www.alz.org

National Office 225 N. Michigan Ave., Fl. 17 Chicago, IL 60601-7633 312 335 8700 phone 800 272 3900 toll free 866 699 1246 facsimile info@alz.org e-mail

## alzheimer's $\Re$ association

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<sup>TM,</sup> 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<sup>TM,</sup> a suite of free online tools assisting caregivers, and CareFinder<sup>TM</sup> and Senior Housing Finder<sup>TM,</sup> 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,

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

| Director (listed alphabetically by last name) | Year - Election to<br>Board of Directors | Year - Conclusion of Board<br>Service |
|---|--|---------------------------------------|
| 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<br>Board of Directors | Year - Conclusion of Board<br>Service |
|---|--|---------------------------------------|
| Jones, Deborah                                | 2007                                     | n/a                                   |
| Kauffman, Karen                               | 2005                                     | n/a                                   |
| Kaye, William                                 | 2002                                     | 2007                                  |
| Khan, Princess Yasmin Aga                     | Lifetime Honorary Vic                    | e 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 Cha                    |                                       |
| Swift, Suzanne                                | 2005                                     | n/a                                   |
| Thomas, Robert                                | 2000                                     | 2009                                  |
| Thompson, Evan                                | 2001                                     | 2008                                  |

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

| Director (listed alphabetically by last name) | Year - Election to<br>Board of Directors | Year - Conclusion of Board<br>Service |
|---|--|---------------------------------------|
| 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                                   |

# alzheimer's 8 association

## 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.): Name: Marilyn Albert 1. 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: 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):

| might be affected by your involvem   | officer, partner, employee or agent) in an organization that ent with the Alzheimer's Association? nization, location, nature of business, your interest):                |
|--|---|
| Association, from any other organize   | , related to your leadership position with the Alzheimer's ration? e (organizations, locations, nature of business, your  |
| individual chapters, involving a co<br>potential conflict of interest?   | e Alzheimer's Association, through its national office or any ntract, sale or fee that may be perceived as an actual or of the organization, transaction, your interest): |
| Nominating Committees and the local Nominating Committees and Nominati | be disseminated beyond the Executive and Governance & designated staff without my consent. semination of this disclosure.   |
| Signed: Maulyn Albert  |   |
|  |   |
|  |   |
| For office use only:   |   |
| Date Received: 10 50 59  | 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 or by fax to: (866) 466-7660

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.

tion of the Office of the President, national headquarters.): 1. Level of Service: 2. National Board or Board Committee Member Publication Author/Contributor Program Speaker/Participant National Sr. Staff and Association Directors Other I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-

DISCLOSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-

tion 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.) The following information would be relevant to a determination of Conflict of Interest related to your

4. 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):

3.

|        | Compensation in cas<br>sociation, from any of<br>YesNo<br>tion): | h or in kind, related to<br>her organization?<br>Describe (organizatio                                 |                                     |                   |                    |
|--------|--|--|-------------------------------------|-------------------|--------------------|
|        | individual chapters, in<br>tential conflict of inter             | actions with the Alzhei<br>nvolving a contract, sa<br>rest?<br>Describe (part of the o                 | ale or fee that ma                  | ay be perceived a | S all actual of po |
| 5.     | Neminating Comm  | ation of this disclosure<br>disclosure not be diss<br>ittees and the designa<br>bjection to disseminat | eminated beyon<br>ted staff without | my consent.       | nd Governance &    |
| Signe  | d: Mailyn  | albert   | Date:                               | 3/8/08            |                    |
|        |  |  |                                     |                   |                    |
|        |  |  |                                     |                   |                    |
|        |  |  |                                     |                   |                    |
|        |  |  |                                     |                   |                    |
| For of | ffice use only:  |  |                                     | ,                 |                    |
| Date   | Received:  | Staff  | Review:                             | ry -              |                    |
| •      | rted to Executive Committee:<br>ial Instructions:                |  |                                     |                   |                    |
|        |  |  |                                     |                   |                    |

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: Marilyn Albert   |
|------------|--|
| <b>2</b> . | Level of Service:  |
|            | National Board or Board Committee Member   |
|            | Publication Author/Contributor   |
|            | Program Speaker/ParticipantNational Sr. Staff and Association Directors  |
|            | Other  |
| 3.         | I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-<br>tion 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.) |
|            | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|            | <ul> <li>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):</li> </ul>   |

|         | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li></ul>  |
|---------|---|
|         | <ul> <li>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?</li> <li>Yes</li> <li>No</li> <li>Describe (part of the organization, transaction, your interest):</li> </ul>   |
| 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  | : Marelyn albert Date: 4/5/07   |
|         |   |
|         |   |
|         |   |
|         | ee use only:  |
| Reporte | sceived: 4.5.09 Staff Review: UND Staff Review: |
|         |   |

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: Marilyn Hiber  |
|----|--|
| 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:   |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):   |
|    | <ul> <li>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?</li> <li>Yes No Describe (organization, location, nature of business, your interest):</li> </ul>                                       |

|            | I to Executive Committee:   |
|------------|---|
|            | Staff Review: C. 8 - 507  |
| For office | e use only:   |
|            |   |
| Signed     | : Maulyn albert Date: 2/11/06   |
| 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.   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>  |
|            |   |

## alzheimer's 95 association

## 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.

|    | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the nof the Office of the President, national headquarters.):  |
|----|---|
| 1. | Name: Michael HRTHW   |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |

| might be affected by your involvem                                 | officer, partner, employee or agent, in an organization that nent with the Alzheimer's Association? enization, location, nature of business, your interest):                |
|--|---|
| Association, from any other organia                                | d, related to your leadership position with the Alzheimer's zation?  De (organizations, locations, nature of business, your   |
| individual chapters, involving a copotential conflict of interest? | ne Alzheimer's Association, through its national office or any ontract, sale or fee that may be perceived as an actual or of the organization, transaction, your interest): |
| Nominating Committees and the                                      | be disseminated beyond the Executive and Governance & designated staff without my consent.  |
| Signed: ////////////////////////////////////                       | Date: 1/9// /   |
|  |   |
|  |   |
| •  |   |
| For office use only:<br>Date Received: <u>ハヨスモラ</u>                | Staff Review: 143   |
| Reported to Executive Committee:Special Instructions:              | 4   |

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 or by fax to: (866) 466-7660

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. 2. Level of Service: National Board or Board Committee Member Publication Author/Contributor Program Speaker/Participant National Sr. Staff and Association Directors Other \_\_\_\_\_ I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-3. tion 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.) The following information would be relevant to a determination of Conflict of Interest related to your 4. 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):

Alzheimer's Association Conflict of Interest Guidelines and Disclosure Statement

| Reported     | eived:Staff Review: to Executive Committee: instructions:   |
|--------------|---|
| For office   | ,   |
|              |   |
| Signed:_     | 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.  Date: 3/8/168  |
| <b>5</b> . I | 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? YesNo    Describe (part of the organization, transaction, your interest):  n regard to the dissemination of this disclosure: |
| •            | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  YesNo Describe (organizations, locations, nature of business, your compensation):  |

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.

| DISCL | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-   |
|-------|---|
|       | the Office of the President, national headquarters.):   |
| 1.    | Name: MICHAEL APTHUR  |
| 2.    | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 3.    | I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensation and eonflict 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.)    |
|       | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|       | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| •            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>   |
|--------------|---|
|              | YesNo Describe (organizations, locations, nature of business, your compensation):   |
| •            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 5. I<br>-    | 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 u | use only:   |
| Date Rece    | ived: Staff Review:   |
|              | o Executive Committee:  |
| Special Ins  | structions:   |
|              |   |

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. Level of Service: 2. ✓ 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?  |
|------------|--|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):  |
|            | <ul> <li>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?</li> <li>YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 5.         | In regard to the dissemination of this disclosure:    request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.    do not have any objection to dissemination of this disclosure.  |
| Signed:    | MHL Date: 2/11/06  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
| For office | use only:  |
| Date Rec   | eived: 4. 11. 06 Staff Review: R. 8. 70 7  |
|            | to Executive Committee:  |
|            |  |

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.

| DISCLO | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attenthe Office of the President, national headquarters.):   |
|--------|---|
| 1.     | Name: Muc J. ATTEA  |
| 2.     | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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.)    |
|        | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|        | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |
|        | OTA CITY OTA COSTA MICHIGAN AVA Suite   |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

|             | sociation, from any of  | her organization?                               |                                  | rship position with the Alzheir  |                         |
|-------------|---|---|----------------------------------|--|-------------------------|
|             | YesNo tion):  | Describe (organization                          | ons, locations                   | , nature of business, your co  | mpensa-                 |
|             | individual chapters, in<br>tential conflict of intere                                   | ivolving a contract, sest?                      | ale or fee that                  | ation, through its national office it may be perceived as an actural ransaction, your interest): | ce or any<br>ual or po- |
| 5.          | In regard to the dissemina I request that this d Nominating Commit I do not have any ob | lisclosure not be diss<br>ttees and the designa | seminated bey<br>ated staff with | ond the Executive and Gove out my consent. closure.  | rnance &                |
| Signed:     | Mullet  |   | Date:                            | 3-9-09   |                         |
|             |   |   |                                  |  |                         |
|             |   |   |                                  |  |                         |
|             |   | :   |                                  |  |                         |
|             |   |   |                                  |  |                         |
| <b>5</b> 60 | autu  |   |                                  |  |                         |
|             | e use only:   | 01.11   | <b>n</b>                         |  |                         |
|             | celved:   |   | Keview:                          |  | <del>_</del>            |
| •           | I to Executive Committee:   |   |                                  |  |                         |
|             |   |   |                                  |  | _                       |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

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: 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: 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? </li></ul>  |

| •          | nstructions:   |
|------------|--|
|            | to Executive Committee:  |
| For office | e use only:  |
|            |  |
| 5. Signed: | 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.  Date: 5-8-3cos                                      |
|            | <ul> <li>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?         YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> |
|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>   |
|            |  |

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 atten-

| tion of | the Office of        | the President  | , nationa                           | l headquarte                 | ·s.):                                   | 3 ,   |     |
|---------|----------------------|--|-------------------------------------|------------------------------|---|---|-----|
| 1.      | Name:                | Paul   | J.                                  | Atte                         | a                                       |   |     |
| 2.      | Public Progra        | rvice:<br>al Board or B<br>ation Author/(<br>am Speaker/P<br>al Sr. Staff ar | Contribute<br>articipan<br>nd Assoc | or<br>t<br>iation Directo    |   |   |     |
| 3.      | tion and co<br>Based | nflict of intere<br>on the Bylaw   | st and I h<br>s and po              | ave the follogicy, no discle | wing response:<br>osure is necessary    | elines policy regarding compens . (Skip item 4.) . (Answer item 4.)                                     | за- |
| 4.      | leadership           | position in th<br>members of y   | e Assoc                             | iation. (This                | includes past, p                        | Conflict of Interest related to your conflict and anticipated activity our tenure in an Association Lea | of  |
|         |                      |  |                                     |                              | ation with dementians, locations, natur | a-related interests.<br>re of business, your interests):  |     |
|         | might b              | e affected by  | your invo                           | lvement with                 | the Alzheimer's A                       | e or agent) in an organization the<br>ssociation?<br>of business, your interest):                       | nat |

| Special In | tructions:  |
|------------|---|
|            | Executive Committee:  |
|            | ved: Staff Review:  |
| For office | se only:  |
|            |   |
| Signed     | Mulfille Date: 2-10-2007  |
| 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.   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
|            | sociation, from any other organization?  YesNo Describe (organizations, locations, nature of business, your compensation):  |
|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's As-</li> </ul>   |

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.

|    | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attenthe Office of the Rresident, national headquarters.):   |
|----|---|
| 1. | Name: Paul J. Atta  |
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  |
|------------|--|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):  |
|            | <ul> <li>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?         YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> |
| 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.  do not have any objection to dissemination of this disclosure.  |
| Signed:    | Mulf Atte Date: 2-11-2006  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
| For office | use only:  |
| Date Rece  | eived: 2.11.06 Staff Review: R. 8.707  |
|            | to Executive Committee:structions:   |
|            |  |

