructions:

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: DARLENE VICKI SHILEY
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance &

✓ Nominating Committees and the designated staff without my consent.

\_\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:

Daniel V. Shiley

Date:

March 5, 2019

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: DARLENE V. SHILEY
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
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☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: Doreen V. Shiley

Date: August 15, 2008

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Darlene Vicki Shiley
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your

interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
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\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- \_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- \_\_X\_\_ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

*Doreen V. Shiley*

Date: \_\_\_\_\_

*April 3, 2007*

For office use only:

Date Received: \_\_\_\_\_

*4.9.07*

Staff Review: \_\_\_\_\_

*[Signature]*



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: DARLENE SHILEY
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
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\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ ☒ I do not have any objection to dissemination of this disclosure.

Signed:

Doune V. Shely

Date:

February 24, 2006

For office use only:

Date Received: 2.28.06

Staff Review: R. B. 107

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: ALAN SILVERGLAT

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
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- *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  
- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- \_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
\_X\_ I do not have any objection to dissemination of this disclosure.

Signed: ALAN SILVERGLAT Date: MARCH 19, 2009

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For office use only:

Date Received: \_\_\_\_\_ Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Alan Silverglat
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
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\_\_\_Yes \_\_\_No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_Yes \_\_\_No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 3-7-08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: JENNIFER H. STONE

2. Level of Service:

- ☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

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\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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RECEIVED

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

MAY 15 REC'D

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

**DISCLOSURE** (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

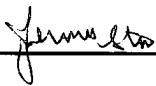
1. Name: Jenny L Stone
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 5/9/09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

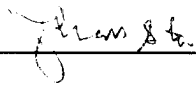
1. Name: JENNIFER H. STONE
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

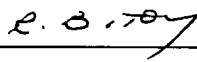
- \_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
✓ \_\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 2/10/21

For office use only:

Date Received: 2.11.06

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Suzanne Swift

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

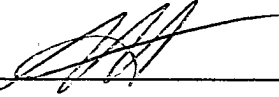
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

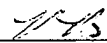
- Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:
- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed:  Date: 1/30/09

For office use only:

Date Received: 1.31.09 Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecfo@alz.org](mailto:officeofthecfo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):


1. Name: Suzanne B. Swift
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 3-8-08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Suzanne B. Swift

2. Level of Service:

- ☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

- ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

*Ownership or equity interest* in an organization with dementia-related interests.

☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

*Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☐ Yes ☐ No Describe (organization, location, nature of business, your interest):

*Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association,

from any other organization?

☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

*Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

4/3/07

For office use only:

Date Received: 4.10.07

Staff Review: 

Reported to Executive Committee:

Special Instructions:

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

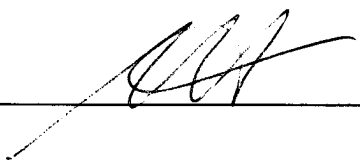
1. Name: Suzanne Swift
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 2/11/06

For office use only:

Date Received: 2.11.06

Staff Review: R. B. Roy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Robert Thomas

2. Level of Service:
- ☒ National Board or Board Committee Member
- ☐ Publication Author/Contributor
- ☐ Program Speaker/Participant
- ☐ National Sr. Staff and Association Directors
- ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

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☒ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

Please note that I am the owner of a senior living company that owns & operates senior living communities serving seniors in the age group susceptible to dementia (AD, ADL, etc.) I am a member

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of American Senior Housing Association (ASHA), which works with the Alzheimer's Association on related matters & for this time may have diverse recommendations on such

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: 1-31-09

Staff Review: [Signature]

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Robert Thomas
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
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4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

#4 Comment only - I am an owner/operator of a business providing housing & services to seniors; no conflict exists, but our employees often are engaged in discussions with individuals & families affected by Alzheimer's, so that these individuals may find other service/housing arrangements more suitable for their well being.

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

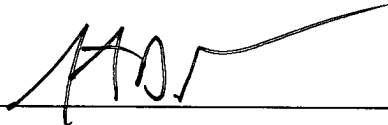
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 3/6/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Robert Thomas
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

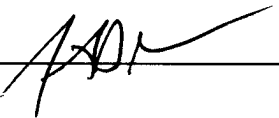
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

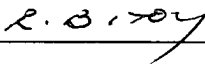
★ Signed: 

Date: 2/11/06

★ Though I do not feel a disclosure <sup>is necessary</sup> ~~and conflict~~ nor does a conflict exist, I am the owner of a company that owns & operates senior living communities for aging adults in independent & assisted living. Though we are not directly involved in Alzheimer's care, we do have ~~several~~ individuals residing affected by the disease & help their residents & families in transitioning from our communities.

For office use only:

Date Received: 2.11.06

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: EVAN Thompson
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:

*Ron C. Thompson*

Date:

*2/20/07*

For office use only:

Date Received: *FEB. 27, 2007*

Staff Review: *B. Joy*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: EVAN THOMPSON
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - ~~Ownership or equity interest~~ in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - ~~Offices and/or positions~~ (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☐ I do not have any objection to dissemination of this disclosure.

Signed:

*Evan C. Thompson*

Date:

*2/11/06*

For office use only:

Date Received: *2.11.06*

Staff Review: *L. B. Roy*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Tenny Tsai

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have ☒ read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

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- Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

1/30/09

For office use only:

Date Received: 1-31-09

Staff Review: MB

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: TENNY TSAI
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance &

Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Tenny Tser-Ling
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance &

☒ Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

4/3/07

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: TENNY TSAI
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ~~X~~ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ~~X~~ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

~~X~~ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

2/12/06

For office use only:

Date Received: 2.12.06

Staff Review: R. B. TOY

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Paul E. Trench

2. Level of Service:

- ☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

- ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

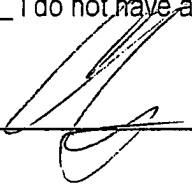
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
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- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 1/31/09

For office use only:

Date Received: 1.31.09

Staff Review: HS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecfo@alz.org](mailto:officeofthecfo@alz.org) or by fax to: (866) 466-7660



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Carl Tuenk
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_Yes \_\_\_No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_Yes \_\_\_No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: 3/7/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Michael R. Bur
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Date Received: 1/31/09

Staff Review: WBS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecao@alz.org](mailto:officeofthecao@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Michael Urbit
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

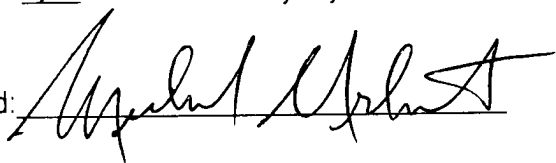
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:




Date:

3/8/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review:



Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MIKE URBANI
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

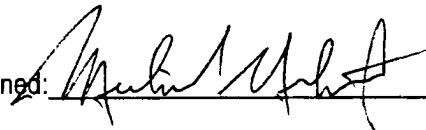
5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance &

☒ Nominating Committees and the designated staff without my consent.

☐ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

4/4/07

WR 3-18

For office use only:

Date Received:

4.4.07

Staff Review:



Reported to Executive Committee:

Special Instructions:



## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Michael Unzu
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

2/11/06

IRBUT

For office use only:

Date Received: 2.11.06

Staff Review: R. B. 707

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: LAURENCE VARNES
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes \_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes \_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

X I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

*Laurence Warner*

Date: \_\_\_\_\_

*2/12/2006*

For office use only:

Date Received: *2.12.06*

Staff Review: *R. B. 704*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Joanne K. Vidinsky

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: Randy L. Hines Date: 1/29/09

For office use only:

Date Received: 1.31.09

Staff Review: JHS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660

(1)

Rene

fax: 866-699-1241

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Joanne Vidinsky
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

(2)

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Joanne Vidinsky Date: 5/8/2008

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement



### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Joanne K. Vidinsky
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Joanne K. Vidinsky

Date: 4/4/07

For office use only:

Date Received: 4.4.07

Staff Review: yes

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Joanne Vidensky
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

*James K. Vidensky*

Date: \_\_\_\_\_

*2/10/06*

For office use only:

Date Received: *2.11.06*

Staff Review: *R.B. 207*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Debra G. Wesley-Freeman
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - Ownership or equity interest in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☒ Yes ☐ No Describe (organization, location, nature of business, your interest):

*Sinai Health System / Exec. V. P. Community Outreach  
Sinai Community Institute / President - potential proposed partnership of Sinai*

- Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance &

☒ Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*1-31-09*

For office use only:

Date Received: *1-31-09*

Staff Review: *JCS*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthceo@alz.org](mailto:officeofthceo@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Shellie N. Williams
  
2. Level of Service:
  - ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
  - ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance &

Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

*Shelia Williams*

Date: \_\_\_\_\_

*3/04/09*

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660





## CONFLICT OF INTEREST DISCLOSURE STATEMENT

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: THOMAS J. WINKEL

2. Level of Service:
- ☒ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☐ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
- ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)


4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):

- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):
- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.
- ☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 2/3/09

For office use only:

Date Received: 2-10-2009

Staff Review: WTS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [officeofthecEO@alz.org](mailto:officeofthecEO@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: THOMAS J. WINKEL
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_Yes \_\_\_No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_Yes \_\_\_No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: 

Date: 3/7/08

For office use only:

Date Received: \_\_\_\_\_

Staff Review: 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: ROBERT A WOOLDRIDGE
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Robert Amberg Date: 4/3/07

For office use only:

Date Received: 4.10.07 Staff Review: RS

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: ROBERT A WOOLBRIDGE
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: Robert Amf

Date: 2/11/2006

For office use only:

Date Received: 2.11.06

Staff Review: R. B. Toy

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_



**ALZHEIMER'S ASSOCIATION  
DISCLOSURE STATEMENT**

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

**DISCLOSURE** (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: THOMAS T. YOSHIKAWA, MD
  
2. Level of Service:  
☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organization, location, nature of business, your interest):

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700 Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☐ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☐ No Describe (part of the organization, transaction, your interest)

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:  J. J. Sullivan, M.D.

Date: March 4, 2009

For office use only:

Date Received 3.5.09

Staff Review 

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CFO, 225 N. Michigan Ave. Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466 7660

# ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: THOMAS YOSHIKAWA, M.D.

2. Level of Service:

- ☒ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☐ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

- ☐ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☒ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- Ownership or equity interest in an organization with dementia-related interests.

☒ Yes ☐ No Describe (organizations, locations, nature of business, your interests):  
AMERICAN GERIATRICS SOCIETY; NEW YORK; Professional Medical Organization member; Editor of Society's Journal

- Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☒ Yes ☐ No Describe (organization, location, nature of business, your interest):  
AMERICAN GERIATRICS SOCIETY, ex-officio member, Board of Directors

- Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☒ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

*Stipend from American Geriatrics Society, as Editor for Society's Journal*

- Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance &

☒ Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:

*[Signature]* M.D.