## alzheimer's % association

### 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: Mary Guerriero Austrom  |
|----|---|
|    |   |
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |

| •                | might be affected by you   |  |                                      |                 | an organizatio | m mai |
|------------------|--|--|--------------------------------------|-----------------|----------------|-------|
|                  | Yes/_No Des  | cribe (organization,                       | location, nature                     | of business, yo | ur interest):  |       |
| •                | Compensation in cash Association, from any ot Yes No compensation):  | her organization?                          | to your leaders                      |                 |                |       |
| •                | Interest in any transaction individual chapters, involved potential conflict of interesting Yes _! _No Description | olving a contract, s<br>est?               | ale or fee that n                    | nay be perceiv  | ved as an act  |       |
|                  | regard to the disseminatio I request that this disc Nominating Committee I do not have any object                  | losure not be disse<br>s and the designate | minated beyond<br>ed staff without m | y consent.      | and Governa    | nce & |
| Signed:          | (A) 9  | 504  | Pate:                                | <u> </u>        | 1-09           |       |
|                  |  |  |                                      |                 |                |       |
|                  |  |  |                                      |                 |                |       |
|                  |  |  |                                      |                 |                |       |
|                  |  |  |                                      |                 |                |       |
|                  |  |  |                                      |                 |                |       |
|                  |  |  |                                      |                 |                |       |
|                  |  |  |                                      |                 |                |       |
| For office use o | only:  |  |                                      |                 |                |       |
| Date Received    | 1. 1.31.69   | Staff Revi                                 | iew: ##\$                            |                 |                |       |
|                  | recutive Committee:  |  |                                      | *               |                |       |
| opeciai instruc  | JUONS.   |  |                                      |                 |                |       |

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.

| tion of the | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>he Office of the President, national headquarters.):   |
|-------------|---|
| 1.          | Name: Mary Guerriero Austrom  |
| 2.          | Level of Service:   |
| 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.)    |
|             | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|             | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| Special Ir | nstructions:  |
|------------|---|
|            | to Executive Committee:   |
|            | eived: Staff Review:  |
| Ear office | usa anlw  |
|            |   |
| Signed:    | Date: 3-8-08  Livy Guerviero Austrom  |
| 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.   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>  |

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.

| 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:  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. |
|    | <ul> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> <li>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?YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|              | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>  |
|--------------|--|
|              | Yes No Describe (organizations, locations, nature of business, your compensation):   |
|              | <ul> <li>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?  YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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:      | OVT COULD Date: 4-18-07  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
| For affice u | use only:  |
| Date Rece    | ived: 19.07 Staff Review:  |
| Reported t   | o Executive Committee:   |
|              |  |

Alzheimer's Association Conflict of Interest Guidelines and 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

1

| 1. | Name: May 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:  |
| 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. YesNo Describe (organizations, locations, nature of business, your interests): |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| tion):  |
|---|
| <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: 977-110 Date: 2-12-06   |
|   |
| For office use only:  |
| Date Received: 2. /2. 0 6 Staff Review: P. 3/99   |
| Reported to Executive Committee:Special Instructions:   |

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.

| Name: DIANE BAZELIDES  |
|--|
| Level of Service:  |
| National Board or Board Committee Member Publication Author/Contributor  |
| Publication Author/ContributorProgram Speaker/Participant  |
| National Sr. Staff and Association Directors   |
| Other  |
| 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.)  |
| 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. YesNo Describe (organizations, locations, nature of business, your interests):  |
| <ul> <li>Offices and/or positions (director, officer, partner, employee or agent) in an organization that<br/>might be affected by your involvement with the Alzheimer's Association?</li> </ul>   |
| YesNo Describe (organization, location, nature of business, your interest):  |

|        | Instructions:   |
|--------|---|
| •      | d to Executive Committee:   |
|        | ceived:   |
|        | ee use only:  |
|        |   |
|        |   |
| Signed | i: Lare Bazolek Date: 2/1/04  |
| 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.   |
|        | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
|        | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>  |

# alzheimer's % association

## 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.

| 1. | Name: SERUSE  |
|----|---|
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesYesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |

| <ul> <li>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):</li> </ul>  |
|---|
| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li></ul>  |
| <ul> <li>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):</li> </ul> |
| 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: 1/3°/07   |
|   |
|   |
| For office use only:  |
| Date Received: _/ 3/ 59 Staff Review:   |

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: <a href="mailto:officeoftheceo@alz.org">officeoftheceo@alz.org</a> or by fax to: (866) 466-7660

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.

| 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   |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| Special      | Instructions:  |
|--------------|--|
| ,            | d to Executive Committee:  |
| Date Re      | ceived:Staff Review:   |
| 5.<br>Signed | 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.  |
|              | <ul> <li>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?</li> <li>YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
|              | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>   |
|              | O was a time in each as in kind, related to your leadership position with the Alzheimer's As-  |

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.

| 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  |
| 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:  |
| 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. YesNo Describe (organizations, locations, nature of business, your interests): |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| Date Re    | ice use only: eceived: Staff Review:ed to Executive Committee:   |
|------------|--|
|            |  |
| For office | ce use only:   |
|            |  |
| Signed     | Date: Date: 29/07 DARD BETRUBE   |
| 5.         | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governant Nominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.   |
|            | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office of individual chapters, involving a contract, sale or fee that may be perceived as an actual of tential conflict of interest?</li> <li>YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
|            | YesNo Describe (organizations, locations, nature of business, your competion):   |

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.

| 1. | Name: ED SERUSE   |
|----|---|
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer sociation, from any other organization?</li> </ul>   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your comp tion):  |
|            | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office of individual chapters, involving a contract, sale or fee that may be perceived as an actual of tential conflict of interest? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 5.         | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governar 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 | ce use only:  |
|            | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| Date Re    | eceived: 2 · //. 0 6 Staff Review: P · 3 · 5 · 5  |

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.

| 1.<br>2. | Name: Vahia'a Blanchette  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 compensa-<br>tion 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.) |
|          | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|          | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| •          | 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 V No Describe (part of the organization, transaction, your interest): |
| 5. li      | n 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:_   | Slavelitte Date: 3/8/08   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | use only:   |
| Date Rece  | eived: Staff Review:  |
| ,          | to Executive Committee: structions:   |

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII c the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guide lines and Bylaws is attached. Disclosure of information that may be important to determination of the exis tence 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 c 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 othe outside interests or activities. This statement identifies information to enable these individuals and Association leadership to identify and manage, minimize or eliminate potential conflicts.

| 1. | Name: Tatricia Canore Blanchette, M.D., MPH   |
|----|---|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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:  |
| 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 your self or members of your immediate family concurrent with your tenure in an Association Leadership position.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|         | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        YesNo Describe (organizations, locations, nature of business, your compensation):</li> </ul>                                  |
|---------|---|
|         | <ul> <li>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? </li></ul>                                |
| 5.      | In regard to the dissemination of this disclosure:    request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.    do not have any objection to dissemination of this disclosure. |
| Signed: | Oblembatto m.D. Date: 4-4-07  |
|         | ·   |
|         |   |
|         |   |
|         |   |
|         | use only:   |
|         | eived: 4.4.69 Staff Review: 49  |
|         | to Executive Committee:   |
|         |   |

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.

| 1. | Name: Vatricia Blanchette, M.P.   |
|----|---|
| 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. YesNo Describe (organizations, locations, nature of business, your interests): |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        Yes</li></ul>   |   |
|------------|---|---|
|            | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?</li></ul>                                | • |
| 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. | ፄ |
| Signed:    | : Slænchetta m.D. Date: 2/11/06   | _ |
|            |   |   |
|            |   |   |
|            |   |   |
|            |   |   |
| For office | use only:   |   |
| Date Rec   | ceived: 2.11.06 Staff Review: R. 3.707  |   |
|            | to Executive Committee:   |   |
|            |   |   |

# alzheimer's % association

# 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.

| 1. | Name: Robert Thomas Bodkin   |
|----|--|
| 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:   |
| 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |

| might be affected by your involvement with the Alzheimer's Association?  ——YesNo Describe (organization, location, nature of business, your interest):  |
|---|
| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        YesNo Describe (organizations, locations, nature of business, your compensation):</li> </ul>  |
| <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: form Bours Boths Date: 1/30/09  |
|   |
|   |
| ·   |
| For office use only:  |
| Date Received: / 3 < 0 9 Staff Review: ////   |
| Reported to Executive Committee:  |
| Special Instructions:   |

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.

| 1.<br>2. | Name: Robert Thomas Bodk: W  |
|----------|--|
|          | National Board or Board Committee Member Publication Author/Contributor  |
|          | Program Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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 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.) |
|          | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|          | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|           | •    | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization? YesNo   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? YesNo Describe (part of the organization, transaction, your interest): |
| 5.        |      | 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    | Date: 3/8/2008  |
|           |      |   |
|           |      |   |
|           |      |   |
|           |      |   |
| For offic | e us |   |
|           |      | ed: Staff Review:   |
|           |      | Executive Committee: uctions:   |
|           |      |   |

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.

| 1. | Name: Robert Thomas Book: N   |
|----|---|
| 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): |
|    | <ul> <li>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? YesX_No Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            |       | 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 No Describe (part of the organization, transaction, your interest): |
| 5.         |       | egard 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     | Ca    | la Jaken Date: 2/4/2007   |
|            |       |   |
|            |       |   |
|            |       |   |
|            |       |   |
|            |       |   |
|            |       |   |
|            |       |   |
|            |       |   |
| For office | use o | only:   |
| Date Rec   | eived | Staff Review:   |
|            |       | tecutive Committee:tions:   |
|            |       |   |



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.

| 1. | Name: Kobert Thomas BODKIN  |
|----|---|
| 2. | Level of Service:   |
| 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.)      |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|             | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>  |
|-------------|---|
|             | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
|             | 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:     | Potent OBARIC Date: 2/11/2006   |
|             |   |
|             |   |
|             |   |
|             |   |
| For office  |   |
| Reported t  | to Executive Committee:   |
| Special Ins | structions:   |

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.

| DISCLO<br>tion of t | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>he Office of the President, national headquarters.):   |
|---------------------|---|
| 1.                  | Name: 3-7-0 (   |
| 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):   |
|                     | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            | <ul> <li>Compensation in cash or in kin<br/>sociation, from any-other organ</li> </ul> | nd, related to your leadership position with the Alzheimer's As-<br>sization?   |
|------------|--|---|
|            | Yes No Describe tion):   | (organizations, locations, nature of business, your compensa-   |
|            | individual chapters, involving a<br>tential conflict of interest?                      | th the Alzheimer's Association, through its national office or any contract, sale or fee that may be perceived as an actual or popart of the organization, transaction, your interest): |
| 5.         | Nominating Committees and  | is disclosure: not be disseminated beyond the Executive and Governance & the designated staff without my consent. dissemination of this disclosure.                                     |
| Signed:    | Lone Dann  | Date: 3 - 7 - 0 9   |
|            |  |   |
| For office | e use only:  |   |
|            | ceived:  | Staff Review:   |
|            | d to Executive Committee:  |   |
|            |  |   |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

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.

| 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: 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| -          | nstructions:   |
|------------|--|
|            | d to Executive Committee:  |
| For office | e use only:  |
|            |  |
| Signed:    | Nominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.  Date: 3-8-05   |
| 5.         | <ul> <li>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?         YesNo Describe (part of the organization, transaction, your interest):     </li> <li>In regard to the dissemination of this disclosure:</li> <li>I request that this disclosure not be disseminated beyond the Executive and Governance &amp;</li> </ul> |
|            | tion):   |
|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensations)     </li> </ul>   |

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.

| 1. | Name: LANT 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:  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.) |
| 1. | 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's As sociation, from any other organization?</li> <li>Yes No Describe (organizations, locations, nature of business, your compensation):</li> </ul>   |          |
|------------|--|----------|
|            | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |          |
| 5.         | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance of Nominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.                                       | <u>ş</u> |
| Signed:    | Lane Bour Date: 2-8-07   | _        |
|            |  | _        |
|            |  |          |
|            |  |          |
|            |  |          |
|            |  |          |
| For office | use only:  |          |
| Date Rece  | eived: Staff Review:   |          |
|            | to Executive Committee:  |          |
|            |  |          |

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.

| 1. | Name: LANE M Bower  |
|----|---|
| 2. | Level of Service:   |
| 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.)      |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | • 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):  |
|            | <ul> <li>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):</li> </ul> |
| 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:    | Love Dave: 9-5-06   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office |   |
|            | eived: 9 11 2006 Staff Review: CO 709   |
|            | to Executive Committee:structions:  |
|            |   |

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 atten-

tion of the Office of the President, national headquarters.): Name: Christine Branche 1. 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.) The following information would be relevant to a determination of Conflict of Interest related to your 4. 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?   |
|------------|---|
|            | YesVNo Describe (organizations, locations, nature of business, your compensation):  |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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     | Europe Baucle Date: 2/1/02 06   |
|            |   |
|            |   |
| For office | suse only:  |
| Date Rec   | seived: 2 · //. 06 Staff Review: R. 3 / 707   |
|            | to Executive Committee:   |
| -          |   |

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.

| 1. | Name: <u>Instine</u> Branche   |
|----|--|
| 2. | Level of Service:  |
|    |  |
|    | r ublication Author/Contributor<br>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.)  |
| 1. | 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>Offices and/or positions (director, officer, partner, employee or agent) in an organization that<br/>might be affected by your involvement with the Alzheimer's Association?</li> </ul>   |
|    | YesNo 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?   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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:    | Churche Date: 2/9/07  |
|            |   |
|            |   |
| For office | use only:   |
|            | eived: Staff Review:  |
|            | to Executive Committee:   |
|            |   |

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.

| 1.     | Name: Bill Bridgwater  |
|--------|--|
|        | J  |
| 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:   |
| 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. |
|        | YesNo 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? YesNo 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 Chicago, iL. 60601 by email to:  |

| <ul> <li>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?</li> <li>Yes No Describe (part of the organization, transaction, your interest):</li> </ul> |
|---|
| 5. In regard to the dissemination of this disclosure:  V 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: B. W. Brugater Date: 3-4-08 2009  |
|   |
|   |
|   |
|   |
| For office use only   |
| Date Received: 3 4 0 9 Staff Review: Utility  |
| 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

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.

| 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.) |
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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?</li> <li>Yes No Describe (organization, location, nature of business, your interest):</li> </ul>  |

| •           | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization? YesNo   |
|-------------|---|
| •           | 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? YesNo _ 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 Brografer Date: 3/8/08   |
|             |   |
|             | ved: Staff Review:  |
| Special Ins | tructions:  |

## alzheimer's 95 association

## 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.

| 1. | Name: Randy Brock   |
|----|---|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |

| Reported to Executive Committee:_ Special Instructions: |   |                                     | ř                 |  |
|---|---|-------------------------------------|-------------------|--|
| Date Received: / 9                                      | Staff   | Review: 485                         |                   |  |
| For office use only:                                    |   |                                     |                   |  |
|   |   |                                     |                   |  |
|   |   |                                     |                   |  |
|   |   |                                     |                   |  |
|   |   |                                     |                   |  |
|   |   |                                     |                   |  |
| Signed:   | 32  | _ Date:                             | 1/31/09           |  |
| I request that Nominating C                             | emination of this disclos<br>this disclosure not be o<br>ommittees and the design<br>any objection to dissemination | disseminated beyonated staff withou | ut my consent.    | and Governance &                       |
| individual chap<br>potential conflic                    | transactions with the Al.<br>ters, involving a contra<br>terinterest?<br>No Describe (part of the                   | ct, sale or fee th                  | at may be perceiv | red as an actual or                    |
|   | - '   | n?                                  | , ,               | vith the Alzheimer's of business, your |
| might be affect   | positions (director, officed by your involvement No Describe (organiza  | with the Alzheime                   | er's Association? | -                                      |

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 or by fax to: (866) 466-7660

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.

| 1. | Name: RAUDY 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:  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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's As sociation, from any other organization?  | -            |
|------------|---|--------------|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |              |
|            | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?         YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> | y<br>)-      |
| 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.   | <u>&amp;</u> |
| Signed:    | Date: 3/6/08  | _            |
|            |   |              |
|            |   |              |
|            |   |              |
|            |   |              |
|            |   |              |
| For office | e use only:   |              |
| Date Red   | ceived: Staff Review:   |              |
| •          | d to Executive Committee:   |              |
|            |   |              |

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.

| 1. | Name: RANDOLPH D. BROCK IT   |
|----|--|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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:   |
| 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. |
|    | <ul> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> <li>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?YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|          | sociation, from any other organia  | zation?  | ship position with the Alzheimer's A , nature of business, your compens   |   |
|----------|--|--|---|---|
|          | tion):   | (organizations, locations                            | , nature of business, your compens  | _ |
|          |  | contract, sale or fee that                           | ation, through its national office or ar<br>may be perceived as an actual or per<br>ransaction, your interest): |   |
| 5.       | Nominating Committees and the Nominating Committees and the North I do not have any objection to | not be disseminated bey<br>he designated staff witho |   | & |
| Signed:  | 1550   | Date:  | 217107  | _ |
|          |  |  |   |   |
|          | use only:  | 0. 50  |   |   |
| Reported | eived: to Executive Committee: structions:   |  |   |   |
|          |  |  |   |   |



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: JANDOLPH J. LIFLOCK !!!   |
|----|---|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

5

|              | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> <li>YesNo Describe (organizations, locations, nature of business, your compensa-</li> </ul>   |
|--------------|---|
|              | tion):  |
|              | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 5.           | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance & Mominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.   |
| Signed:_     | Date:   |
|              |   |
|              |   |
|              |   |
|              |   |
| For office u | use only:   |
| Date Rece    | staff Review: R. B. 757   |
|              | to Executive Committee:   |
| Special Ins  | structions:   |

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.

| 1.     | Name: Robert K. Burke  |
|--------|--|
| 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: XBased 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.)   |
|        | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
| Returr | <ul> <li>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?</li></ul>  |

| Special   | Instructions:  |  |
|-----------|--|--|
| Reporte   | ed to Executive Committee:   |  |
|           |  |  |
| For offic | ce use only:   |  |
|           |  |  |
|           |  |  |
|           |  |  |
|           |  |  |
|           |  |  |
|           |  |  |
| Signed    | d: <u>/s/ Robert K. Burke</u>  | Date: 24 April 2009                          |
| 5.        | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated by Nominating Committees and the designated staff with a light of the light of | rithout my consent.                          |
|           | individual chapters, involving a contract, sale or fee the tential conflict of interest? YesNo Describe (part of the organization)   |  |
|           | Interest in any transactions with the Alzheimer's Assortant  | ociation, through its national office or any |
|           | YesNo Describe (organizations, location):  | ons, nature of business, your compensa-      |
|           | <ul> <li>Compensation in cash or in kind, related to your lead<br/>sociation, from any other organization?</li> </ul>  | dership position with the Alzheimer's As-    |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 496-7660

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.

| 1. | Name: Robert W. 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:  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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's<br/>Association, from any other organization?</li> </ul>   |
|------------|---|
|            | Yes No Describe (organizations, locations, nature of business, you compensation):   |
|            | <ul> <li>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):</li> </ul> |
| 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 | e use only:   |
| Date Rec   | ceived: Staff Review:   |
|            | to Executive Committee:   |
| Special Ir | nstructions:  |
|            |   |

## alzheimer's 8 association

# 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.): 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 I have read the Association's Bylaws and the Board's policy guidelines policy regarding 3. 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.) The following information would be relevant to a determination of Conflict of Interest related to your 4. 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 tha might be affected by your involvement with the Alzheimer's Association?  Yes   | t |
|-------------------|--|---|
|                   | 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? YeslNo Describe (part of the organization, transaction, your interest): |   |
| 5. In re          | egard 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:           | Hahre 1/31/09  |   |
|                   |  |   |
|                   |  |   |
| For office use on | <br>n <u>ly:</u>   |   |
| Reported to Exec  | Staff Review: ###  | t |

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 or by fax to: (866) 466-7660

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.

| ı. | 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:   |
| 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesX_No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesXNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| •          | structions:   |
|------------|---|
|            | ceived: Staff Review:   |
| For office | e use only:   |
|            |   |
|            |   |
| Signed:    | Hermi Bn Date: 3/8/08   |
| 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. |
|            | <ul> <li>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?</li></ul>                                 |
|            | <ul> <li>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):     </li> </ul>                           |

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.

| 1. | Name: HEATHER BULINS   |
|----|--|
| 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:   |
| 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 _K_No Describe (organizations, locations, nature of business, your interests):   |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            |        | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  Yes   |
|------------|--------|--|
|            | i      | 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?  YesNo Describe (part of the organization, transaction, your interest): |
| 5.         |        | egard 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:    | . 4    | Heavan 6 /20/07  |
|            |        |  |
|            |        |  |
|            |        |  |
|            |        |  |
| For office | use o  | nlv:   |
| Date Rec   | eived: | が、 シロ、ログ Staff Review: ビリン   |
| •          |        | ecutive Committee:   |
|            |        |  |

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.

| 1. | Name:                                      | ( HAR LES  | - M  | Coce  | _  |
|----|--|--|--|---|----|
| 2. | Public Progr Natio                         | ervice: nal Board or Board Committe cation Author/Contributor am Speaker/Participant nal Sr. Staff and Association I |  |   |    |
| 3. | tion and co                                | onflict of interest and I have the<br>d on the Bylaws and policy, n  | ie following ro<br>o disclosure i            | l's policy guidelines policy regarding compensa<br>response:<br>is necessary. (Skip item 4.)<br>is necessary. (Answer item 4.)                                    | -  |
| 4. | leadership yourself or ership pos  • Owner | position in the Association. members of your immediate ition.)  rship or equity interest in an o                     | (This inclu<br>family concu<br>rganization w | termination of Conflict of Interest related to you udes past, present and anticipated activity our tenure in an Association Lead with dementia-related interests. | f  |
|    | might                                      | be affected by your involvement  | ent with the A                               | ner, employee or agent) in an organization tha<br>Alzheimer's Association?<br>ation, nature of business, your interest):  | ıt |

|              | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|--------------|---|
|              | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|              | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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       | : Carles Ul Col Date: 2/11/06   |
| <del>,</del> |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              | e use only:   |
| Date Red     | ceived: A · // · O Staff Review: P - O - > O  |
|              | I to Executive Committee:nstructions:   |
|              |   |

## alzheimer's 95 association

## 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.

| 1. | Name: Laurel Coliman  |
|----|---|
| 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.  YesNo Describe (organizations, locations, nature of business, your interests): YesNo 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? YesNo 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? YesNo  |
| 6              | 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? YesNo Describe (part of the organization, transaction, your interest):  |
|                | 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:        | (alterel Collarge Date: 1-30-09  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
| For office use |  |
|                | d: 10 90 C 9 Staff Review: 10 Staff Revi |
|                | xecutive Committee:  tions:  |
|                |  |

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 or by fax to: (866) 466-7660

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.

| •          | Name: Laurel Celima  |
|------------|--|
| 2.         | Level of Service:National Board or Board Committee Member Publication Author/Contributor   |
|            | Publication Author/ContributorProgram Speaker/Participant  |
|            | National Sr. Staff and Association DirectorsOther  |
| <b>3</b> . | I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-<br>tion 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.)   |
|            | 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.) |
|            | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|            | <ul> <li>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?</li></ul>  |

| •                      | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  Yes 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?  YesNo Describe (part of the organization, transaction, your interest): |
| 5. In<br>—<br><u>U</u> | 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:                | Caurel Column AD Date: 3/8/08.   |
|                        |  |
|                        |  |
|                        | ved: Staff Review:   |
| •                      | b Executive Committee: tructions:  |
|                        |  |