Date:

*March 8, 2008*

For office use only:

Date Received: \_\_\_\_\_

Staff Review:

*[Signature]*

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$50,000	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACD1000WG000 Workplace Giving - General	\$113	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACD0900WG000 Working Place Giving	\$67	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANADT090000000 All Tributes	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ENAED080501000 Chicago Gala Donations	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACM0600WG000 Work Place Giving	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACM0700WG000 Working Place Giving	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ENAEA060501002 Chicago Gala Table	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ENAEA070501002 Chicago Gala Table	\$0	
Pharmaceutical	Accera, Inc.	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$50,000	
Pharmaceutical	Allon Therapeutics	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$25,000	
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0900PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Avid Radiopharmaceuticals	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAES090501000 Chicago Gala Sponsorship	\$100,000	
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAED060601000 Third Party Events	\$0	
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAED080501000 Chicago Gala Donations	\$0	
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAES070501000 Chicago Gala Sponsorship - Corporate	\$0	
Pharmaceutical	BARC USA	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$25,000	
Pharmaceutical	BARC USA	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$25,000	
Pharmaceutical	Baxter Healthcare Corporation	R Restricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Baxter Healthcare Corporation	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Baxter Healthcare Corporation	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Baxter Healthcare Corporation	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Bayer Healthcare	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$31,000	
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Bristol-Myers Squibb Company	R Restricted	CNALD0900RR000 2008 Research Round Table	\$50,000	Research Roundtable 09 Sponsorship
Pharmaceutical	Bristol-Myers Squibb Company	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$24,950	
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$24,950	
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Danone Medical Nutrition	U Unrestricted	CNALD1000RC000 ICAD - Vienna	\$25,000	
Pharmaceutical	EBEWE Pharma	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$59,873	
Pharmaceutical	Eisai Global Clinical Development	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	Eisai Inc.	R Restricted	CNALD1000WG000 Nationwide Company Programs	\$4,500	Corporate Matching Gift

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Eisai Inc.	R Restricted	CNALD0800WG000 Restricted Company Programs-Non Sharable	\$0	
Pharmaceutical	Eisai Inc.	R Restricted	CNALD0900WG000 Restricted Company Programs-Non Sharable	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$100,000	
Pharmaceutical	Eisai Inc.	U Unrestricted	ENAEA091001003 New York Gala Table	\$25,000	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD1000PH000 Corporate - Pharma Sponsorship	\$10,000	
Pharmaceutical	Eisai Inc.	U Unrestricted	ANACH100000000 Matching Gifts - Corporate	\$138	
Pharmaceutical	Eisai Inc.	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$25	
Pharmaceutical	Eisai Inc.	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800EC000 Dem. Care Conference (Spnsorship/Gifts)	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	ENAEA071001003 New York Gala Table	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	ENAEA081001003 New York Gala Table	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$100,000	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAE090301000 DC Gala Donation	\$50,000	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAEA071001003 New York Gala Table	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAEA091001003 New York Gala Table	\$0	
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0900RC000 ICAD - Vienna	\$140,000	ICAD09 Conference Sponsorship
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0900RR000 2008 Research Round Table	\$50,000	Research Roundtable 09 Sponsorship
Pharmaceutical	Eli Lilly and Company	R Restricted	ANACH070000000 Matching Gifts	\$0	
Pharmaceutical	Eli Lilly and Company	R Restricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$0	
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$2,180	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$745	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$510	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT090000000 All Tributes	\$350	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT100000000 All Tributes	\$250	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH100000GEN Matching Gifts - Gen Dev Corporate	\$165	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ENAWH100000000 Matching Gifts - Memory Walk Corporate	\$100	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ENAPH100000000 Matching Gifts - Const. Events Corporate	\$25	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADD090000225 General Mail	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT070000000 All Tributes	\$0	

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT080000000 All Tributes	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0700RC000 International Research Conference	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALS0600PC000 Prevention Conference	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ENAWD080000DOS Chapter Memory Walk - Shared Donations	\$0	
Insurance	Evercare	R Restricted	CNALD0800WG000 Restricted Company Programs-Non Sharable	\$0	
Insurance	Evercare	U Unrestricted	CNALD090000MWC Corporate Solicitation For Memory Walk	\$110,000	
Pharmaceutical	F. Hoffman-La Roche	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$24,980	
Pharmaceutical	Forest Laboratories, Inc.	R Restricted	CNALD0900RR000 2009 Research Round Table	\$50,000	Research Roundtable 09 Sponsorship
Pharmaceutical	Forest Laboratories, Inc.	R Restricted	CNALD0900PH000 Corporate Partnership Pharmaceutical	\$15,000	Public Policy Forum Sponsor
Pharmaceutical	Forest Laboratories, Inc.	R Restricted	CNALD0800PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA101001003 New York Gala Table	\$10,000	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAE090301000 DC Gala Donation	\$4,000	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA090301000 DC - Gala Tickets	\$1,000	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0600EC000 Dementia Care Conference 06	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0700EC000 Dementia Care Conference	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0800EC000 Dem. Care Conference (Sponsorship/Gifts)	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA070301000 DC Gala Tickets	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA070501000 Chicago Gala Tickets	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA071001003 New York Gala Table	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA080501002 Chicago Gala Table	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA081001003 New York Gala Table	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAE070501000 Chicago Gala Donations	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAES061001001 New York Gala Sponsorship- Corporate	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAES080301000 DC Gala Sponsorship	\$0	
Pharmaceutical	Forest Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Diagnostic	GE Capital	R Restricted	CNALD0900WG000 Restricted Company Programs-Non Sharable	\$0	
Diagnostic	GE Capital	U Unrestricted	ANADT070000000 All Tributes	\$0	
Diagnostic	GE Healthcare	R Restricted	CNALD1000WG000 Nationwide Company Programs	\$25,000	Workplace Programs
Diagnostic	GE Healthcare	R Restricted	CNALD0700WG000 Restricted Workplace Giving Contribution	\$0	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$106,600	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0700RC000 International Research Conference	\$0	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Diagnostic	GE Healthcare	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Genentech	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Pharmaceutical	Genentech	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Genentech	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Insurance	Genworth Financial	R Restricted	CNALD100000000 Corporate - General	\$1,000,000	Memory Walk Natl Sponsorship
Insurance	Genworth Financial	R Restricted	CNALD0600NP000 Corporate Partnership-Non Phar.	\$0	
Insurance	Genworth Financial	R Restricted	CNALD0700NP000 Corporate Partnership	\$0	
Insurance	Genworth Financial	R Restricted	CNALD0800NP000 Corporate Partnership	\$0	
Insurance	Genworth Financial	R Restricted	CNALD0800WG000 Restricted Company Programs-Non Sharable	\$0	
Insurance	Genworth Financial	R Restricted	ENAED080302000 DC Gala Rally for Research	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD090000000 Corporate General	\$1,000	
Insurance	Genworth Financial	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$500	
Insurance	Genworth Financial	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$100	
Insurance	Genworth Financial	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Insurance	Genworth Financial	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Insurance	Genworth Financial	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$0	
Insurance	Genworth Financial	U Unrestricted	ANACM0600WG000 Work Place Giving	\$0	
Insurance	Genworth Financial	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$0	
Insurance	Genworth Financial	U Unrestricted	ANADT070000000 All Tributes	\$0	
Insurance	Genworth Financial	U Unrestricted	ANADT080000000 All Tributes	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD0600CGRTR Cause Marketing Round To Remember	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD070000000 Corporate Royalties	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD0700CG000 Cause Related Marketing	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD0700CGRTR Cause Marketing - Round To Remember	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD080000000 Corporate General	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD0800CGRTR Cause Marketing - Round To Remember	\$0	
Insurance	Genworth Financial	U Unrestricted	ENAEA080301003 DC Gala Tribute	\$0	
Insurance	Genworth Financial	U Unrestricted	ENAED080301000 DC Gala Donation	\$0	
Insurance	Genworth Financial	U Unrestricted	ENAW090100SPN National Memory Walk- Sponsor Walker	\$0	
Pharmaceutical	GlaxoSmithKline	R Restricted	ANADH090000000 Matching Gifts - DM Corporate	\$2,660	Corporate Matching Gift
Pharmaceutical	GlaxoSmithKline	R Restricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$235	Corporate Matching Gift
Pharmaceutical	GlaxoSmithKline	R Restricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANADH100000GEN Matching Gifts - Gen Dev Corporate	\$340	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$325	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$325	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANADT070000000 All Tributes	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Diagnostic	Innogenetics	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$24,975	
Diagnostic	Innogenetics	U Unrestricted	CNALS0800PC000 Prevention Conference	\$0	
Pharmaceutical	Janssen Pharmaceutical	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Janssen Pharmaceutical	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Johnson & Johnson Services, Inc	U Unrestricted	ANADT060000000 Tributes	\$0	
Pharmaceutical	Johnson & Johnson Services, Inc	U Unrestricted	ANADT070000000 All Tributes	\$0	
Pharmaceutical	Medivation Neurology, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	



Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Medivation Neurology, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Merck Research Laboratories	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Merck Research Laboratories	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$0	
Pharmaceutical	Merck Research Laboratories	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Merz Pharmaceuticals	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$99,977	
Insurance	MetLife Foundation	R Restricted	CNAFL100000000 Foundation Grants	\$375,000	Hispanic Outreach/Early Detection
Insurance	MetLife Foundation	R Restricted	CNAFL070000000 Foundation Grants	\$0	
Insurance	MetLife Foundation	R Restricted	CNAFL080000000 Foundation Grants	\$0	
Insurance	MetLife Foundation	R Restricted	CNAFL090000000 Foundation Grants	\$0	
Insurance	MetLife Foundation	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000	
Insurance	MetLife Foundation	U Unrestricted	ENAEA071001003 New York Gala Table	\$0	
Insurance	MetLife Foundation	U Unrestricted	ENAEA081001003 New York Gala Table	\$0	
Insurance	MetLife Foundation	U Unrestricted	ENAEA091001003 New York Gala Table	\$0	
Insurance	MetLife Foundation	U Unrestricted	ENAE091001001 New York Gala Auction	\$0	
Pharmaceutical	Myriad Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Myriad Pharmaceuticals, Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Novartis Pharma AG	R Restricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$158,000	
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0700EC000 Dementia Care Conference	\$0	
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Pfizer Global Clinical Research & Develo	R Restricted	CNALD0900PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Pfizer Global Clinical Research & Develo	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$283,800	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD1100RC000 ICAD - Hawaii	\$200,000	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$40,000	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD1000RC000 ICAD - Vienna	\$19,800	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA101001001 New York Gala Tickets	\$7,000	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA090301004 Sponsorship Table For DC Gala	\$5,000	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$3,200	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$883	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$600	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$225	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH100000GEN Matching Gifts - Gen Dev Corporate	\$213	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH100000000 Matching Gifts - Corporate	\$125	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEH100000000 Matching Gifts - Rel. Events Corporate	\$25	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH070000000 Matching Gifts	\$0	

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADF070602XXX Care & Cure Drive - Donor	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA070301002 DC Gala Table	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAE070501000 Chicago Gala Donations	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAPH090000000 Matching Gifts - Const. Events Corporate	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAWH090000000 Matching Gifts - Memory Walk Corporate	\$0	
Pharmaceutical	Pharmaceutical Research and Manufacturer	R Restricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Pharmaceutical Research and Manufacturer	U Unrestricted	CNALD1000PH000 Corporate - Pharma Sponsorship	\$250	
Pharmaceutical	Pragmaton	U Unrestricted	CNALD0600NP000 Corporate Partnership-Non Phar.	\$0	
Insurance	Prudential Foundation	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$1,718	
Insurance	Prudential Foundation	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$1,375	
Insurance	Prudential Foundation	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$300	
Insurance	Prudential Foundation	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$225	
Insurance	Prudential Foundation	U Unrestricted	ENAWH100000000 Matching Gifts - Memory Walk Corporate	\$100	
Insurance	Prudential Foundation	U Unrestricted	ANACH100000000 Matching Gifts - Corporate	\$80	
Insurance	Prudential Foundation	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Insurance	Prudential Foundation	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Insurance	Prudential Foundation	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Insurance	Prudential Foundation	U Unrestricted	ANADK080000OLD Ack Old Code	\$0	
Insurance	Prudential Foundation	U Unrestricted	ENAEH090000000 Matching Gifts - Rel. Events Corporate	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$110	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANADK092002XXX Ack General Letter	\$100	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ENAEA070301002 DC Gala Table	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALD0800EC000 Dem. Care Conference (Sponsorship/Gifts)	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Schering-Plough	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$50,000	
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$986	
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANADH100000GEN Matching Gifts - Gen Dev Corporate	\$50	
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	United BioSource Corporation	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	United BioSource Corporation	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	Voyager Pharmaceutical Corporation	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Voyager Pharmaceutical Corporation	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Voyager Pharmaceutical Corporation	U Unrestricted	CNALD0700RC000 International Research Conference	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	CNALD0600RC000 International Research Conference	\$0	