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.

| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>Yes <a href="Model">W</a>_No Describe (organization, location, nature of business, your interest):</li> </ul>                  |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> <li>Yes</li> <li>No</li> <li>Describe (organizations, locations, nature of business, your compensa-</li> </ul>   |
|------------|--|
|            | tion):   |
|            | <ul> <li>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):     </li> </ul> |
| 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:    | lâuice Coleina Date: 2-8-07  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
| For office | use only:  |
| Date Rece  | eived: Staff Review:   |
|            | to Executive Committee:structions:   |
|            |  |

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.

| Name:                   | l   | aurel (  | oleman  | MD                 |   |
|-------------------------|---|--|---|--------------------|---|
| Publica Prograr Nationa | I Board or<br>tion Author<br>n Speaker<br>I Sr. Staff | Board Committ<br>/Contributor<br>/Participant<br>and Associatior |   |                    |   |
| tion and con<br>Based o | lict of inter<br>on the Byla                          | est and I have lws and policy,                                   | and the Board's pol<br>the following respo<br>no disclosure is ne<br>ain disclosure is ne | onse:<br>ecessary. |   |
| leadership p            | osition in<br>embers of                               | the Association  | n. (This includes   | past, pre          | Conflict of Interest related to your esent and anticipated activity of<br>ir tenure in an Association Lead- |
|                         |   | •  | organization with o<br>anizations, location   |                    | related interests. of business, your interests):  |
| might be                | affected b  | y your involven  | ent with the Alzhe  | eimer's Ass        | or agent) in an organization that sociation?  f business, your interest):                                   |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>   |
|------------|--|
|            | <ul> <li>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?         YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> |
| 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:    | [aure Colinia Date: 2/12/06.   |
|            |  |
|            |  |
|            |  |
|            |  |
| For office | use only:  |
|            | eived: 2.1/.06 Staff Review: R. 8.707  |
|            | to Executive Committee:  |
|            |  |

# alzheimer's PS association

# CONFLICT OF INTEREST DISCLOSURE STATEMENT

RECEIVED
FEB 24 RECD

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.

| 1. | Name: MERYL CONSER  |
|----|---|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |

| •                | 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 Volume No Describe (organizations, locations, nature of business, your compensation):  |
| 8                | 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): |
|                  | 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:          | Jale: february 13, 2009   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
| For office use o |   |
|                  | Staff Review: ///   |
|                  | ecutive Committee:  |
|                  |   |

p. 1

#### **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.

| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li></ul>   |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's As<br/>sociation, from any other organization?</li> </ul>   |
|--|
| YesNo Describe (organizations, locations, nature of business, your compensation):  |
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?</li> <li>Yes No Describe (part of the organization, transaction, your interest):</li> </ul>         |
| <ul> <li>In regard to the dissemination of this disclosure:         <ul> <li>I request that this disclosure not be disseminated beyond the Executive and Governance of Nominating Committees and the designated staff without my consent.</li> <li>I do not have any objection to dissemination of this disclosure.</li> </ul> </li> </ul> |
| Signed: Date:  |
|  |
|  |
|  |
|  |
| For office use only:   |
| Date Received: P. 20. 0P Staff Review: Staff Review:   |
| Reported to Executive Committee:   |

Special Instructions:

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.

| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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?</li></ul>   |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheim sociation, from any other organization?         Yes No Describe (organizations, locations, nature of business, your contion):     </li> </ul>  |         |
|---|---------|
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office individual chapters, involving a contract, sale or fee that may be perceived as an actual tential conflict of interest? YesNo Describe (part of the organization, transaction, your interest):</li> </ul>                       | or any  |
| <ul> <li>In regard to the dissemination of this disclosure:         <ul> <li>I request that this disclosure not be disseminated beyond the Executive and Govern Nominating Committees and the designated staff without my consent.</li> <li>I do not have any objection to dissemination of this disclosure.</li> </ul> </li> </ul> | nance & |
| Signed: Date: Date: 31, 20  | 10 F    |
|   |         |
| For office use only:  |         |
| Date Received: 4. 10.09 Staff Review: Staff Review:   |         |
| Reported to Executive Committee:  |         |
|   |         |

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.

| 1. | Name: George S. Conklin   |
|----|---|
| 2. | Level of Service:   |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|           | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's A sociation, from any other organization?</li> <li>YesNo Describe (organizations, locations, nature of business, your compens tion):</li> </ul>   |           |
|-----------|--|-----------|
|           | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or a individual chapters, involving a contract, sale or fee that may be perceived as an actual or petential conflict of interest?         YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> | ny<br>10- |
| 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    | J22 Date: 3 8 08   |           |
|           |  |           |
|           |  |           |
|           |  |           |
| For offic | use only:  |           |
| Date Re   | eived:Staff Review:  |           |
| Reporte   | to Executive Committee:  |           |
| Special   | nstructions:   |           |

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.

| 1. | Name: Claye 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  |
| 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.) |
| 1. | 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, relate<br/>sociation, from any other organization?</li> </ul>  | •                                      | rship position with the Alzheimer's As- |
|------------|--|--|---|
|            | YesNo Describe (organi tion):  | zations, locations                     | s, nature of business, your compensa-   |
|            | <ul> <li>Interest in any transactions with the Alindividual chapters, involving a contractential conflict of interest?</li> <li>YesNo Describe (part of the part of the part</li></ul> | t, sale or fee that                    | t may be perceived as an actual or po-  |
| 5.         | In regard to the dissemination of this disclosure not be of Nominating Committees and the desired I do not have any objection to dissem  | disseminated bey<br>ignated staff with |   |
| Signed:    | ed:  | Date:                                  | 2/9/07                                  |
|            |  |  |   |
|            |  |  |   |
|            |  |  |   |
|            |  |  |   |
|            |  |  |   |
| For office | fice use only:   |  |   |
| Date Rec   | Received:Sta   | aff Review:                            |   |
|            | ted to Executive Committee:  |  |   |
|            |  | · ·                                    | · · · · · · · · · · · · · · · · · · ·   |

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.

| 1. | Name: Carye Conklin  |
|----|--|
| 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):  |
|    | <ul> <li>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?</li></ul>  |

|            | sociation, from any other organization   | 1?                                 | dership position with the Alzheimer's As-   |
|------------|--|------------------------------------|---|
|            | YesNo Describe (orga tion):  | nizations, locatio                 | ons, nature of business, your compensa-   |
|            |  | act, sale or fee th                | ociation, through its national office or any nat may be perceived as an actual or po- |
| 5.         | In regard to the dissemination of this disciplinary of the dissemination of this disciplinary of the disci | e disseminated besignated staff wi | eyond the Executive and Governance & thout my consent. lisclosure.                    |
| Signed:    |  | Date:                              | 2/11/06   |
|            | George Con   | klin                               |   |
|            |  |                                    |   |
| For office | e use only:  |                                    |   |
|            |  | Staff Review:                      | 8,709   |
|            | to Executive Committee:  |                                    |   |
|            |  |                                    |   |

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: 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:  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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesNo _ Describe (organization, location, nature of business, your interest):</li> </ul>  |
|    | A Line Appellation Office of the CEO, 225 N. Michigan Ave., Suite   |

Return completed disclosure statement by mail to: Carolyn Handler, Atzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite 1700, Chicago, IL. 60601, by email to: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

|            | sociation, from any other organ   | nization?                                       | dership position with the Alzheimer's As-<br>ns, nature of business, your compensa-  |
|------------|---|---|--|
|            | individual chapters, involving a<br>tential conflict of interest?   | a contract, sale or fee the                     | ociation, through its national office or any nat may be perceived as an actual or po |
| 5.         | In regard to the dissemination of the large | e not be disseminated be the designated staff w | beyond the Executive and Governance & ithout my consent. disclosure.                 |
| Signed:    | 5720ety   | Date:   | March 6, 2009  |
|            |   |   |  |
| For office | e use only:   |   |  |
| Reported   | ceived: d to Executive Committee:   |   |  |

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

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.

| 1. | Name: Steven T. De Kosky  |
|----|---|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| Special Ins  | structions:  |
|--------------|--|
|              | o Executive Committee:   |
| For office u | ived: 6 0 & Staff Review:  |
| For office 1 |  |
|              |  |
| Signed:      | 570el Date: 5-12-08  |
| 5. Ir<br>-   | n 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.                       |
| •            | 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?  YesNo Describe (part of the organization, transaction, your interest): |
| •            | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization? YesNo   Describe (organizations, locations, nature of business, your compensation):  |
|              |  |

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.

| Office o | SURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attention of the f the President, national headquarters.):   |
|----------|--|
| 1.       | Name: Steven T. De Kosky   |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity interest in an organization with dementia-related interests.  **Tendership or equity intere |
|          | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| •   | any other organization?  YesNo 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? YesNo Describe (part of the organization, transaction, your interest):  |
| _   | 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:   | STOctute 9/5/07  |
| Mote:<br>and do in<br>of these<br>associal<br>poups<br>Diseas<br>of the a<br>relevant<br>any of | I consult for a number of phenmaceutical companies edustry-sponsored research on Alberneis disease. None relationships are conflicts as defined by the Alberneis frien policies. I report these to several oversight purcluding my School of Medicine, the Alphenner's e Cooperative Study, and the FDA. At the regnest mociation I will provide them if it is felt therefore to the conflict of pirterest policy. I do not feel them panflict with my association responsibilities. |
| Reported to   | se only:  ved:   |
|   |  |

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.):

041

| 1. | Name: Steven 1. Ve Kosky  |  |
|----|---|--|
| 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 leadership position in the Association. (This includes past, present and anticipated activity yourself or members of your immediate family concurrent with your tenure in an Association Lership position.)             |  |
|    | Ownership or equity interest in an organization with dementia-related interests.  Yes Y No Describe (organizations, locations, nature of business, your interests):   |  |
|    | <ul> <li>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):</li> </ul>  |  |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's A sociation, from any other organization?</li></ul>  |
|---|
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or a individual chapters, involving a contract, sale or fee that may be perceived as an actual or perceived tential conflict of interest?  Yes No Describe (part of the organization, transaction, your interest):</li> </ul>         |
| <ul> <li>In regard to the dissemination of this disclosure:         <ul> <li>✓ I request that this disclosure not be disseminated beyond the Executive and Governance Nominating Committees and the designated staff without my consent.</li> <li>I do not have any objection to dissemination of this disclosure.</li> </ul> </li> </ul> |
| Signed:   |
|   |
|   |
|   |
| For office use only:  |
| · .   |
| Date Received: 3.14. 2006  Reported to Executive Committee: Staff Review: 1.05  |
| Special Instructions:   |

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.

| DISCLO | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>he Office of the President, national headquarters.):   |
|--------|---|
| 1.     | Name: Richerse G. aule Serve  |
| 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.)    |
|        | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|        | 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?  YesNo Describe (organization, location, nature of business, your interest):   |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's A sociation, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensition):     </li> </ul>   |           |
|--|-----------|
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or a individual chapters, involving a contract, sale or fee that may be perceived as an actual or perceived conflict of interest?</li> <li>YesNo Describe (part of the organization, transaction, your interest):</li> </ul> | ny<br>>0- |
| In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance Mominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.  Signed:  Date: Date:                            | . &       |
|  |           |
|  |           |
| 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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

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 Association. The purpose of this disclosure statement is to enable volunteer board decision making to identify 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.

| 1. | Name: BILLAD DELLA GENNA 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.  YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business, your interests): |
|    | <ul> <li>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? YesNoDescribe (organization, location, nature of business, your interest):</li> </ul>  |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):         Accuse my regular fallows for Karser Laws for March Laws for the Alzheimer's Association, through its national office or any sindividual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?</li></ul> |  |
|---|--|
| In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance & Neminating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.  Signed:  Date:  Date:  |  |
|   |  |
| For office use only:  Date Received:  Staff Review:   |  |
| Date Received: Staff Review: Staff Review:  |  |
| Special Instructions:   |  |

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 atten-

tion of the Office of the President, national headquarters.): Name: Richard D. Della 1. 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):

|               | ructions:   |
|---------------|---|
|               | ed: Staff Review:<br>Executive Committee:   |
| For office us |   |
|               |   |
| ·             | I do not have any objection to dissemination of this disclosure.  Date: I do not have any objection to dissemination of this disclosure.  |
| 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.   |
| •             | 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? YesNo Describe (part of the organization, transaction, your interest): |
|               | sociation, from any other organization? YesNo Describe (organizations, locations, nature of business, your compensation):   |
| •             | Compensation in cash or in kind, related to your leadership position with the Alzheimer's As-   |

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   | 0                       | De 1/4                                 | (EWNA  |                  |
| 2.   | Level of Ser _X_NationPublicaProgra | rvice:<br>al Board or Board Co<br>ation Author/Contribut<br>im Speaker/Participan<br>al Sr. Staff and Assoc | mmittee M<br>tor<br>nt  | lember                                 |  |                  |
| 3.   | tion and cor<br>Based               | nflict of interest and I he<br>on the Bylaws and po   | have the foolicy, no di | ollowing response<br>sclosure is neces |  |                  |
| 4.   | leadership p                        | position in the Assoc<br>members of your imm  | ciation. (1             | Γhis includes pa                       | on of Conflict of Interes<br>st, present and anticip<br>ith your tenure in an As | ated activity of |
|  |                                     |   |                         |  | nentia-related interests.<br>nature of business, you                             | r interests):    |
|  | might be                            | e affected by your invo   | olvement v              | with the Alzheime                      | loyee or agent) in an o<br>er's Association?<br>ture of business, your in        |                  |

| •              | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|----------------|---|
|                | YesNo 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? YesNo Describe (part of the organization, transaction, your interest): |
|                | egard 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:        | hunoceul lu Date: 2/11/06   |
|                |   |
|                |   |
|                |   |
|                |   |
|                |   |
|                |   |
|                |   |
|                |   |
| For office use | only:   |
| Date Received  | Staff Review: R. 6 -> 9   |
|                | tions:  |
|                | uulis.  |

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: Peggye Dilworth-Anderson, PhD  |
|----|--|
| 2. | Level of Service:  _XNational 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:  _XBased 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.)     |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

| •              | Compensation in cash or in kind, related to your leadership position sociation, from any other organization? YesNo  |                           |  |  |
|----------------|---|---------------------------|--|--|
| •              | Interest in any transactions with the Alzheimer's Association, through individual chapters, involving a contract, sale or fee that may be percental conflict of interest? YesNo Describe (part of the organization, transaction, you                      | eived as an actual or po- |  |  |
|                | n regard to the dissemination of this disclosure: I request that this disclosure not be disseminated beyond the Exec Nominating Committees and the designated staff without my conser _X I do not have any objection to dissemination of this disclosure. |                           |  |  |
| £              | Reprys Duhwrift Jusque Date: March 25, 2009   |                           |  |  |
| Signed         | Date. Watch 25, 2005  |                           |  |  |
|                |   |                           |  |  |
| For office use | ise only:   |                           |  |  |
| Date Receive   | ived:Staff Review:  |                           |  |  |
| Reported to E  | leported to Executive Committee:  |                           |  |  |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

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.

| DISCLO | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-   |
|--------|---|
|        | the Office of the President, national headquarters.):   |
| 1.     | Name: Teggle Dilworth-Anderson Engylethoush frame   |
|        |   |
| 2.     | Level of Service:   |
|        | National Board or Board Committee Member  |
|        | Publication Author/Contributor  |
|        | Program Speaker/Participant National Sr. Staff and Association Directors  |
|        | Other   |
|        | Oulei   |
| 3.     | I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-<br>tion 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 Lead-  |
|        | ership position.)   |
|        | Ownership or equity interest in an organization with dementia-related interests.  |
|        | YesNo Describe (organizations, locations, nature of business, your interests):  |
|        |   |
|        |   |
|        | <ul> <li>Offices and/or positions (director, officer, partner, employee or agent) in an organization that</li> </ul>  |
|        | might be affected by your involvement with the Alzheimer's Association?   |
|        | YesNo Describe (organization, location, nature of business, your interest):   |
|        |   |

|           | Compensation in cash or in kind, related to your leadership position with the Alzheimer's As-  |
|-----------|--|
|           | sociation, from any other organization?  YesNo Describe (organizations, locations, nature of business, your compensa-  |
|           | tion):   |
|           | <ul> <li>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?</li> <li>YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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 offic | e use only:  |
| Date Re   | ceived: Staff Review:  |
| •         | nstructions:   |
|           |  |

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.

| 1. | Name: Peggye Dilworth-Anderson, Ph.D   |
|----|--|
| 2. | Level of Service:  XNational 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:  _XBased 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.)     |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>  |  |  |  |  |
|------------|--|--|--|--|--|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):  |  |  |  |  |
|            | <ul> <li>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?</li> <li>YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |  |  |  |  |
| 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 consentX I do not have any objection to dissemination of this disclosure.  |  |  |  |  |
|            | Regyze Dihvall Adegan  Date: 4/20/07   |  |  |  |  |
| Signed     | Date: 4/20/07  |  |  |  |  |
|            |  |  |  |  |  |
|            |  |  |  |  |  |
|            |  |  |  |  |  |
|            |  |  |  |  |  |
|            |  |  |  |  |  |
|            |  |  |  |  |  |
|            |  |  |  |  |  |
|            |  |  |  |  |  |
|            |  |  |  |  |  |
|            |  |  |  |  |  |
| For office |  |  |  |  |  |
| Date Red   | ived: 4. 20. 84 Staff Review:  |  |  |  |  |
| Reported   | o Executive Committee:   |  |  |  |  |

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.

| DISCLC | SURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>ne Office of the President, national headquarters.):  |
|--------|---|
| 1.     | Name: Tegaple Dilumba Andergon  |
| 2.     | Level of Service:  National Board or Board Committee Member  Publication Author/Contributor  Program Speaker/Participant  National Sr. Staff and Association Directors  Other  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):   |
|        | <ul> <li>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):</li> </ul>  |

| •                 | 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 r           | egard 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:           | explumite Anom Date: 2/11/06  |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
| For office use of | <del></del>   |
|                   | : 2.11.0% Staff Review: P. 3.509  |
|                   | tions:  |
|                   |   |



# 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.

|    | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the nof 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.)  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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.        YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |

| ● Off<br>mig<br>——                   | ices and/or positions (director, officer, partner, employee or agent) in an organization that ght be affected by your involvement with the Alzheimer's Association?  Yes ——No Describe (organization, location, nature of business, your interest):              |
|--------------------------------------|--|
| Ass<br>                              | mpensation in cash or in kind, related to your leadership position with the Alzheimer's sociation, from any other organization?  Yes  No Describe (organizations, locations, nature of business, your npensation):   |
| indi <sup>,</sup><br>pote            | vidual chapters, involving a contract, sale or fee that may be perceived as an actual or ential conflict of interest?  Yes  No Describe (part of the organization, transaction, your interest):  |
| r                                    | d to the dissemination of this disclosure: equest that this disclosure not be disseminated beyond the Executive and Governance & ominating Committees and the designated staff without my consent. o not have any objection to dissemination of this disclosure. |
| Signed:                              | rthy Edge Date: 2/2/09   |
|                                      |  |
|                                      |  |
| For office use only                  |  |
| For office use only:  Date Received: | Staff Review:  |
|                                      | Staπ Review:   |
|                                      |  |
|                                      |  |

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 or by fax to: (866) 466-7660

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.

| 1. | Name: atky Flae   |
|----|---|
|    | $^{\prime}$   |
| 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 compensa-   |
|    | tion 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 your self 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.  YesNo Describe (organizations, locations, nature of business, your interests):  |
|    | <ul> <li>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?YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |
|    |   |

|                    | <i>compensation</i> in (<br>lation, from any o |                                     |                       | ership position with the   | Alzheimer's Asso-   |
|--------------------|--|-------------------------------------|-----------------------|--|---------------------|
| tio                | Yes Wo   | Describe (or                        | ganizations, locatio  | ns, nature of business   | s, your compensa-   |
| in<br>te           | dividual chapters                              | i, involving a con<br>terest?       | tract, sale or fee th | ciation, through its nate at may be perceived at transaction, your inte  | as an actual or po- |
|                    | Nominating Com                                 | s disclosure not<br>mittees and the |                       |  | nd Governance &     |
| Signed:(           | Pathief S.                                     | Edge                                | Date:                 | 5/8/08   |                     |
|                    | ***  |                                     | 17.00                 | ALCOHOL STATE OF THE STATE OF T |                     |
|                    |  |                                     |                       |  |                     |
|                    |  |                                     |                       |  |                     |
|                    |  |                                     |                       |  |                     |
|                    |  |                                     |                       |  |                     |
| For office use onl | <b>Y</b> .                                     |                                     |                       | ~  |                     |
| Date Received:_    |  |                                     | Staff Review:         | BAR  |                     |
|                    | utive Committee:<br>ns:                        |                                     |                       |  |                     |

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.

| DISCLO<br>tion of t | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>he Office of the President, national headquarters.):   |
|---------------------|---|
| 1.                  | Name: Cuthing 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.)  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.)    |
|                     | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|                     | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> <li>YesNo Describe (organizations, locations, nature of business, your compensa-</li> </ul>   |
|------------|---|
|            | tion):  |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 5.         | In regard to the diocomination 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:    | <u>Cathy Idge</u> Date: <u>2/14/07</u>  |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | e use only:   |
| Date Red   | ceived: FEB. 20 2007 Staff Review: Sexe Bet   |
| •          | d to Executive Committee:   |
| Special I  | nstructions:  |

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.

| 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.)   |
|    | 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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 Rec   | eived: 2.11.06 Staff Review: P. 8,704   |
|            | to Executive Committee:   |
|            |   |

JUN 19 MEN

#### 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. 2. Level of Service: National Board or Board Committee Member Publication Author/Contributor Program Speaker/Participant National Sr. Staff and Association Directors Other I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-3. tion 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.) The following information would be relevant to a determination of Conflict of Interest related to your 4. 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):

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: <a href="mailto:officeoftheceo@alz.org">officeoftheceo@alz.org</a> or by fax to: (866) 466-7660

Yes \_\_\_\_No Describe (organization, location, nature of business, your interest):

might be affected by your involvement with the Alzheimer's Association?

Offices and/or positions (director, officer, partner, employee or agent) in an organization that

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | <ul> <li>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?</li> <li>Yes</li> <li>No</li> <li>Describe (part of the organization, transaction, your interest):</li> </ul> |
| 5.         | n 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:    | Sheller Jabares Date: Och. 13,2008  |
| . —        |   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | use only:   |
|            | ived: Staff Review:   |
| •          | to Executive Committee:structions:  |
|            |   |

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.