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	ENAE070302000 DC Gala Rally for Research	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	CNALD1000RR000 Research Round Table 09	\$50,000	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ANADT090000000 All Tributes	\$50	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ANADT080000000 All Tributes	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAEA070301002 DC Gala Table	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAEA081001003 New York Gala Table	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAE070301000 DC Gala Donation	\$0	
				\$4,051,172	
			Association Total Revenue	\$83,540,473	
			Percentage of Total	4.8%	

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$250		\$0		\$0		
\$50,000		\$0		\$0		
\$5,000		\$0		\$0		
\$0		\$0		\$2,219		
\$0		\$0		\$2,865		
\$0		\$0		\$4,114		
\$75,000		\$0		\$0		
\$0		\$50,000		\$0		
\$0		\$0		\$10,000		
\$0		\$10,000		\$0		
\$0		\$0		\$0		
\$25,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$25,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$25,000		\$0		\$0		
\$50,000		\$25,000		\$0		
\$500		\$0		\$0		
\$25,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$75,000		
\$100,000		\$0		\$0		
\$0		\$100,000		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$50,000	Prevention 07 Conference Sponsorship	\$0		
\$0		\$0		\$50,000		
\$100,000		\$0		\$0		
\$50,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$5,000		\$0		
\$25,000		\$45,000		\$0		
\$25,000		\$0		\$0		
\$0		\$100,000		\$0		
\$0		\$0		\$0		
\$50,000		\$25,000		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$49,960		\$0		
\$49,940		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$50,000		\$0		\$0		
\$0		\$0		\$0		

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$3,000	Workplace Programs	\$0		\$0		
\$250,000	Early Detection CampaignPilot	\$0		\$0		
\$100,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$25		\$0		\$0		
\$0		\$25		\$0		
\$200		\$0		\$0		
\$0		\$0		\$75,000		
\$0		\$0		\$300,000		
\$25,000		\$0		\$0		
\$0		\$25,000		\$0		
\$170,000		\$0		\$0		
\$123,100		\$0		\$0		
\$0		\$75,000		\$0		
\$0		\$0		\$25,000		
\$25,000		\$0		\$0		
\$0		\$0		\$0		
\$40,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$50,000		
\$100,000		\$0		\$0		
\$0		\$50,000		\$0		
\$50,000		\$0		\$0		
\$0		\$0		\$12,500		
\$25,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$4,417		\$3,585	Corporate Matching Gifts	
\$305	Corporate Matching Gifts	\$0		\$0		
\$0		\$0		\$25,000	Research Roundtable Sponsorship	
\$0		\$50,000	Research Roundtable 07 Sponsorship	\$0		
\$0		\$50,000	Prevention 07 Conference Sponsorship	\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$865		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$3,108		
\$1,301		\$510		\$0		
\$50		\$0		\$0		
\$0		\$100		\$0		

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$300		\$50		\$0		
\$0		\$0		\$25,000		
\$0		\$0		\$50,000		
\$125,000		\$0		\$0		
\$50,000		\$0		\$0		
\$0		\$0		\$25,000		
\$0		\$100		\$0		
\$315,000	MW Family Tent Sponsor+ Caregiver	\$100,000	MW Family Tent Sponsor	\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0	Research Roundtable Sponsorship	
\$0		\$0		\$0		
\$75,000	Carefinder Workbook Sponsorship	\$150,000	Carefinder Workbook Sponsorship	\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$25,000		
\$0		\$0		\$100,000		
\$0		\$0		\$225,000		
\$0		\$25,000		\$0		
\$0		\$125,000		\$0		
\$0		\$0		\$50,000		
\$50,000		\$0		\$0		
\$38,000		\$225,000		\$0		
\$0		\$5,000		\$0		
\$0		\$5,000		\$0		
\$0		\$12,500		\$0		
\$7,500		\$0		\$0		
\$12,500		\$0		\$0		
\$0		\$2,500		\$0		
\$0		\$0		\$25,000		
\$5,000		\$0		\$0		
\$50,000		\$0		\$0		
\$25,000	Workplace Programs	\$0		\$0		
\$0		\$5,000		\$0		
\$0		\$0		\$0		
\$0		\$25,000	Workplace Programs	\$0		
\$75,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$49,875		
\$0		\$0		\$31,000		
\$0		\$50,000		\$0		
\$50,000		\$0		\$0		
\$0		\$25,000		\$0		
\$0		\$0		\$0		
\$0		\$25,000		\$0		

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$0		\$50,000		\$0		
\$0		\$0		\$0		
\$0		\$0		\$1,000,000	Memory Walk Natl Sponsorship	
\$0		\$1,000,000	Memory Walk Natl Sponsorship	\$500		
\$1,000,000	Memory Walk Natl Sponsorship	\$0		\$0		
\$55,000	Chapter Grants	\$57,500	Workplace Programs +Wildfire Relief	\$0		
\$0		\$10,000	Natl DC Gala Sponsorship	\$0		
\$0		\$0		\$0		
\$1,100		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$350		
\$0		\$7,330		\$0		
\$2,895		\$0		\$0		
\$0		\$0		\$1,200		
\$600		\$0		\$0		
\$0		\$5,000		\$0		
\$0		\$200		\$0		
\$0		\$0		\$50		
\$0		\$179		\$0		
\$0		\$708		\$100		
\$0		\$26,880		\$0		
\$60		\$0		\$0		
\$0		\$31,809		\$0		
\$25,000		\$0		\$0		
\$10,000		\$0		\$0		
\$50		\$0		\$0		
\$1,785	Corporate Matching Gifts	\$0		\$0		
\$945		\$0		\$0		
\$0		\$0		\$2,315	Corporate Matching Gifts	
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$1,440		\$1,030		
\$2,930		\$585		\$0		
\$0		\$500		\$0		
\$0		\$0		\$50,000		
\$0		\$0		\$50,000		
\$0		\$50,000		\$0		
\$0		\$0		\$0		
\$0		\$109,974		\$0		
\$0		\$0		\$450,000		
\$0		\$0		\$100,000		
\$0		\$0		\$100		
\$0		\$100		\$0		
\$0		\$0		\$0		

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$50,000		\$0		\$0		
\$0		\$100,000		\$0		
\$50,000		\$0		\$0		
\$0		\$25,000		\$0		
\$13,170		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$600,000	Hispanic Outreach/ Safet Programs	
\$0		\$815,000	Hispanic Outreach/Safety Programs	\$0		
\$220,000	Hispanic Outreach andEarly Detectio	\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$25,000		
\$0		\$25,000		\$0		
\$25,000		\$0		\$0		
\$4,200		\$0		\$0		
\$200,000		\$0		\$0		
\$0		\$27,500		\$0		
\$0		\$50,000	Research Roundtable Sponsorship	\$50,000	Research Roundtable Sponsorship	
\$0		\$0		\$0		
\$0		\$0		\$112,000		
\$0		\$25,000		\$0		
\$158,100		\$0		\$0		
\$50,000		\$50,000		\$0		
\$0		\$0		\$0		
\$0		\$0		\$50,000		
\$0		\$0		\$50,000		
\$50,000		\$0		\$0		
\$0		\$50,000		\$0		
\$0		\$50,000		\$0		
\$50,000	Clinical Studies Initiative	\$0		\$0		
\$50,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$7,354		
\$0		\$6,885		\$2,401		



2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$4,941		\$1,605		\$0		
\$0		\$25		\$0		
\$106,600		\$0		\$0		
\$0		\$0		\$25,000		
\$0		\$10,000		\$0		
\$0		\$500		\$0		
\$300		\$0		\$0		
\$125		\$0		\$0		
\$0		\$0		\$100,000	General/Minorities Research	
\$0		\$0		\$0		
\$0		\$0		\$125,000		
\$460		\$0		\$0		
\$2,643		\$0		\$0		
\$100		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$1,560		
\$0		\$1,861		\$650		
\$2,214		\$585		\$0		
\$0		\$45		\$0		
\$25		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$150		
\$0		\$0		\$100		
\$100		\$0		\$0		
\$0		\$10,000		\$0		
\$100		\$0		\$0		
\$0		\$0		\$25,000		
\$0		\$50,000		\$0		
\$0		\$25,000		\$0		
\$0		\$25,000		\$0		
\$0		\$0		\$0		
\$1,153		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$367		
\$0		\$839		\$1,020		
\$485		\$1,495		\$0		
\$50,000		\$0		\$0		
\$50,000		\$0		\$0		
\$0		\$0		\$50,000		
\$0		\$0		\$100,000		
\$0		\$0		\$50,000		
\$0		\$0		\$125,000	Public Policy + Research Roundtable Sponsorships	
\$0		\$0		\$150,000	ICAD06 + Prevention 07 Conference Sponsorships	

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$50,000	Research Roundtable 08Sponsorship	\$50,000	Research Roundtable 07 Sponsorship	\$0		
\$0		\$5,000	Natl DC Gala Sponsorship	\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$50		\$0		\$0		
\$7,900		\$0		\$0		
\$0		\$10,000		\$0		
\$0		\$12,500		\$0		
\$0		\$20,000		\$0		
\$4,797,503		\$4,296,206		\$4,550,512		\$4,423,848
\$99,300,909		\$104,711,140		\$93,375,874		\$95,232,099
4.8%		4.1%		4.9%		4.6%