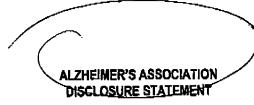
| 1. | Name: Mark Flydd  |
|----|---|
| 2. | Level of Service:xNational Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 3. | I have read the Association's Bylaws and the Board's policy guidelines policy regarding 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|------------|---|
|            | Yes _XNo Describe (organizations, locations, nature of business, your compensation):  |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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:    | : 2mm/ flym Date: 9/1/07  |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | e use only:   |
|            | ceived: 9.11.206 Staff Review: R 0.707  |
| •          | to Executive Committee:nstructions:   |
|            |   |

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.

| 1. | Name: 1 Michael Fuchs   |
|----|---|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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. YesNo _ Describe (organizations, locations, nature of business, your interests): |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|         | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        No</li></ul>  |
|---------|---|
|         | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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   |
|         |   |
|         |   |
|         | use only:   |
|         | reived: 5-2257 Staff Review: PS   |
| •       | to Executive Committee:nstructions:   |
|         |   |



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.

| ١. | Name: MICHAEL FUCHS   |
|----|---|
| 2. | LeveLof 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.) |
| 1. | 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):   |
|    | <ul> <li>Offices and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzhelmer's Association?</li> <li>Yes No. Describe (organization location nature of business your interest):</li> </ul>  |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's A sociation, from any other organization?</li> <li>Yes No Describe (organizations, locations, nature of business, your compens</li> </ul>   |
|--|
| tion):   |
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or al individual chapters, involving a contract, sale or fee that may be perceived as an actual or p tential conflict of interest? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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.  do not have any objection to dissemination of this disclosure.  |
| gned: 1 M MCM   M Date: 913/06   |
|  |
| or office use only:  |
| ale Received: 9. 28.06 Staff Review: RUS   |
| eported to Executive Committee:  |
|  |

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.

| 1. | Name: Sam Gandy   |
|----|---|
| 2. | Level of Service: XNational Board or Board Committee Member Publication Author/Contributor XProgram Speaker/Participant National Sr. Staff and Association Directors XOtherMSAC 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. X_YesNo 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 _XNo 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? YesX_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? YesXNo 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.                    |
| Signor   | Date: March 29, 2009   |
| Signed   | Date. Walch 25, 2005   |
| For offi | ce use only:   |
| Date R   | eceived: Staff Review:   |
|          | ed to Executive Committee:<br>Instructions:  |

JUN 1 9 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.

| 1. | Name: Sam Gandy   |
|----|---|
| 2. | Level of Service: X_National Board or Board Committee Member Publication Author/Contributor X_Program Speaker/Participant National Sr. Staff and Association Directors X_OtherMSAC 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. X_YesNo 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 _XNo 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? YesXNo 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? YesXNo 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.                     |
|           | Soughenly  |
| Signed    | Date: June 18, 2008  |
|           |  |
|           |  |
| For offic | e use only:  |

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 atten-

| ion of | on of the Office of the (President, national-headquarters.):  |  |  |
|--------|---|--|--|
| 1.     | Name: Jam 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:  |  |  |
| ļ.     | 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.  YesNo Describe (organizations, locations, nature of business, your interests):  **The Company of the Company |  |  |
|        | <ul> <li>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? YesNo _ Describe (organization, location, nature of business, your interest):</li> </ul>  |  |  |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's As sociation, from any other organization?         Yes No Describe (organizations, locations, nature of business, your compensation):     </li> </ul>   |
|------------|--|
|            | <ul> <li>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):     </li> </ul> |
| 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.  do not have any objection to dissemination of this disclosure.  |
| Signed     | Date: 5/2/0+   |
|            |  |
|            |  |
| For office | use only:  |
| Date Rec   | eived:Staff Review:  |
| •          | to Executive Committee:  |
|            |  |

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. 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 Lead-DSMS for Elan Vaccire tria ership 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  $\underline{X}$ No Describe (organization, location, nature of business, your interest):

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>  |
|------------|---|
|            | <ul> <li>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):</li> </ul> |
| 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 | eived: R. B. Staff Review: R. B. Staff Review:  |
| •          | to Executive Committee:   |

# alzheimer's 95 association

# 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.

| 1. | Name: MARLANA J. GEHA   |
|----|---|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.        YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |

| might be affected by your involvement with the Alzheimer's Association  YesNo Describe (organization, location, nature of busine  | on?                      |
|---|--------------------------|
| <ul> <li>Compensation in cash or in kind, related to your leadership posi         Association, from any other organization?        YesNo</li></ul>  |                          |
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through individual chapters, involving a contract, sale or fee that may be potential conflict of interest? </li></ul>   | erceived as an actual or |
| 5. In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Execution Nominating Committees and the designated staff without my consert I do not have any objection to dissemination of this disclosure.  Signed:    Management   Management   Date: |                          |
|   |                          |
|   |                          |
|   |                          |
| For office use only:  |                          |
| Date Received: 1.31-69 Staff Review: 18   |                          |
| Reported to Executive Committee:  |                          |
| Special Instructions:   | •                        |
|   |                          |

# RECEIVED

# 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.):

| tion of | the Office of the President, national headquarters.):  |
|---------|--|
| 1.      | Name: MANSHALL M GERFAND   |
| 2.      | Level of Service:  |
| 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:   |
| 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.) |
|         | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|         | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

| 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): | •          | 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 request that this disclosure not be disseminated beyond the Executive and Coronnation of Nominating Committees and the designated staff without my consent.   I do not have any objection to dissemination of this disclosure.   Signed:  | •          | individual chapters, involving a contract, sale or fee that may be perceived as all actual or perceived actual or | <i>!</i><br>- |
| Date Received: Staff Review:  Reported to Executive Committee:  Special Instructions:   |            | Nominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.  | &             |
| Date Received: Staff Review:  Reported to Executive Committee:  Special Instructions:   |            |   |               |
| Date Received: Staff Review:  Reported to Executive Committee:  Special Instructions:   |            |   |               |
| Reported to Executive Committee:  | For office |   |               |
| Special Instructions:   |            | sived   |               |
|   |            |   |               |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

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.

| DISCLO | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>he Office of the President, national headquarters.):   |
|--------|---|
| 1.     | Name: MARSHAU M. GELFAND  |
| 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:  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.)    |
|        | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|        | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| Repo  | al Instructions:   |                  |
|-------|--|------------------|
|       | ice use only: Received: Staff Review:  |                  |
|       |  |                  |
|       |  |                  |
| Signe | Mall Peffel Date: 3/8/08   |                  |
| 5.    | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive an Nominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.                      | d Governance &   |
|       | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its natio individual chapters, involving a contract, sale or fee that may be perceived as tential conflict of interest? YesNo Describe (part of the organization, transaction, your interest)</li> </ul> | an actual of po- |
|       | <ul> <li>Compensation in cash or in kind, related to your leadership position with the sociation, from any other organization?         YesNo Describe (organizations, locations, nature of business, tion):     </li> </ul>  |                  |

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.

| 1. | Name: MALSHALL GELFAND  |
|----|---|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):  **The Control of the Control of State |
|    | <ul> <li>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? No Describe (organization, location, nature of business, your interest):</li> </ul>   |

|        | sociation, from a                        | iny other organization?                 |  | ion with the Alzheimer's As-  |
|--------|--|---|--|---|
|        | Yes^<br>tion):                           | No Describe (organiz                    | ations, locations, nature o  | of business, your compensa-   |
|        | individual chapte<br>tential conflict of | ers, involving a contract,<br>interest? | heimer's Association, thro<br>sale or fee that may be p<br>e organization, transactior | ugh its national office or any<br>perceived as an actual or po-<br>n, your interest): |
| 5.     | I request that Nominating Co             |   | isseminated beyond the E<br>Inated staff without my co                                 | Executive and Governance & nsent.   |
| Signed | : Mace                                   | v fellol                                | Date: 4 (4 (19   | ,   |
|        |  |   |  |   |
|        |  |   |  |   |
|        |  |   |  |   |
|        |  |   |  |   |
|        |  |   |  |   |
|        | te use only:                             | 1                                       | a d  |   |
|        | ecelved: 4.5.07                          |   | aff Review:  | <del>.</del>  |
| •      |  |   |  |   |
| -      |  |   |  |   |

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.

|         | evel of Service:  |
|---------|---|
| 4       | National Board or Board Committee Member  |
| -       | Publication Author/Contributor<br>Program Speaker/Participant   |
| -       | National Sr. Staff and Association Directors  |
| _       | Other   |
|         | have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-<br>on and conflict of interest and I have the following response:   |
|         | $\underline{X}$ 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.)   |
|         | Dassa of the Bylane pener, contain accident to headedary. (Alletter terms)  |
| le<br>y | he following information would be relevant to a determination of Conflict of Interest related to your eadership position in the Association. (This includes past, present and anticipated activity of ourself or members of your immediate family concurrent with your tenure in an Association Lead-rship position.) |
| le<br>y | the following information would be relevant to a determination of Conflict of Interest related to your eadership position in the Association. (This includes past, present and anticipated activity of ourself or members of your immediate family concurrent with your tenure in an Association Lead-                |

|         | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|---------|---|
|         | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|         | <ul> <li>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? YesNo _ Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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(1)(06   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         | use only:   |
|         | eived: 2.11.06 Staff Review: R.3.70   |
|         | to Executive Committee:   |
|         |   |

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.):

|            | Name: Colleen Goldhammer  |
|------------|---|
|            | 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.) |
| <b>1</b> . | 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?  YesNo 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 or by fax to: (866) 466-7660

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li></ul>   |
|--|
| <ul> <li>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?  YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: Signed: 3/26/09  |
|  |
|  |
|  |
|  |
| For office use only:   |
| Date Received: Staff Review:   |
| Reported to Executive Committee:  Special Instructions:  |
| Special Historions.  |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

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.

| Name: Colleen Goldhammer  |
|---|
| Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.) |
| 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.)  |
| <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
| <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |
| Genworth Ginancial  |

| 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?  YesNo Describe (part of the organization, transaction, your interest):   |            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|--|------------|---|
| individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  YesNo Describe (part of the organization, transaction, your interest):  GENWOYHH HUMANGER  In regard to the dissemination of this disclosure:  I reguest that this disclosure not be disseminated beyond the Executive and Governance & Mominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.  Signed:  Date: Date: Date: Staff Review: |            | Yes No Describe (organizations, locations, nature of business, your compensa-   |
| 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: 5/5/  Date: 5/5/   For office use only:  Date Received: * * * * * * * * * * * * * * * * * * *  |            | individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  |
| In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance & Mominating 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:  Staff Review:  Reported to Executive Committee:  |            | Genworth Financial  |
| For office use only:  Date Received: ← ★ ○ Φ Staff Review:   | 5.         | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance & Mominating Committees and the designated staff without my consent. |
| Date Received: <- * O D Staff Review: Staff Review:  | Signed:    | Date: 5/5/08  |
| Date Received: <- * O D Staff Review: Staff Review:  |            |   |
| Reported to Executive Committee:   | For office | e use only:   |
| ·  | Date Red   | ceived: 6. 400 Staff Review: 1880   |
| Special Instructions:  | Reported   | to Executive Committee:   |
|  | Special I  | nstructions:  |

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.

| 1. | Name: Colleen Goldhammer   |
|----|--|
| 2. | Level of Service: _XNational Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.)  _XBased 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.)     |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesX_No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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 _XNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>  |
|--|
| YesX_No Describe (organizations, locations, nature of business, your compensation):  |
| <ul> <li>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?        X_YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| Strategic relationship with Genworth Financial   |
| 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:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| For office use only:   |
| Date Received: 4, 16 07 Staff Review: 1885   |
| Reported to Executive Committee:  Special Instructions:  |
|  |



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.

| 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:  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?  YesNo Describe (organization, location, nature of business, your interest):  Lenworth I mancial  Shategicallance with M3hame  Association   |

| -     | ed to Executive Committee:  |  |
|-------|---|--|
|       | eceived: 5, 9, 06   | Staff Review: R. 3 - 29  |
|       | ce use only:  |  |
|       |   |  |
| Signe | dONSof  | Date: 5/5/0U   |
| 5.    | Nominating Committee  | n of this disclosure: osure not be disseminated beyond the Executive and Governance & s and the designated staff without my consent. tion to dissemination of this disclosure.                               |
|       | individual chapters, involved tential conflict of interest?  Yes No Description | vins with the Alzheimer's Association, through its national office or any ving a contract, sale or fee that may be perceived as an actual or pocifie (part of the organization, transaction, your interest): |
|       | sociation, from any other   | r in kind, related to your leadership position with the Alzheimer's Asorganization? scribe (organizations, locations, nature of business, your compensa-   |

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.

|    | ·   |
|----|---|
| 1. | Name: RITA WORTENSTINE  |
| 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 ecuity interest in an organization with dementia-related interests.  YesNo 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? YesNo 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?  |
|-----------|---|
|           | YesNo Describe (organizations, locations, nature of business, your compensation   |
|           | Interest in any transactions with the Alzheimer's Association, through its national office or individual chapters, involving a contract, sale or fee that may be perceived as an actual or pote conflict of 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!   | Byta XIntenstrue Date: 4/27/09  |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
| For offic | ee use only:  |
| Date Re   | eceived: Staff Review:  |
| Reporte   | d to Executive Committee:   |

•

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.):

| Level of Service:  |
|--|
| National Board or Board Committee Member   |
| Publication Author/Contributor   |
| Program Speaker/Participant  |
| National Sr. Staff and Association Directors   |
| Other  |
| 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.)  |
| The following information would be relevant to a determination of Conflict of Interest related to you leadership position in the Association. (This includes past, present and anticipated activity of yoursel 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.  YesNo Describe (organizations, locations, nature of business, your interests):   |
|  |

Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association,

| from any other organization? YesNo 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? YesNo Describe (part of the organization, transaction, your interest):                   |
| <ul> <li>In regard to the dissemination of this disclosure:</li> <li>request that this disclosure not be disseminated beyond the Executive and Governance &amp; Nominating Committees and the designated staff without my consent.</li> <li>I do not have any objection to dissemination of this disclosure.</li> </ul> |
| Signed: Jt. Johnstone Date: May 8-08  |
|   |
|   |
|   |
| For office use only:  |
| The spines use units.   |
| Date Received: Staff Review:  |
| Reported to Executive Committee:  Special Instructions:   |

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.): Name: Stephen Hume 1. 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.)

|             | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|-------------|--|
|             | <ul> <li>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?  YesNo Describe (organization, location, nature of business, your interest):</li> </ul>                                |
|             | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        YesNo</li></ul>  |
|             | <ul> <li>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?</li></ul>  |
| 5.<br>Signe | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance & Norninating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.  Date: / 2 / / 7 / 09 |
|             |  |

## alzheimer's 95 association

## 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.

| 1. | Name: LARRY JODSAAS  |
|----|--|
|    |  |
| 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:   |
| 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes XNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |

| Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  Yes XNo 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):  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 // 0 9 | •                | might be affected by your invo                                 | ctor, officer, partner, employee or agent) in an organization that obvernent with the Alzheimer's Association? (organization, location, nature of business, your interest): |
|--|------------------|--|---|
| 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.  You not have any objection to dissemination of this disclosure.  Date: // 3 // 0 9  | •                | Association, from any other or Yes X No De                     | ganization?   |
| 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:   | •.               | individual chapters, involving potential conflict of interest? | a contract, sale or fee that may be perceived as an actual or   |
| For office use only:  Date Received: 1369 Staff Review: 155  Reported to Executive Committee:  | <u> </u>         | I request that this disclosure<br>Nominating Committees and    | not be disseminated beyond the Executive and Governance & the designated staff without my consent.  o dissemination of this disclosure.                                     |
| Date Received: Staff Review: Staff Review:   |                  | <u></u>  |   |
| Date Received: Staff Review: Staff Review:   |                  |  |   |
| Date Received: Staff Review: Staff Review:   |                  |  |   |
| Date Received: Staff Review: Staff Review:   |                  |  |   |
| Date Received: Staff Review: Staff Review:   | For office upo o | only.  | ÷ -   |
| Reported to Executive Committee:   |                  | _  | Staff Bayianu ////  |
|  |                  |  |   |
|  |                  |  | •   |

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 or by fax to: (866) 466-7660

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.

| 1. | Name: LARRY NODSAAS  |
|----|--|
| 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. |
|    | 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?  YesNo 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?  YesNo Describe (organizations, locations, nature of business, your compensa-   |
|---------------|---|
|               | tion):  |
| •             | 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? YesNo 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: 3/8/008   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
| For office us | se only:  |
| Date Receiv   | ved:Staff Review:   |
| Reported to   | Executive Committee:  |
| Special Inst  | tructions:  |
|               |   |

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.

| 1. | Name: LAZRY JODSAAS  |
|----|--|
| 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:   |
| 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. |
|    | YesNo Describe (organizations, locations, nature of business, your interests):   |
|    | <ul> <li>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? YesXNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            | • 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):  |
|            | <ul> <li>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? YesXNoDescribe (part of the organization, transaction, your interest):</li> </ul> |
| 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.  do not have any objection to dissemination of this disclosure.   |
| Signed:    | Date: 2/12/07   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | e use only:   |
|            | eeived: Staff Review:   |
|            | to Executive Committee:   |
|            | nstructions:  |
|            |   |

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.

| 1. | Name: LAILRY JODSAAS   |
|----|--|
| 2. | Level of Service:  |
| 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:   |
| 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes X No Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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 XNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|         | • 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):   |
|         | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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   |
|         |   |
|         |   |
|         |   |
|         |   |
|         | e use only:   |
|         | Staff Review: Committee:  |
|         | to Executive Committee:   |
|         |   |

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.

| 1. | Name: Deborato 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: 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>  |
|------------|---|
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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:    | Dallt. Date: 3/8/08   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | e use only:   |
|            | ceived: Staff Review:   |
| •          | nstructions:  |
|            |   |

# alzheimer's 95 association

#### 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.

| 1. | Name: Pepovah Jones   |
|----|---|
| 2. | Level of Service:   |
| 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 you leadership position in the Association. (This includes past, present and anticipated activity o 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.  YesNo Describe (organizations, locations, nature of business, your interests):  |

| Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  YesNo   | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul> |
|--|--|
| individual chapters, involving a contract, sale or fee that may be perceived as an access of potential conflict of interest?  YesNoDescribe (part of the organization, transaction, your interest):  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: Date: Date: Staff Review: Reported to Executive Committee: Reported to Executive Committee: Reported to Executive Committee: | Association, from any other organization?  —YesNo Describe (organizations, locations, nature of business, you  |
| I request that this disclosure not be disseminated beyond the Executive and Governance of Nominating Committees and the designated staff without my consent. I do not have any objection to dissemination of this disclosure.    Signed:   | individual chapters, involving a contract, sale or fee that may be perceived as an actual of interest?   |
| For office use only:  Date Received: Staff Review:  Reported to Executive Committee:   | I request that this disclosure not be disseminated beyond the Executive and Governance Committees and the designated staff without my consent.   |
| Date Received: Staff Review:  Reported to Executive Committee:   | Signed: Date:  |
| Date Received: Staff Review:  Reported to Executive Committee:   |  |
| Date Received: Staff Review:  Reported to Executive Committee:   |  |
| Date Received: Staff Review:  Reported to Executive Committee:   |  |
| Date Received: Staff Review:  Reported to Executive Committee:   |  |
| Date Received: Staff Review:  Reported to Executive Committee:   | •  |
| Date Received: Staff Review:  Reported to Executive Committee:   |  |
| Date Received: Staff Review:  Reported to Executive Committee:   |  |
| Date Received: Staff Review:  Reported to Executive Committee:   |  |
| Date Received: Staff Review:  Reported to Executive Committee:   |  |
| Reported to Executive Committee:   |  |
|  | Date versived:   |
| Special instructions:  |  |
|  | Special insulucions  |

## alzheimer's 95 association

#### **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.

|          | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the |
|----------|--|
| attentio | on of the Office of the President, national headquarters.);                                  |
| 1.       | Name: KARENS KOUFFMAN  |
| 2.       | Level of Service:  |
| ۷.       | 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:                     |
|          | Pased on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)                   |
|          | Based on the Bylaws policy, certain disclosure is necessary. (Answer item 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):

There number company, thirty has ages Care Consultants, one
and preventillong term come consultants to older adults and
their termities in the ammenty. Mosey my clients deal E A.O

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 or by fax to: (866) 466-7660

4.

|             | <ul> <li>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?</li> <li>Yes</li></ul>   |
|-------------|--|
|             | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        Yes/No</li></ul>   |
|             | <ul> <li>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?         YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> |
| 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:     | Our Shall formour Date: 013109   |
|             |  |
|             |  |
|             |  |
| For office  | use only:  |
| Date Rece   | ived: 1-31.09 Staff Review: 113  |
| Reported    | o Executive Committee:   |
| Special In: | structions:  |
|             |  |

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 or by fax to: (866) 466-7660

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.

| 1. | Name: RANGENS PANTEMEN  |
|----|---|
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?  YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| Special Ins  | tructions:   |
|--------------|--|
| •            | Executive Committee:   |
| For office u | se only:  ved: Staff Review:   |
|              |  |
| Signed:      | Ocn Sauten in Date: <u>02.08.08</u>  |
|              | 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.   |
| •            | 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? YesNoDescribe (part of the organization, transaction, your interest):   |
| •            | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization? YesNo  |
|              | and the second s |

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.

|        | e: KAREN S KANthuan   |  |
|--------|---|--|
| _      | of Service:   |  |
|        | National Board or Board Committee Member  |  |
|        | Publication Author/Contributor  |  |
|        | Program Speaker/Participant National Sr. Staff and Association Directors                                    |  |
|        | Other   |  |
|        | Othor   |  |
| I have | e read the Association's Bylaws and the Board's policy guidelines pol                                       | icy regarding compensa-  |
| tion a | and conflict of interest and I have the following response:   |  |
|        | Based on the Bylaws and policy, no disclosure is necessary. (Skip it  | •  |
|        | Based on the Bylaws policy, certain disclosure is necessary. (Answe   | er item 4.)  |
| -      | self or members of your immediate family concurrent with your tenure p position.)                           | in an Association Lead-  |
| • 0    | Dwnership or equity interest in an organization with dementia-related i                                     | nterests.  |
| •      | Voc. No. Describe (organizations locations nature of business   |  |
|        | - 163INO Describe (organizations, locations, nature of busil  | acce your interactel:  |
|        | am founder and sole owner of light  | acce your interactel:  |
|        | an founder and sole owner of life to private long to make the part  | acce your interactel:  |
| II.    | an founder and soll owner of high formal leng to an care Consultation to be provided and consultation to be | ness, your interests):  USsages Case Consulti  M'les Les Lou  t) in an organization that |
| TTOM   | an founder and soll owner of high formal leng to an care Consultation to be provided and consultation to be | ness, your interests):  USsages Case Consulti  M'les Les Lou  t) in an organization that |
| TTOM   | an founder and soll owner of high formal leng to an care Consultation to be provided and consultation to be | ness, your interests):  USsages Case Consulti  M'les Les Lou  t) in an organization that |
| TTOM   | an founder and soll owner of high formal leng to an care Consultation to be provided and consultation to be | ness, your interests):  USsages Caro Consulta  M'les Les Use  t) in an organization that |
| TTO    | um founder and soll owner of high private leng to mark consultation to for                                  | ness, your interests): USsages Case Consulta M'11 es Les Loc t) in an organization that  |

| •             | Compensation in cash or in kind, relation sociation, from Any other organization  |  | on with the Alzheimer's As-   |
|---------------|---|--|---|
|               | Yes/_No Describe (organition):  | nizations, locations, nature of  | f business, your compensa-  |
| 5. In         | Interest in any transactions with the A individual chapters, involving a contratential conflict of interest?  YesNo Describe (part of | the organization, transaction, (Insultyut) or the organization, transaction, transaction, organization, transaction, organization, transaction, organization, transaction, organization, transaction, transaction, organization, transaction, transaction, organization, transaction, organization, orga | erceived as an actual or po-<br>for people with A D<br>your interest):<br>Jan Wilt been ded<br>the search on in ha<br>The PI is interested<br>xecutive and Governance & |
| Signed:       | an Sunfamas   | Date:  | and the project me  |
|               | 02.25.04  |  | Collaborate.  |
|               |   |  |   |
| or office us  | se only:  |  |   |
|               | ved: <b>9. 4. 04</b>  | Staff Review: R. S. Pog  |   |
|               | Executive Committee:  |  |   |
| ppecial instr | ructions:   |  |   |
|               |   |  |   |