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Baxter Healthcare Corporation	R Restricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Bristol-Myers Squibb Company	R Restricted	CNALD0900RR000 2008 Research Round Table	\$50,000	Research Roundtable 09 Sponsorship
Pharmaceutical	Eisai Inc.	R Restricted	CNALD1000WG000 Nationwide Company Programs	\$4,500	Corporate Matching Gift
Pharmaceutical	Eisai Inc.	R Restricted	CNALD0800WG000 Restricted Company Programs-Non Sharable	\$0	
Pharmaceutical	Eisai Inc.	R Restricted	CNALD0900WG000 Restricted Company Programs-Non Sharable	\$0	
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0900RC000 ICAD - Vienna	\$140,000	ICAD09 Conference Sponsorship
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0900RR000 2008 Research Round Table	\$50,000	Research Roundtable 09 Sponsorship
Pharmaceutical	Eli Lilly and Company	R Restricted	ANACH070000000 Matching Gifts	\$0	
Pharmaceutical	Eli Lilly and Company	R Restricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$0	
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALS0700PC000 Prevention Conference	\$0	
Insurance	Evercare	R Restricted	CNALD0800WG000 Restricted Company Programs-Non Sharable	\$0	
Pharmaceutical	Forest Laboratories, Inc.	R Restricted	CNALD0900RR000 2009 Research Round Table	\$50,000	Research Roundtable 09 Sponsorship
Pharmaceutical	Forest Laboratories, Inc.	R Restricted	CNALD0900PH000 Corporate Partnership Pharmaceutical	\$15,000	Public Policy Forum Sponsor
Pharmaceutical	Forest Laboratories, Inc.	R Restricted	CNALD0800PH000 Corporate Partnership Pharmaceutical	\$0	
Diagnostic	GE Capital	R Restricted	CNALD0900WG000 Restricted Company Programs-Non Sharable	\$0	
Diagnostic	GE Healthcare	R Restricted	CNALD1000WG000 Nationwide Company Programs	\$25,000	Workplace Programs
Diagnostic	GE Healthcare	R Restricted	CNALD0700WG000 Restricted Workplace Giving Contribution	\$0	
Insurance	Genworth Financial	R Restricted	CNALD100000000 Corporate - General	\$1,000,000	Memory Walk Natl Sponsorship
Insurance	Genworth Financial	R Restricted	CNALD0600NP000 Corporate Partnership-Non Phar.	\$0	
Insurance	Genworth Financial	R Restricted	CNALD0700NP000 Corporate Partnership	\$0	
Insurance	Genworth Financial	R Restricted	CNALD0800NP000 Corporate Partnership	\$0	
Insurance	Genworth Financial	R Restricted	CNALD0800WG000 Restricted Company Programs-Non Sharable	\$0	
Insurance	Genworth Financial	R Restricted	ENAED080302000 DC Gala Rally for Research	\$0	
Pharmaceutical	GlaxoSmithKline	R Restricted	ANADH090000000 Matching Gifts - DM Corporate	\$2,660	Corporate Matching Gift
Pharmaceutical	GlaxoSmithKline	R Restricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$235	Corporate Matching Gift
Pharmaceutical	GlaxoSmithKline	R Restricted	ANACH060000000 Matching Gifts	\$0	
Insurance	MetLife Foundation	R Restricted	CNAFL100000000 Foundation Grants	\$375,000	Hispanic Outreach/Early Detection
Insurance	MetLife Foundation	R Restricted	CNAFL070000000 Foundation Grants	\$0	
Insurance	MetLife Foundation	R Restricted	CNAFL080000000 Foundation Grants	\$0	
Insurance	MetLife Foundation	R Restricted	CNAFL090000000 Foundation Grants	\$0	
Pharmaceutical	Novartis Pharma AG	R Restricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Pfizer Global Clinical Research & Develo	R Restricted	CNALD0900PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Pharmaceutical Research and Manufacturer	R Restricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	ENAED070302000 DC Gala Rally for Research	\$0	
				\$1,712,395	
			Association Total Revenue	\$83,540,473	
			Percentage of Total	2.0%	

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$0		\$50,000	Prevention 07 Conference Sponsorship	\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$3,000	Workplace Programs	\$0		\$0		
\$250,000	Early Detection CampaignPilot	\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$4,417		\$3,585	Corporate Matching Gifts	
\$305	Corporate Matching Gifts	\$0		\$0		
\$0		\$0		\$25,000	Research Roundtable Sponsorship	
\$0		\$50,000	Research Roundtable 07 Sponsorship	\$0		
\$0		\$50,000	Prevention 07 Conference Sponsorship	\$0		
\$315,000	MW Family Tent Sponsor+ Caregiver Kit + Chapter Gran	\$100,000	MW Family Tent Sponsor	\$0		
\$0		\$0		\$0	Research Roundtable Sponsorship	
\$0		\$0		\$0		
\$75,000	Carefinder Workbook Sponsorship	\$150,000	Carefinder Workbook Sponsorship	\$0		
\$25,000	Workplace Programs	\$0		\$0		
\$0		\$0		\$0		
\$0		\$25,000	Workplace Programs	\$0		
\$0		\$0		\$0		
\$0		\$0		\$1,000,000	Memory Walk Natl Sponsorship	
\$0		\$1,000,000	Memory Walk Natl Sponsorship	\$500		
\$1,000,000	Memory Walk Natl Sponsorship	\$0		\$0		
\$55,000	Chapter Grants	\$57,500	Workplace Programs +Wildfire Relief	\$0		
\$0		\$10,000	Natl DC Gala Sponsorship	\$0		
\$1,785	Corporate Matching Gifts	\$0		\$0		
\$945		\$0		\$0		
\$0		\$0		\$2,315	Corporate Matching Gifts	
\$0		\$0		\$0		
\$0		\$0		\$600,000	Hispanic Outreach/ Safet Programs	
\$0		\$815,000	Hispanic Outreach/Safety Programs	\$0		
\$220,000	Hispanic Outreach andEarly Detection	\$0		\$0		
\$0		\$50,000	Research Roundtable Sponsorship	\$50,000	Research Roundtable Sponsorship	
\$50,000	Clinical Studies Initiative	\$0		\$0		
\$0		\$0		\$100,000	General/Minorities Research	
\$0		\$0		\$125,000	Public Policy + Research Roundtable Sponsorships	
\$0		\$0		\$150,000	ICAD06 + Prevention 07 Conference Sponsorships	
\$50,000	Research Roundtable 08Sponsorship	\$50,000	Research Roundtable 07 Sponsorship	\$0		
\$0		\$5,000	Natl DC Gala Sponsorship	\$0		
\$2,046,035		\$2,416,917		\$2,056,400		\$2,057,937
\$99,300,909		\$104,711,140		\$93,375,874		\$95,232,099
2.1%		2.3%		2.2%		2.2%

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$50,000	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACD1000WG000 Workplace Giving - General	\$113	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACD0900WG000 Working Place Giving	\$67	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANADT090000000 All Tributes	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ENAED080501000 Chicago Gala Donations	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACM0600WG000 Work Place Giving	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACM0700WG000 Working Place Giving	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ENAEA060501002 Chicago Gala Table	\$0	
Pharmaceutical	Abbott Laboratories	U Unrestricted	ENAEA070501002 Chicago Gala Table	\$0	
Pharmaceutical	Accera, Inc.	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$50,000	
Pharmaceutical	Allon Therapeutics	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$25,000	
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0900PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Avid Radiopharmaceuticals	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAES090501000 Chicago Gala Sponsorship	\$100,000	
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAED060601000 Third Party Events	\$0	
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAED080501000 Chicago Gala Donations	\$0	
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAES070501000 Chicago Gala Sponsorship - Corporate	\$0	
Pharmaceutical	BARC USA	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$25,000	
Pharmaceutical	BARC USA	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$25,000	
Pharmaceutical	Baxter Healthcare Corporation	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Baxter Healthcare Corporation	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Baxter Healthcare Corporation	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Bayer Healthcare	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$31,000	
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Bristol-Myers Squibb Company	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$24,950	
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$24,950	
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Danone Medical Nutrition	U Unrestricted	CNALD1000RC000 ICAD - Vienna	\$25,000	
Pharmaceutical	EBEWE Pharma	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$59,873	
Pharmaceutical	Eisai Global Clinical Development	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$100,000	
Pharmaceutical	Eisai Inc.	U Unrestricted	ENAEA091001003 New York Gala Table	\$25,000	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD1000PH000 Corporate - Pharma Sponsorship	\$10,000	

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Eisai Inc.	U Unrestricted	ANACH100000000 Matching Gifts - Corporate	\$138	
Pharmaceutical	Eisai Inc.	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$25	
Pharmaceutical	Eisai Inc.	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800EC000 Dem. Care Conference (Spnsorship/Gifts)	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	ENAEA071001003 New York Gala Table	\$0	
Pharmaceutical	Eisai Inc.	U Unrestricted	ENAEA081001003 New York Gala Table	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$100,000	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAE090301000 DC Gala Donation	\$50,000	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAEA071001003 New York Gala Table	\$0	
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAEA091001003 New York Gala Table	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$2,180	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$745	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$510	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT090000000 All Tributes	\$350	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT100000000 All Tributes	\$250	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH100000GEN Matching Gifts - Gen Dev Corporate	\$165	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ENAWH100000000 Matching Gifts - Memory Walk Corporate	\$100	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ENAPH100000000 Matching Gifts - Const. Events Corporate	\$25	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADD090000225 General Mail	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT070000000 All Tributes	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT080000000 All Tributes	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0700RC000 International Research Conference	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALS0600PC000 Prevention Conference	\$0	
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ENAWD080000DOS Chapter Memory Walk - Shared Donations	\$0	
Insurance	Evercare	U Unrestricted	CNALD090000MWC Corporate Solicitation For Memory Walk	\$110,000	
Pharmaceutical	F. Hoffman-La Roche	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$24,980	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA101001003 New York Gala Table	\$10,000	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAE090301000 DC Gala Donation	\$4,000	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA090301000 DC - Gala Tickets	\$1,000	

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0600EC000 Dementia Care Conference 06	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0700EC000 Dementia Care Conference	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0800EC000 Dem. Care Conference (Sponsorship/Gifts)	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA070301000 DC Gala Tickets	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA070501000 Chicago Gala Tickets	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA071001003 New York Gala Table	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA080501002 Chicago Gala Table	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA081001003 New York Gala Table	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAE070501000 Chicago Gala Donations	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAES061001001 New York Gala Sponsorship- Corporate	\$0	
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAES080301000 DC Gala Sponsorship	\$0	
Pharmaceutical	Forest Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Diagnostic	GE Capital	U Unrestricted	ANADT070000000 All Tributes	\$0	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$106,600	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0700RC000 International Research Conference	\$0	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Diagnostic	GE Healthcare	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Diagnostic	GE Healthcare	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Genentech	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Pharmaceutical	Genentech	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Genentech	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD090000000 Corporate General	\$1,000	
Insurance	Genworth Financial	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$500	
Insurance	Genworth Financial	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$100	
Insurance	Genworth Financial	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Insurance	Genworth Financial	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Insurance	Genworth Financial	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$0	
Insurance	Genworth Financial	U Unrestricted	ANACM0600WG000 Work Place Giving	\$0	
Insurance	Genworth Financial	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$0	
Insurance	Genworth Financial	U Unrestricted	ANADT070000000 All Tributes	\$0	
Insurance	Genworth Financial	U Unrestricted	ANADT080000000 All Tributes	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD0600CGRTR Cause Marketing Round To Remember	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD070000000 Corporate Royalties	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD0700CG000 Cause Related Marketing	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD0700CGRTR Cause Marketing - Round To Remember	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD080000000 Corporate General	\$0	
Insurance	Genworth Financial	U Unrestricted	CNALD0800CGRTR Cause Marketing - Round To Remember	\$0	
Insurance	Genworth Financial	U Unrestricted	ENAEA080301003 DC Gala Tribute	\$0	
Insurance	Genworth Financial	U Unrestricted	ENAE080301000 DC Gala Donation	\$0	

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Insurance	Genworth Financial	U Unrestricted	ENAW090100SPN National Memory Walk- Sponsor Walker	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANADH100000GEN Matching Gifts - Gen Dev Corporate	\$340	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$325	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$325	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANADT070000000 All Tributes	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Diagnostic	Innogenetics	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$24,975	
Diagnostic	Innogenetics	U Unrestricted	CNALS0800PC000 Prevention Conference	\$0	
Pharmaceutical	Janssen Pharmaceutical	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Janssen Pharmaceutical	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Johnson & Johnson Services, Inc	U Unrestricted	ANADT060000000 Tributes	\$0	
Pharmaceutical	Johnson & Johnson Services, Inc	U Unrestricted	ANADT070000000 All Tributes	\$0	
Pharmaceutical	Medivation Neurology, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Pharmaceutical	Medivation Neurology, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Merck Research Laboratories	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Merck Research Laboratories	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$0	
Pharmaceutical	Merck Research Laboratories	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Merz Pharmaceuticals	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$99,977	
Insurance	MetLife Foundation	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000	
Insurance	MetLife Foundation	U Unrestricted	ENAEA071001003 New York Gala Table	\$0	
Insurance	MetLife Foundation	U Unrestricted	ENAEA081001003 New York Gala Table	\$0	
Insurance	MetLife Foundation	U Unrestricted	ENAEA091001003 New York Gala Table	\$0	
Insurance	MetLife Foundation	U Unrestricted	ENAE091001001 New York Gala Auction	\$0	
Pharmaceutical	Myriad Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Myriad Pharmaceuticals, Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$158,000	
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0700EC000 Dementia Care Conference	\$0	
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Pfizer Global Clinical Research & Develo	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$283,800	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD1100RC000 ICAD - Hawaii	\$200,000	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$40,000	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000	



Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD1000RC000 ICAD - Vienna	\$19,800	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA101001001 New York Gala Tickets	\$7,000	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA090301004 Sponsorship Table For DC Gala	\$5,000	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$3,200	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$883	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH090000000 Matching Gifts - Gen. Dev. Corporate	\$600	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$225	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH100000000 Matching Gifts - Gen Dev Corporate	\$213	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH100000000 Matching Gifts - Corporate	\$125	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEH100000000 Matching Gifts - Rel. Events Corporate	\$25	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADF070602XXX Care & Cure Drive - Donor	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA070301002 DC Gala Table	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAE070501000 Chicago Gala Donations	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAPH090000000 Matching Gifts - Const. Events Corporate	\$0	
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAWH090000000 Matching Gifts - Memory Walk Corporate	\$0	
Pharmaceutical	Pharmaceutical Research and Manufacturer	U Unrestricted	CNALD1000PH000 Corporate - Pharma Sponsorship	\$250	
Pharmaceutical	Pragmaton	U Unrestricted	CNALD0600NP000 Corporate Partnership-Non Phar.	\$0	
Insurance	Prudential Foundation	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$1,718	
Insurance	Prudential Foundation	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$1,375	
Insurance	Prudential Foundation	U Unrestricted	ANADH090000000 Matching Gifts - Gen. Dev. Corporate	\$300	
Insurance	Prudential Foundation	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$225	
Insurance	Prudential Foundation	U Unrestricted	ENAWH100000000 Matching Gifts - Memory Walk Corporate	\$100	
Insurance	Prudential Foundation	U Unrestricted	ANACH100000000 Matching Gifts - Corporate	\$80	
Insurance	Prudential Foundation	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Insurance	Prudential Foundation	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Insurance	Prudential Foundation	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Insurance	Prudential Foundation	U Unrestricted	ANADK080000000 Ack Old Code	\$0	
Insurance	Prudential Foundation	U Unrestricted	ENAEH090000000 Matching Gifts - Rel. Events Corporate	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANADH090000000 Matching Gifts - Gen. Dev. Corporate	\$110	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANADK092002XXX Ack General Letter	\$100	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ENAEA070301002 DC Gala Table	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANADH090000000 Matching Gifts - Gen. Dev. Corporate	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALD0800EC000 Dem. Care Conference (Sponsorship/Gifts)	\$0	
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0	
Pharmaceutical	Schering-Plough	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$50,000	
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$986	

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANADH100000GEN Matching Gifts - Gen Dev Corporate	\$50	
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH060000000 Matching Gifts	\$0	
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH070000000 Matching Gifts	\$0	
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH080000000 Matching Gifts	\$0	
Pharmaceutical	United BioSource Corporation	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0	
Pharmaceutical	United BioSource Corporation	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0	
Pharmaceutical	Voyager Pharmaceutical Corporation	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0	
Pharmaceutical	Voyager Pharmaceutical Corporation	U Unrestricted	CNALD0600RC000 International Research Conference	\$0	
Pharmaceutical	Voyager Pharmaceutical Corporation	U Unrestricted	CNALD0700RC000 International Research Conference	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	CNALD1000RR000 Research Round Table 09	\$50,000	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ANADT090000000 All Tributes	\$50	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ANADT080000000 All Tributes	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAEA070301002 DC Gala Table	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAEA081001003 New York Gala Table	\$0	
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAE070301000 DC Gala Donation	\$0	
				\$2,338,777	
			Association Total Revenue	\$83,540,473	
			Percentage of Total	2.8%	

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$250		\$0		\$0		
\$50,000		\$0		\$0		
\$5,000		\$0		\$0		
\$0		\$0		\$2,219		
\$0		\$0		\$2,865		
\$0		\$0		\$4,114		
\$75,000		\$0		\$0		
\$0		\$50,000		\$0		
\$0		\$0		\$10,000		
\$0		\$10,000		\$0		
\$0		\$0		\$0		
\$25,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$25,000		\$0		\$0		
\$50,000		\$25,000		\$0		
\$500		\$0		\$0		
\$25,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$75,000		
\$100,000		\$0		\$0		
\$0		\$100,000		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$50,000		
\$100,000		\$0		\$0		
\$50,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$5,000		\$0		
\$25,000		\$45,000		\$0		
\$25,000		\$0		\$0		
\$0		\$100,000		\$0		
\$50,000		\$25,000		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$49,960		\$0		
\$49,940		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$50,000		\$0		\$0		
\$100,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		

[illegible]

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$0		\$0		\$25,000		
\$0		\$0		\$100,000		
\$0		\$0		\$225,000		
\$0		\$25,000		\$0		
\$0		\$125,000		\$0		
\$0		\$0		\$50,000		
\$50,000		\$0		\$0		
\$38,000		\$225,000		\$0		
\$0		\$5,000		\$0		
\$0		\$5,000		\$0		
\$0		\$12,500		\$0		
\$7,500		\$0		\$0		
\$12,500		\$0		\$0		
\$0		\$2,500		\$0		
\$0		\$0		\$25,000		
\$5,000		\$0		\$0		
\$50,000		\$0		\$0		
\$0		\$5,000		\$0		
\$75,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$49,875		
\$0		\$0		\$31,000		
\$0		\$50,000		\$0		
\$50,000		\$0		\$0		
\$0		\$25,000		\$0		
\$0		\$0		\$0		
\$0		\$25,000		\$0		
\$0		\$50,000		\$0		
\$0		\$0		\$0		
\$1,100		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$350		
\$0		\$7,330		\$0		
\$2,895		\$0		\$0		
\$0		\$0		\$1,200		
\$600		\$0		\$0		
\$0		\$5,000		\$0		
\$0		\$200		\$0		
\$0		\$0		\$50		
\$0		\$179		\$0		
\$0		\$708		\$100		
\$0		\$26,880		\$0		
\$60		\$0		\$0		
\$0		\$31,809		\$0		
\$25,000		\$0		\$0		
\$10,000		\$0		\$0		

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$50		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$1,440		\$1,030		
\$2,930		\$585		\$0		
\$0		\$500		\$0		
\$0		\$0		\$50,000		
\$0		\$0		\$50,000		
\$0		\$50,000		\$0		
\$0		\$0		\$0		
\$0		\$109,974		\$0		
\$0		\$0		\$450,000		
\$0		\$0		\$100,000		
\$0		\$0		\$100		
\$0		\$100		\$0		
\$0		\$0		\$0		
\$50,000		\$0		\$0		
\$0		\$100,000		\$0		
\$50,000		\$0		\$0		
\$0		\$25,000		\$0		
\$13,170		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$25,000		
\$0		\$25,000		\$0		
\$25,000		\$0		\$0		
\$4,200		\$0		\$0		
\$200,000		\$0		\$0		
\$0		\$27,500		\$0		
\$0		\$0		\$0		
\$0		\$0		\$112,000		
\$0		\$25,000		\$0		
\$158,100		\$0		\$0		
\$50,000		\$50,000		\$0		
\$0		\$0		\$0		
\$0		\$0		\$50,000		
\$0		\$0		\$50,000		
\$50,000		\$0		\$0		
\$0		\$50,000		\$0		
\$0		\$50,000		\$0		
\$50,000		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$1,235		\$0		\$0		
\$0		\$0		\$0		
\$100		\$0		\$0		
\$302		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$7,354		
\$0		\$6,885		\$2,401		
\$4,941		\$1,605		\$0		
\$0		\$25		\$0		
\$106,600		\$0		\$0		
\$0		\$0		\$25,000		
\$0		\$10,000		\$0		
\$0		\$500		\$0		
\$300		\$0		\$0		
\$125		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$125,000		
\$460		\$0		\$0		
\$2,643		\$0		\$0		
\$100		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$1,560		
\$0		\$1,861		\$650		
\$2,214		\$585		\$0		
\$0		\$45		\$0		
\$25		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$150		
\$0		\$0		\$100		
\$100		\$0		\$0		
\$0		\$10,000		\$0		
\$100		\$0		\$0		
\$0		\$0		\$25,000		
\$0		\$50,000		\$0		
\$0		\$25,000		\$0		
\$0		\$25,000		\$0		
\$0		\$0		\$0		
\$1,153		\$0		\$0		

2008	Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
\$0		\$0		\$0		
\$0		\$0		\$367		
\$0		\$839		\$1,020		
\$485		\$1,495		\$0		
\$50,000		\$0		\$0		
\$50,000		\$0		\$0		
\$0		\$0		\$50,000		
\$0		\$0		\$100,000		
\$0		\$0		\$50,000		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$0		\$0		\$0		
\$50		\$0		\$0		
\$7,900		\$0		\$0		
\$0		\$10,000		\$0		
\$0		\$12,500		\$0		
\$0		\$20,000		\$0		
\$2,751,468		\$1,879,289		\$2,494,112		\$2,365,911
\$99,300,909		\$104,711,140		\$93,375,874		\$95,232,099
2.8%		1.8%		2.7%		2.5%



Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose	2008
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$24,950		\$0
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$24,950		\$0
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0		\$0
Diagnostic	Cambridge Cognition	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$49,940
Diagnostic	GE Capital	R Restricted	CNALD0900WG000 Restricted Company Programs-Non Sharable	\$0		\$25,000
Diagnostic	GE Capital	U Unrestricted	ANADT070000000 All Tributes	\$0		\$0
Diagnostic	GE Healthcare	R Restricted	CNALD1000WG000 Nationwide Company Programs	\$25,000	Workplace Programs	\$0
Diagnostic	GE Healthcare	R Restricted	CNALD0700WG000 Restricted Workplace Giving Contribution	\$0		\$0
Diagnostic	GE Healthcare	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$106,600		\$75,000
Diagnostic	GE Healthcare	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000		\$0
Diagnostic	GE Healthcare	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Diagnostic	GE Healthcare	U Unrestricted	CNALD0700RC000 International Research Conference	\$0		\$0
Diagnostic	GE Healthcare	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0		\$0
Diagnostic	GE Healthcare	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000
Diagnostic	GE Healthcare	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0		\$0
Diagnostic	Innogenetics	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$24,975		\$0
Diagnostic	Innogenetics	U Unrestricted	CNALS0800PC000 Prevention Conference	\$0		\$0
Total Diagnostic				\$256,475		\$199,940
				0.3%		0.2%
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAES090501000 Chicago Gala Sponsorship	\$100,000		\$0
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAE060601000 Third Party Events	\$0		\$0
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAE080501000 Chicago Gala Donations	\$0		\$100,000
Insurance	Bankers Life And Casualty Company	U Unrestricted	ENAES070501000 Chicago Gala Sponsorship - Corporate	\$0		\$0
Insurance	Evercare	R Restricted	CNALD0800WG000 Restricted Company Programs-Non Sharable	\$0		\$315,000
Insurance	Evercare	U Unrestricted	CNALD090000MWC Corporate Solicitation For Memory Walk	\$110,000		\$0
Insurance	Genworth Financial	R Restricted	CNALD100000000 Corporate - General	\$1,000,000	Memory Walk Natl Sponsorsh	\$0
Insurance	Genworth Financial	R Restricted	CNALD0600NP000 Corporate Partnership-Non Phar.	\$0		\$0
Insurance	Genworth Financial	R Restricted	CNALD0700NP000 Corporate Partnership	\$0		\$0
Insurance	Genworth Financial	R Restricted	CNALD0800NP000 Corporate Partnership	\$0		\$1,000,000
Insurance	Genworth Financial	R Restricted	CNALD0800WG000 Restricted Company Programs-Non Sharable	\$0		\$55,000
Insurance	Genworth Financial	R Restricted	ENAE080302000 DC Gala Rally for Research	\$0		\$0
Insurance	Genworth Financial	U Unrestricted	CNALD090000000 Corporate General	\$1,000		\$0
Insurance	Genworth Financial	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$500		\$1,100
Insurance	Genworth Financial	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$100		\$0
Insurance	Genworth Financial	U Unrestricted	ANACH060000000 Matching Gifts	\$0		\$0
Insurance	Genworth Financial	U Unrestricted	ANACH070000000 Matching Gifts	\$0		\$0
Insurance	Genworth Financial	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$0		\$2,895
Insurance	Genworth Financial	U Unrestricted	ANACM0600WG000 Work Place Giving	\$0		\$0
Insurance	Genworth Financial	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$0		\$600
Insurance	Genworth Financial	U Unrestricted	ANADT070000000 All Tributes	\$0		\$0
Insurance	Genworth Financial	U Unrestricted	ANADT080000000 All Tributes	\$0		\$0
Insurance	Genworth Financial	U Unrestricted	CNALD0600CGRTR Cause Marketing Round To Remember	\$0		\$0
Insurance	Genworth Financial	U Unrestricted	CNALD070000000 Corporate Royalties	\$0		\$0
Insurance	Genworth Financial	U Unrestricted	CNALD0700CG000 Cause Related Marketing	\$0		\$0
Insurance	Genworth Financial	U Unrestricted	CNALD0700CGRTR Cause Marketing - Round To Remember	\$0		\$0

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose	2008
Insurance	Genworth Financial	U Unrestricted	CNALD080000000 Corporate General	\$0		\$60
Insurance	Genworth Financial	U Unrestricted	CNALD0800CGRTR Cause Marketing - Round To Remember	\$0		\$0
Insurance	Genworth Financial	U Unrestricted	ENAEA080301003 DC Gala Tribute	\$0		\$25,000
Insurance	Genworth Financial	U Unrestricted	ENAE080301000 DC Gala Donation	\$0		\$10,000
Insurance	Genworth Financial	U Unrestricted	ENAW090100SPN National Memory Walk- Sponsor Walker	\$0		\$50
Insurance	MetLife Foundation	R Restricted	CNAFL100000000 Foundation Grants	\$375,000	Hispanic Outreach/Early Dete	\$0
Insurance	MetLife Foundation	R Restricted	CNAFL070000000 Foundation Grants	\$0		\$0
Insurance	MetLife Foundation	R Restricted	CNAFL080000000 Foundation Grants	\$0		\$0
Insurance	MetLife Foundation	R Restricted	CNAFL090000000 Foundation Grants	\$0		\$220,000
Insurance	MetLife Foundation	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000		\$0
Insurance	MetLife Foundation	U Unrestricted	ENAEA071001003 New York Gala Table	\$0		\$0
Insurance	MetLife Foundation	U Unrestricted	ENAEA081001003 New York Gala Table	\$0		\$0
Insurance	MetLife Foundation	U Unrestricted	ENAEA091001003 New York Gala Table	\$0		\$25,000
Insurance	MetLife Foundation	U Unrestricted	ENAE091001001 New York Gala Auction	\$0		\$4,200
Insurance	Prudential Foundation	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$1,718		\$460
Insurance	Prudential Foundation	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$1,375		\$2,643
Insurance	Prudential Foundation	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$300		\$100
Insurance	Prudential Foundation	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$225		\$0
Insurance	Prudential Foundation	U Unrestricted	ENAWH100000000 Matching Gifts - Memory Walk Corporate	\$100		\$0
Insurance	Prudential Foundation	U Unrestricted	ANACH100000000 Matching Gifts - Corporate	\$80		\$0
Insurance	Prudential Foundation	U Unrestricted	ANACH060000000 Matching Gifts	\$0		\$0
Insurance	Prudential Foundation	U Unrestricted	ANACH070000000 Matching Gifts	\$0		\$0
Insurance	Prudential Foundation	U Unrestricted	ANACH080000000 Matching Gifts	\$0		\$2,214
Insurance	Prudential Foundation	U Unrestricted	ANADK080000OLD Ack Old Code	\$0		\$0
Insurance	Prudential Foundation	U Unrestricted	ENAEH090000000 Matching Gifts - Rel. Events Corporate	\$0		\$25
<b>Total Insurance</b>				\$1,615,398		\$1,764,346
				1.9%		1.8%
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$50,000		\$0
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACD1000WG000 Workplace Giving - General	\$113		\$0
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACD0900WG000 Working Place Giving	\$67		\$0
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANADT090000000 All Tributes	\$0		\$250
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Abbott Laboratories	U Unrestricted	ENAE080501000 Chicago Gala Donations	\$0		\$5,000
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACH060000000 Matching Gifts	\$0		\$0
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACM0600WG000 Work Place Giving	\$0		\$0
Pharmaceutical	Abbott Laboratories	U Unrestricted	ANACM0700WG000 Working Place Giving	\$0		\$0
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$75,000
Pharmaceutical	Abbott Laboratories	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$0
Pharmaceutical	Abbott Laboratories	U Unrestricted	ENAEA060501002 Chicago Gala Table	\$0		\$0
Pharmaceutical	Abbott Laboratories	U Unrestricted	ENAEA070501002 Chicago Gala Table	\$0		\$0
Pharmaceutical	Accera, Inc.	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$50,000		\$0
Pharmaceutical	Allon Therapeutics	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0		\$25,000
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000		\$0
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$25,000		\$0
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$25,000

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose	2008
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	AstraZeneca Pharmaceuticals LP	U Unrestricted	CNALD0900PH000 Corporate Partnership Pharmaceutical	\$0		\$500
Pharmaceutical	Avid Radiopharmaceuticals	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$25,000
Pharmaceutical	BARC USA	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$25,000		\$0
Pharmaceutical	BARC USA	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$25,000		\$0
Pharmaceutical	Baxter Healthcare Corporation	R Restricted	CNALS0700PC000 Prevention Conference	\$0		\$0
Pharmaceutical	Baxter Healthcare Corporation	U Unrestricted	CNALD0600RC000 International Research Conference	\$0		\$0
Pharmaceutical	Baxter Healthcare Corporation	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$100,000
Pharmaceutical	Baxter Healthcare Corporation	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Bayer Healthcare	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$31,000		\$0
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0		\$0
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$25,000
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0		\$25,000
Pharmaceutical	Bellus Health, Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0		\$0
Pharmaceutical	Bristol-Myers Squibb Company	R Restricted	CNALD0900RR000 2008 Research Round Table	\$50,000	Research Roundtable 09 Spor	\$0
Pharmaceutical	Bristol-Myers Squibb Company	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Danone Medical Nutrition	U Unrestricted	CNALD1000RC000 ICAD - Vienna	\$25,000		\$0
Pharmaceutical	EBEWE Pharma	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$59,873		\$0
Pharmaceutical	Eisai Global Clinical Development	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Eisai Inc.	R Restricted	CNALD1000WG000 Nationwide Company Programs	\$4,500	Corporate Matching Gift	\$0
Pharmaceutical	Eisai Inc.	R Restricted	CNALD0800WG000 Restricted Company Programs-Non Sharable	\$0		\$3,000
Pharmaceutical	Eisai Inc.	R Restricted	CNALD0900WG000 Restricted Company Programs-Non Sharable	\$0		\$250,000
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$100,000		\$100,000
Pharmaceutical	Eisai Inc.	U Unrestricted	ENAEA091001003 New York Gala Table	\$25,000		\$0
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD1000PH000 Corporate - Pharma Sponsorship	\$10,000		\$0
Pharmaceutical	Eisai Inc.	U Unrestricted	ANACH100000000 Matching Gifts - Corporate	\$138		\$0
Pharmaceutical	Eisai Inc.	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$25		\$25
Pharmaceutical	Eisai Inc.	U Unrestricted	ANACH080000000 Matching Gifts	\$0		\$0
Pharmaceutical	Eisai Inc.	U Unrestricted	ANADH090000GEN Matching Gifts - Gen. Dev. Corporate	\$0		\$200
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0		\$25,000
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800EC000 Dem. Care Conference (Spnsorship/Gifts)	\$0		\$0
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800PH000 Corporate Partnership Pharmaceutical	\$0		\$170,000
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$123,100
Pharmaceutical	Eisai Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$0
Pharmaceutical	Eisai Inc.	U Unrestricted	ENAEA071001003 New York Gala Table	\$0		\$0
Pharmaceutical	Eisai Inc.	U Unrestricted	ENAEA081001003 New York Gala Table	\$0		\$25,000
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$100,000		\$0
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAE090301000 DC Gala Donation	\$50,000		\$40,000
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000		\$0
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0		\$0
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$100,000
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$0
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAEA071001003 New York Gala Table	\$0		\$0

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose	2008
Pharmaceutical	Elan Pharmaceuticals, Inc.	U Unrestricted	ENAEA091001003 New York Gala Table	\$0		\$25,000
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0900RC000 ICAD - Vienna	\$140,000	ICAD09 Conference Sponsors	\$0
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0900RR000 2008 Research Round Table	\$50,000	Research Roundtable 09 Sponsor	\$0
Pharmaceutical	Eli Lilly and Company	R Restricted	ANACH070000000 Matching Gifts	\$0		\$0
Pharmaceutical	Eli Lilly and Company	R Restricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$0		\$305
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALD0700RR000 2007 Research Round Table	\$0		\$0
Pharmaceutical	Eli Lilly and Company	R Restricted	CNALS0700PC000 Prevention Conference	\$0		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$2,180		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH0900000GEN Matching Gifts - Gen. Dev. Corporate	\$745		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$510		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT090000000 All Tributes	\$350		\$865
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT100000000 All Tributes	\$250		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADH1000000GEN Matching Gifts - Gen Dev Corporate	\$165		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ENAWH100000000 Matching Gifts - Memory Walk Corporate	\$100		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ENAPH100000000 Matching Gifts - Const. Events Corporate	\$25		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANACH060000000 Matching Gifts	\$0		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANACH080000000 Matching Gifts	\$0		\$1,301
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADD090000225 General Mail	\$0		\$50
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT070000000 All Tributes	\$0		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ANADT080000000 All Tributes	\$0		\$300
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0700RC000 International Research Conference	\$0		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$125,000
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Eli Lilly and Company	U Unrestricted	CNALS0600PC000 Prevention Conference	\$0		\$0
Pharmaceutical	Eli Lilly and Company	U Unrestricted	ENAWD080000DOS Chapter Memory Walk - Shared Donations	\$0		\$0
Pharmaceutical	F. Hoffman-La Roche	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$24,980		\$0
Pharmaceutical	Forest Laboratories, Inc.	R Restricted	CNALD0900RR000 2009 Research Round Table	\$50,000	Research Roundtable 09 Sponsor	\$0
Pharmaceutical	Forest Laboratories, Inc.	R Restricted	CNALD0900PH000 Corporate Partnership Pharmaceutical	\$15,000	Public Policy Forum Sponsor	\$0
Pharmaceutical	Forest Laboratories, Inc.	R Restricted	CNALD0800PH000 Corporate Partnership Pharmaceutical	\$0		\$75,000
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA101001003 New York Gala Table	\$10,000		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAE090301000 DC Gala Donation	\$4,000		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA090301000 DC - Gala Tickets	\$1,000		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0600EC000 Dementia Care Conference 06	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0600RC000 International Research Conference	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0700EC000 Dementia Care Conference	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0800EC000 Dem. Care Conference (Sponsorship/Gifts)	\$0		\$50,000
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$38,000
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA070301000 DC Gala Tickets	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA070501000 Chicago Gala Tickets	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA071001003 New York Gala Table	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA080501002 Chicago Gala Table	\$0		\$7,500

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose	2008
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAEA081001003 New York Gala Table	\$0		\$12,500
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAE070501000 Chicago Gala Donations	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAES061001001 New York Gala Sponsorship- Corporate	\$0		\$0
Pharmaceutical	Forest Laboratories, Inc.	U Unrestricted	ENAES080301000 DC Gala Sponsorship	\$0		\$5,000
Pharmaceutical	Forest Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Genentech	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000		\$0
Pharmaceutical	Genentech	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0		\$0
Pharmaceutical	Genentech	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$0
Pharmaceutical	GlaxoSmithKline	R Restricted	ANADH090000000 Matching Gifts - DM Corporate	\$2,660	Corporate Matching Gift	\$1,785
Pharmaceutical	GlaxoSmithKline	R Restricted	ANADH0900000GEN Matching Gifts - Gen. Dev. Corporate	\$235	Corporate Matching Gift	\$945
Pharmaceutical	GlaxoSmithKline	R Restricted	ANACH060000000 Matching Gifts	\$0		\$0
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000		\$0
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANADH1000000GEN Matching Gifts - Gen Dev Corporate	\$340		\$0
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$325		\$0
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$325		\$0
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANACH070000000 Matching Gifts	\$0		\$0
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANACH080000000 Matching Gifts	\$0		\$2,930
Pharmaceutical	GlaxoSmithKline	U Unrestricted	ANADT070000000 All Tributes	\$0		\$0
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0		\$0
Pharmaceutical	GlaxoSmithKline	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$0
Pharmaceutical	Janssen Pharmaceutical	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Janssen Pharmaceutical	U Unrestricted	CNALD0600RC000 International Research Conference	\$0		\$0
Pharmaceutical	Johnson & Johnson Services, Inc	U Unrestricted	ANADT060000000 Tributes	\$0		\$0
Pharmaceutical	Johnson & Johnson Services, Inc	U Unrestricted	ANADT070000000 All Tributes	\$0		\$0
Pharmaceutical	Medivation Neurology, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000		\$0
Pharmaceutical	Medivation Neurology, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Merck Research Laboratories	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$0
Pharmaceutical	Merck Research Laboratories	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$0		\$50,000
Pharmaceutical	Merck Research Laboratories	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0		\$0
Pharmaceutical	Merz Pharmaceuticals	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$99,977		\$13,170
Pharmaceutical	Myriad Pharmaceuticals, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$200,000
Pharmaceutical	Myriad Pharmaceuticals, Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0		\$0
Pharmaceutical	Novartis Pharma AG	R Restricted	CNALD0700PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$158,000		\$0
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0600RC000 International Research Conference	\$0		\$0
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0700EC000 Dementia Care Conference	\$0		\$0
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$158,100
Pharmaceutical	Novartis Pharma AG	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$50,000		\$0
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0		\$0
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$50,000
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$0
Pharmaceutical	Ortho-McNeil Neurologics, Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0		\$0
Pharmaceutical	Pfizer Global Clinical Research & Develo	R Restricted	CNALD0900PH000 Corporate Partnership Pharmaceutical	\$0		\$50,000

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose	2008
Pharmaceutical	Pfizer Global Clinical Research & Develo	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD0900RC000 ICAD - Vienna	\$283,800		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD1100RC000 ICAD - Hawaii	\$200,000		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$40,000		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD1000RC000 ICAD - Vienna	\$19,800		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA101001001 New York Gala Tickets	\$7,000		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA090301004 Sponsorship Table For DC Gala	\$5,000		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH090000000 Matching Gifts - DM Corporate	\$3,200		\$1,235
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH100000000 Matching Gifts - DM Corporate	\$883		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH0900000GEN Matching Gifts - Gen. Dev. Corporate	\$600		\$100
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$225		\$302
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADH1000000GEN Matching Gifts - Gen Dev Corporate	\$213		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH100000000 Matching Gifts - Corporate	\$125		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEH100000000 Matching Gifts - Rel. Events Corporate	\$25		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH060000000 Matching Gifts	\$0		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH070000000 Matching Gifts	\$0		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANACH080000000 Matching Gifts	\$0		\$4,941
Pharmaceutical	Pfizer Inc.	U Unrestricted	ANADF070602XXX Care & Cure Drive - Donor	\$0		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$106,600
Pharmaceutical	Pfizer Inc.	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAEA070301002 DC Gala Table	\$0		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAE070501000 Chicago Gala Donations	\$0		\$0
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAPH090000000 Matching Gifts - Const. Events Corporate	\$0		\$300
Pharmaceutical	Pfizer Inc.	U Unrestricted	ENAWH090000000 Matching Gifts - Memory Walk Corporate	\$0		\$125
Pharmaceutical	Pharmaceutical Research and Manufacture	R Restricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Pharmaceutical Research and Manufacture	U Unrestricted	CNALD1000PH000 Corporate - Pharma Sponsorship	\$250		\$0
Pharmaceutical	Pragmaton	U Unrestricted	CNALD0600NP000 Corporate Partnership-Non Phar.	\$0		\$0
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANADH0900000GEN Matching Gifts - Gen. Dev. Corporate	\$110		\$0
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANADK092002XXX Ack General Letter	\$100		\$0
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANACH060000000 Matching Gifts	\$0		\$0
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANACH070000000 Matching Gifts	\$0		\$0
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANACH080000000 Matching Gifts	\$0		\$100
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ENAEA070301002 DC Gala Table	\$0		\$0
Pharmaceutical	Sanofi-Aventis	U Unrestricted	ANADH0900000GEN Matching Gifts - Gen. Dev. Corporate	\$0		\$100
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALD0600RC000 International Research Conference	\$0		\$0
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALD0700RR000 2007 Research Round Table	\$0		\$0
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALD0800EC000 Dem. Care Conference (Spnsorship/Gifts)	\$0		\$0
Pharmaceutical	Sanofi-Aventis	U Unrestricted	CNALS0700PC000 Prevention Conference	\$0		\$0
Pharmaceutical	Schering-Plough	U Unrestricted	CNALD1000RR000 Research Round Table - 2010	\$50,000		\$0
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH090000000 Matching Gifts - Corporate Initiatives	\$986		\$1,153
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANADH1000000GEN Matching Gifts - Gen Dev Corporate	\$50		\$0
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH060000000 Matching Gifts	\$0		\$0
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH070000000 Matching Gifts	\$0		\$0
Pharmaceutical	Takeda Pharmaceuticals North America, In	U Unrestricted	ANACH080000000 Matching Gifts	\$0		\$485
Pharmaceutical	United BioSource Corporation	U Unrestricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000

Type	Donor	Unrestricted/Restricted	Designation	2009 YTD as of 11/30/09	Restricted Purpose	2008
Pharmaceutical	United BioSource Corporation	U Unrestricted	CNALD0900RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Voyager Pharmaceutical Corporation	U Unrestricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Voyager Pharmaceutical Corporation	U Unrestricted	CNALD0600RC000 International Research Conference	\$0		\$0
Pharmaceutical	Voyager Pharmaceutical Corporation	U Unrestricted	CNALD0700RC000 International Research Conference	\$0		\$0
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	CNALD0600PH000 Corporate Partnership Pharmaceutical	\$0		\$0
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	CNALD0600RC000 International Research Conference	\$0		\$0
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	CNALD0800RR000 2008 Research Round Table	\$0		\$50,000
Pharmaceutical	Wyeth Pharmaceuticals	R Restricted	ENAE070302000 DC Gala Rally for Research	\$0		\$0
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	CNALD1000RR000 Research Round Table 09	\$50,000		\$0
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAEA101001003 New York Gala Table	\$25,000		\$0
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ANADT0900000000 All Tributes	\$50		\$0
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ANADT0800000000 All Tributes	\$0		\$50
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	CNALD0800RC000 2008 International Research Conference	\$0		\$7,900
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAEA070301002 DC Gala Table	\$0		\$0
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAEA081001003 New York Gala Table	\$0		\$0
Pharmaceutical	Wyeth Pharmaceuticals	U Unrestricted	ENAE070301000 DC Gala Donation	\$0		\$0
Total Pharmaceutical				\$2,179,299		\$2,833,217
				2.6%		2.9%
			Total	\$4,051,172		\$4,797,503
			Association Total Revenue	\$83,540,473		\$99,300,909
			Percentage of Total	4.8%		4.8%

Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
	\$0		\$0		
	\$0		\$0		
	\$49,960		\$0		
	\$0		\$0		
Workplace Programs	\$0		\$0		
	\$5,000		\$0		
	\$0		\$0		
	\$25,000	Workplace Programs	\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$49,875		
	\$0		\$31,000		
	\$50,000		\$0		
	\$0		\$0		
	\$25,000		\$0		
	\$0		\$0		
	\$109,974		\$0		
	\$264,934		\$80,875		\$200,556
	0.3%		0.1%		0.21%
	\$0		\$0		
	\$0		\$75,000		
	\$0		\$0		
	\$100,000		\$0		
MW Family Tent Sponsor+ Caregiver Kit + Chapter Grants	\$100,000	MW Family Tent Sponsor	\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$1,000,000	Memory Walk Natl Sponsorship	
	\$1,000,000	Memory Walk Natl Sponsorship	\$500		
Memory Walk Natl Sponsorship	\$0		\$0		
Chapter Grants	\$57,500	Workplace Programs +Wildfire Relief	\$0		
	\$10,000	Natl DC Gala Sponsorship	\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$350		
	\$7,330		\$0		
	\$0		\$0		
	\$0		\$1,200		
	\$0		\$0		
	\$5,000		\$0		
	\$200		\$0		
	\$0		\$50		
	\$179		\$0		
	\$708		\$100		
	\$26,880		\$0		



[illegible]

Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
	\$25,000		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$50,000	Prevention 07 Conference Sponsorship	\$0		
	\$0		\$50,000		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$5,000		\$0		
	\$45,000		\$0		
	\$0		\$0		
	\$100,000		\$0		
	\$0		\$0		
	\$25,000		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
Workplace Programs	\$0		\$0		
Early Detection CampaignPilot	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$25		\$0		
	\$0		\$0		
	\$0		\$75,000		
	\$0		\$300,000		
	\$0		\$0		
	\$25,000		\$0		
	\$0		\$0		
	\$0		\$0		
	\$75,000		\$0		
	\$0		\$25,000		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$50,000		
	\$0		\$0		
	\$50,000		\$0		
	\$0		\$0		
	\$0		\$12,500		

Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$4,417		\$3,585	Corporate Matching Gifts	
Corporate Matching Gifts	\$0		\$0		
	\$0		\$25,000	Research Roundtable Sponsorship	
	\$50,000	Research Roundtable 07 Sponsorship	\$0		
	\$50,000	Prevention 07 Conference Sponsorship	\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$3,108		
	\$510		\$0		
	\$0		\$0		
	\$100		\$0		
	\$50		\$0		
	\$0		\$25,000		
	\$0		\$50,000		
	\$0		\$0		
	\$0		\$0		
	\$0		\$25,000		
	\$100		\$0		
	\$0		\$0		
	\$0		\$0	Research Roundtable Sponsorship	
	\$0		\$0		
Carefinder Workbook Sponsorship	\$150,000	Carefinder Workbook Sponsorship	\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$25,000		
	\$0		\$100,000		
	\$0		\$225,000		
	\$25,000		\$0		
	\$125,000		\$0		
	\$0		\$50,000		
	\$0		\$0		
	\$225,000		\$0		
	\$5,000		\$0		
	\$5,000		\$0		
	\$12,500		\$0		
	\$0		\$0		

Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
	\$0		\$0		
	\$2,500		\$0		
	\$0		\$25,000		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$25,000		\$0		
	\$50,000		\$0		
Corporate Matching Gifts	\$0		\$0		
	\$0		\$0		
	\$0		\$2,315	Corporate Matching Gifts	
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$1,440		\$1,030		
	\$585		\$0		
	\$500		\$0		
	\$0		\$50,000		
	\$0		\$50,000		
	\$50,000		\$0		
	\$0		\$450,000		
	\$0		\$100,000		
	\$0		\$100		
	\$100		\$0		
	\$0		\$0		
	\$0		\$0		
	\$100,000		\$0		
	\$0		\$0		
	\$25,000		\$0		
	\$0		\$0		
	\$0		\$0		
	\$27,500		\$0		
	\$50,000	Research Roundtable Sponsorship	\$50,000	Research Roundtable Sponsorship	
	\$0		\$0		
	\$0		\$112,000		
	\$25,000		\$0		
	\$0		\$0		
	\$50,000		\$0		
	\$0		\$0		
	\$0		\$50,000		
	\$0		\$50,000		
	\$0		\$0		
	\$50,000		\$0		
	\$50,000		\$0		
Clinical Studies Initiative	\$0		\$0		

Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$7,354		
	\$6,885		\$2,401		
	\$1,605		\$0		
	\$25		\$0		
	\$0		\$0		
	\$0		\$25,000		
	\$10,000		\$0		
	\$500		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$100,000	General/Minorities Research	
	\$0		\$0		
	\$0		\$125,000		
	\$0		\$0		
	\$0		\$0		
	\$0		\$150		
	\$0		\$100		
	\$0		\$0		
	\$10,000		\$0		
	\$0		\$0		
	\$0		\$25,000		
	\$50,000		\$0		
	\$25,000		\$0		
	\$25,000		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$367		
	\$839		\$1,020		
	\$1,495		\$0		
	\$0		\$0		

Restricted Purpose	2007	Restricted Purpose	2006	Restricted Purpose	4-yr Average
	\$0		\$0		
	\$0		\$50,000		
	\$0		\$100,000		
	\$0		\$50,000		
	\$0		\$125,000	Public Policy + Research Roundtable Sponsorships	
	\$0		\$150,000	ICAD06 + Prevention 07 Conference Sponsorships	
Research Roundtable 08Sponsorship	\$50,000	Research Roundtable 07 Sponsorship	\$0		
	\$5,000	Natl DC Gala Sponsorship	\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$0		\$0		
	\$10,000		\$0		
	\$12,500		\$0		
	\$20,000		\$0		
	\$1,849,175		\$2,765,227		\$2,406,729
	1.8%		3.0%		2.5%
	\$4,296,206		\$4,550,512		\$4,423,848
	\$104,711,140		\$93,375,874		\$95,232,099
	4.1%		4.9%		4.6%

**Alzheimer's Association  
Signed Disclosure Statements  
January 2006 - Present**

<b>Key Executive</b>	<b>Title</b>
Johns, Harry	President & CEO
EGGE, Robert	Vice President, Public Policy
Gardner, Scott	Vice President, Chapter Relations
Geiger, Angela	Chief Strategy Officer
Hovland, Richard	Chief Operating Officer
Hutchison, Heather	Vice President, Relationship Development
Thies, William	Chief Medical and Scientific Officer
Newhouse, Barbara	Vice President, Chapter Relations (departed)
Germano, Mark	Vice President, Relationship Development (departed)
McConnell, Stephen	Vice President, Public Policy (departed)

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Harry Johns

2. Level of Service:

☐ National Board or Board Committee Member

☐ Publication Author/Contributor

☐ Program Speaker/Participant

☐ National Sr. Staff and Association Directors

☒ Other CEO

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)

☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- Ownership or equity interest in an organization with dementia-related interests.

☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):

- Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?

☒ Yes ☐ No Describe (organization, location, nature of business, your interest):

Board member of Research America, which promotes overall research for medical advancement. Located in Alexandria, VA.

Board member of the National Health Council, which represents the voluntary health sector and their constituencies. Located in Washington, DC.



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

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\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

12/17/09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

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- ☐ National Board or Board Committee Member
- ☐ Publication Author/Contributor
- ☐ Program Speaker/Participant
- ☐ National Sr. Staff and Association Directors
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Board member Research America, a medical research advocacy organization located in Alexandria, Virginia  
Board member, National Health Council, an advocate for the voluntary health sector and their constituencies located in Washington, DC.

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

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\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:  \_\_\_\_\_

Date: 12/18/08

I represent that this is a reconstruction of the form as filled out at this time approximately, to the best of my recollection.

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

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1. Name: Harry Johns

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Board member, Research America, a medical research advocacy organization, located in Alexandria, VA.  
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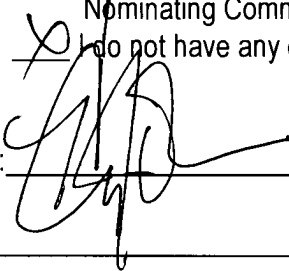
\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

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Signed: \_\_\_\_\_



Date: \_\_\_\_\_

12/18/07

I represent that this is a reconstruction of the form as filled out at approximately this time, to the best of my recollection.

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

I represent that this is a reconstruction of the form as filled out at approximately this time, to the best of my recollection.

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, by email to: [carolyn.handler@alz.org](mailto:carolyn.handler@alz.org) or by fax to: (866) 466-7660

## ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guidelines and Bylaws is attached. Disclosure of information that may be important to determination of the existence of a broad-based conflict of interest or in a particular situation is a condition of service to the Association. The purpose of this disclosure statement is to enable volunteer board members, members of board committees, senior staff and others who may potentially influence board decision making to identify and manage or eliminate conflicts between their primary responsibilities to the Association and their other outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: ROBERT EGGE
  
2. Level of Service:  
☐ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☒ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☐ No Describe (organization, location, nature of business, your interest):



- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_\_ Yes \_\_\_\_ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes \_\_\_\_ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- \_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

12/17/09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Scott A. Gardner
  
2. Level of Service:  
☐ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☒ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
  
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
  
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - ~~Ownership~~ or equity interest in an organization with dementia-related interests.  
☒ Yes ☐ No Describe (organizations, locations, nature of business, your interests):
  
  - Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☒ Yes ☐ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

☒ Yes ☐ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

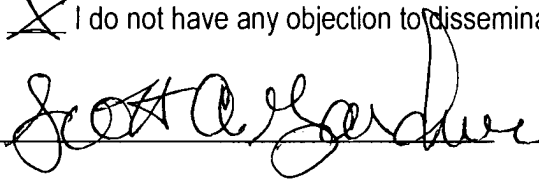
☒ Yes ☐ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Angela Timaruk Geiger
2. Level of Service:  
☐ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☒ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
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☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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  - ~~Ownership or equity interest~~ in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - ~~Offices and/or positions~~ (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

10/9/04

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Richard H. Horland
2. Level of Service:  
☐ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☒ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
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  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed: Bird H. Hand Date: 10/4/06

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For office use only:

Date Received: \_\_\_\_\_ Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Heather Hutchison

2. Level of Service:
- ☐ National Board or Board Committee Member
  - ☐ Publication Author/Contributor
  - ☐ Program Speaker/Participant
  - ☒ National Sr. Staff and Association Directors
  - ☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:
- ☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)
  - ☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

- *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  
- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

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- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from ~~any~~ other organization?  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

☒ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

\_\_\_\_ I do not have any objection to dissemination of this disclosure.

Signed:



Date:

12-17-09

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: William Thies
2. Level of Service:  
☐ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☒ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
4. The following information would be relevant to a determination of Conflict of Interest related to your leadership position in the Association. (This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)
  - *Ownership or equity interest* in an organization with dementia-related interests.  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
  - *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
☐ Yes ☒ No Describe (organization, location, nature of business, your interest):

- *Compensation* in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

- *Interest in any transactions with the Alzheimer's Association*, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.

☒ I do not have any objection to dissemination of this disclosure.

Signed: Bill Liles

Date: 10-6-06

For office use only:

Date Received: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Barbara Newhouse
2. Level of Service:  
☐ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☒ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)


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- Ownership or equity interest in an organization with dementia-related interests.  
\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
- Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

- Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from ~~any~~ other organization?  
☐ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):
- Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  
☐ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

- ☐ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed:  Date: 3/8/08

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For office use only:

Date Received: \_\_\_\_\_ Staff Review: \_\_\_\_\_  
 Reported to Executive Committee: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: MARK C. GERMANO
2. Level of Service:  
☐ National Board or Board Committee Member  
☐ Publication Author/Contributor  
☐ Program Speaker/Participant  
☒ National Sr. Staff and Association Directors  
☐ Other \_\_\_\_\_

3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:

☒ Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
☐ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)

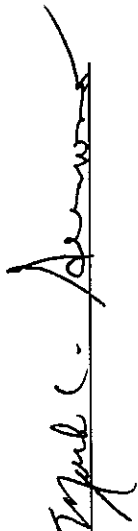
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\_\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your interests):
- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
\_\_\_\_ Yes ☒ No Describe (organization, location, nature of business, your interest):

- Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  
\_\_\_ Yes ☒ No Describe (organizations, locations, nature of business, your compensation):

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\_\_\_ Yes ☒ No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:  
\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  
☒ I do not have any objection to dissemination of this disclosure.

Signed:  Date: 10/10/06

For office use only:

Date Received: \_\_\_\_\_ Staff Review: \_\_\_\_\_  
Reported to Executive Committee: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
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DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the Office of the President, national headquarters.):

1. Name: Stephen McConnell
2. Level of Service:  
    \_\_\_ National Board or Board Committee Member  
    \_\_\_ Publication Author/Contributor  
    \_\_\_ Program Speaker/Participant  
      x   National Sr. Staff and Association Directors  
    \_\_\_ Other \_\_\_\_\_
3. I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:  
    \_\_\_   x   Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  
    \_\_\_ Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)
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- *Ownership or equity interest* in an organization with dementia-related interests.  
    \_\_\_ Yes   x   No Describe (organizations, locations, nature of business, your interests):
- *Offices and/or positions* (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  
    \_\_\_ Yes   x   No Describe (organization, location, nature of business, your interest):



- Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?

\_\_\_\_ Yes x No Describe (organizations, locations, nature of business, your compensation):

- Interest in any transactions with the Alzheimer's Association, through its national office or any individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?

\_\_\_\_ Yes x No Describe (part of the organization, transaction, your interest):

5. In regard to the dissemination of this disclosure:

\_\_\_\_ I request that this disclosure not be disseminated beyond the Executive and Governance &

Nominating Committees and the designated staff without my consent.

x I do not have any objection to dissemination of this disclosure.

Signed: \_\_\_\_\_

Date: 10/16/06



For office use only:

Date Received: \_\_\_\_\_ Staff Review: \_\_\_\_\_

Reported to Executive Committee: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Alzheimer's Association Conflict of Interest Disclosure Guidelines and Form