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.):

 $\Delta$ 

| 1. | Name: KALEN S. Multingan  |
|----|---|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?  YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| •          | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>   |
|------------|---|
|            | YesVNo Describe (organizations, locations, nature of business, your compensation):  |
| •          | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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:_   | Oden Saufonar Date: 02.11.06  |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office |   |
| Date Rece  | sived: 2.11.06 Staff Review: 2.3709   |
| •          | to Executive Committee:structions:  |
|            |   |

#### RECEIVED

MAY 0 8 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.

| 1. | Name: William Kone  |
|----|---|
| 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. YesNo _ 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?  YesNo Describe (organization, location, nature of business, your interest):   |

| Special   | Instructions:   |
|-----------|---|
| •         | d to Executive Committee:   |
| Date Re   | ceived: 5. P. 67 Staff Review:  |
| For offic | e use only:   |
|           |   |
| Signed    | Date: Log 200 7   |
| 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.   |
|           | <ul> <li>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):     </li> </ul> |
|           | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> <li>Yes</li> <li>No</li> <li>Describe (organizations, locations, nature of business, your compensation):</li> </ul>   |

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.

| 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 compensa-   |
| •  | tion 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.)   |
|    | Buood on the Bylane policy, contain discretize to necessary. Vinterior new my   |
| 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 your-self 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):   |
|    | <ul> <li>Offices and/or positions (director, officer, partner, employee or agent) in an organization that</li> </ul>  |
|    | might be affected by your involvement with the Alzheimer's Association?   |
|    | Yes No Describe (organization, location, nature of business, your interest):  |

| Special   | Instru       | tions:  |
|-----------|--------------|---|
| -         |              | ecutive Committee:  |
| Date Re   | eceive       | 9.21.06 Staff Review: 1. Staff  |
| For offic | e use        | only:   |
|           |              |   |
|           |              |   |
|           | //           |   |
| Signe     | 1 <u>/</u> / | Muffler Date: September 08, 2006  |
| 5.        | In r         | gard 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.                              |
|           | •            | Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  Yes Von Describe (part of the organization, transaction, 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):   |

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.

| 1. | Name: Jackie Kouri  |
|----|---|
| 2. | Level of Service: _XNational Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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.)        |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            | <ul> <li>Compensation in cash or in kind<br/>sociation, from any other organiz</li> </ul> | d, related to your leadership position with the Alzheimer's As-   |
|------------|---|---|
|            | , ,   | organizations, locations, nature of business, your compensa-  |
|            | individual chapters, involving a c<br>tential conflict of interest?                       | the Alzheimer's Association, through its national office or any contract, sale or fee that may be perceived as an actual or po- |
| 5.         | •   | ot be disseminated beyond the Executive and Governance & ne designated staff without my consent.                                |
| Signed:    | Jackie  | Date: 12/20/2009  |
| o.gou.     |   |   |
|            |   |   |
|            |   |   |
|            |   |   |
|            |   |   |
|            |   |   |
|            |   |   |
| For office | e use only:   |   |
| Date Rec   | ceived:   | Staff Review:   |
|            | d to Executive Committee:   |   |
| Special I  | nstructions:  |   |

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.

| 1. | Name: Tamara Lucero Rajaram, MD   |
|----|---|
| 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 your self 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.  YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business): |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|        | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>   |              |
|--------|---|--------------|
|        | Yes No Describe (organizations, locations, nature of business, your compensation):  | -            |
|        | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of Interest?</li> <li>YesNo Describe (part of the organization, transaction, your interest):</li> </ul> | y<br>⊢       |
| 5.     | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance Nominating Combittees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.   | <u>&amp;</u> |
| Signe  | d: Samuelajana MD Date: March 6, 2009   | _            |
|        |   | _            |
|        |   |              |
|        |   |              |
|        |   |              |
|        |   |              |
|        |   |              |
| For of | ice use only:   |              |
| Date I | leceived:Staff Review:  |              |
| •      | ed to Executive Committee:  |              |
| Speci  | Il Instructions:  |              |
|        |   |              |

Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Sulte 1700, Chicago, IL 60801, by email to: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (868) 468-7680

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.

| 1. | Name: Jamava Luceno   |
|----|---|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|         | sociation                   | . from any othe                   | r organizatio                            | n?                 |   | with the Alzheimer's   |            |
|---------|-----------------------------|-----------------------------------|--|--------------------|---|--|------------|
|         | Yes<br>tion):               | ✓No De                            | escribe (orga                            | anizations, locati | ons, nature of bu   | siness, your compen  | 15a-       |
|         | individua<br>tential co     | I chapters, invo                  | olving a contr<br>:t?                    | act, sale or fee f | ociation, through<br>that may be perce<br>on, transaction, yo | its national office or<br>eived as an actual or<br>ur interest): | any<br>po- |
| 5.      | I reque<br>Nomin<br>I do no | ating Committe<br>t have any obje | closure not bees and the dection to diss | e disseminated     | vithout my conser   | utive and Governand<br>nt.                                       | :е &       |
| Signed: | Sura                        | ic Sucer                          | nio                                      | _ Date:_           | 3-8-08  |  |            |
| ,       |                             |                                   |  |                    |   |  |            |
|         |                             |                                   |  |                    |   |  |            |
|         |                             |                                   |  |                    |   |  |            |
|         |                             |                                   |  |                    |   |  |            |
|         |                             |                                   |  |                    |   |  |            |
|         | ce use only:                |                                   |  | · ·                | MA  |  |            |
|         |                             | Committee:                        |  | Staff Review:      |   | <u> </u>   |            |
| •       |                             | Committee:                        |  |                    |   |  |            |
|         |                             |                                   |  |                    |   |  |            |

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.

| 1. | Name: Jamara Lucew WI)  |
|----|---|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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 your self 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.  YesNo Describe (organizations, locations, nature of business, your interests):  |
|    | <ul> <li>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?  YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>  |
|------------|---|
|            | <ul> <li>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?</li></ul>   |
| 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     | : Janaia Jucero, UID Date: April 3, 2007  |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | e use only: ceived: مراح بر علی الاحتال الاحت |
|            | d to Executive Committee:   |
| •          | Instructions:   |
|            |   |

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.):

| ۱. | Name: John E. Maggio, Ph.D.   |
|----|---|
| 2. | Level of Service:  _XNational 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.)        |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.        YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

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 or by fax to: (866) 466-7660

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> <li>YesNo Describe (organizations, locations, nature of business, your compensation):</li> </ul>  |
|------------|---|
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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 | e use only:   |
| Date Red   | ceived: 4.5.09 Staff Review: 475  |
| Reported   | d to Executive Committee:   |
| Special I  | nstructions:  |
|            |   |

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.

| 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.) |
| 1. | 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: 14 AUGUST 2008  |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | use only:   |
| Date Red   | ceived: P-26-06 Staff Review: Post  |
| •          | I to Executive Committee:   |
|            |   |

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.

| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes X No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesX_No Describe (organization, location, nature of business, your interest):</li> </ul>  |

| opecial if | isuuC | JII 3.  |
|------------|-------|---|
| •          |       | cutive Committee: ons:  |
|            |       | 4. 18. 07 Staff Review: US  |
| For office |       |   |
|            |       |   |
| Signed:    |       | Date: 4/4/07  E. Maggio, Pb.D.  |
| 5.         | In re | gard 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.  Ado not have any objection to dissemination of this disclosure.                           |
|            | •     | nterest 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 poential conflict of interest?  Yes No Describe (part of the organization, transaction, 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):   |

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.

| 1. | Name: JOHN E. MAGG10   |
|----|--|
| 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.  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.  YesNo Describe (organizations, locations, nature of business, your interests):  Ownership or equity interest in an organization with dementia-related interests.   |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?        YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: 11 FEBRUSAY 2006  |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | use only:   |
| Date Rece  | eived: 2.11.06 Staff Review: P. 3.50  |
| Reported   | to Executive Committee:structions:  |
|            |   |

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.

| 1. | Name: <u>Jennifer J. Manly</u>  |
|----|---|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes X No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesXNo _ Describe (organization, location, nature of business, your interest):</li> </ul>   |

|     |           | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>   |
|-----|-----------|---|
|     |           | Yes X No Describe (organizations, locations, nature of business, your compensation):  |
|     | <b>4</b>  | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| V   | 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.   |
|     | Signe     | d:  |
| * \ | rec<br>As | eive a research grant funded through the Alzheimer's<br>sociation - through 2009.   |
|     | Date R    | ce use only:  eceived:  |

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.

| 1. | Name: Jennifer J. Manly, Ph.D.   |
|----|--|
| 2. | Level of Service:  National Board or Board Committee Member Publication Author/Contributor Program Speake /Participant National Sr. Staff and Association Directors Other  |
| 3. | I have read the Assoc ation's Bylaws and the Board's policy guidelines policy regarding compensation and conflict of interest and I have the following response:   |
| 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>Offices and/or pc sitions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>                                       |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>  |
|---|
| <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul>                     |
| <ul> <li>In regard to the dissenination of this disclosure:         <ul> <li>I request that this disclosure not be disseminated beyond the Executive and Governance &amp; Nominating Committees and the designated staff without my consent.</li> <li>I do not have any objection to dissemination of this disclosure.</li> </ul> </li> </ul> |
| Signed:   |
|   |
|   |
|   |
| For office use only:  |
| Date Received: 4. 4.07 Staff Review: Staff Review:  |
| Reported to Executive Committee:  |
| Special Instructions:   |

# alzheimer's 8 association

# 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.

| 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  |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):  **The control of the control |

|              | might be affected by your involvement with the Alzheimer's Association?  YesNo Describe (organization, location, nature of business, your interest):  |
|--------------|---|
|              | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        YesNo</li></ul>   |
|              | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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:      | Ronnied Mareis Date: 1/31/09  |
|              |   |
|              |   |
|              |   |
| For office u | use only: ived: _ ' ' ' ' ' ' Staff Review: _ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '   |
| Reported t   | b Executive Committee:  |

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 or by fax to: (866) 466-7660

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.

| 1. | Name: Bonnic Marcus   |
|----|---|
| 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.)      |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| •              | uctions:  |
|----------------|---|
|                | Executive Committee:  |
| For office use |   |
|                |   |
| Signed:        | Bonnie D. Marens Date: 3/8/08   |
|                | 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.                           |
| •              | 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? YesNo Describe (part of the organization, transaction, your interest): |
|                | sociation, from any other organization?  YesNo Describe (organizations, locations, nature of business, your compensation):  |
| •              | Compensation in cash or in kind, related to your leadership position with the Alzheimer's As-   |

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.

| 1. | Name: Bonnie H. Marzus  |
|----|---|
| 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.)      |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| Staff Review:  |
|--|
|  |
|  |
|  |
|  |
| rie H. Myrens Date: 2/8/07   |
| he dissemination of this disclosure: st that this disclosure not be disseminated beyond the Executive and Governance & ating Committees and the designated staff without my consent. thave any objection to dissemination of this disclosure.                        |
| in any transactions with the Alzheimer's Association, through its national office or any chapters, involving a contract, sale or fee that may be perceived as an actual or ponflict of interest? No Describe (part of the organization, transaction, your interest): |
| sation in cash or in kind, related to your leadership position with the Alzheimer's As-, from any other organization?No Describe (organizations, locations, nature of business, your compensa-   |
| , relati   |

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.

| 1. | Name: Bonnie H. Morcus  |
|----|---|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| ————              | nstructions:  |
|-------------------|---|
| Reported          | to Executive Committee:   |
|                   | eived: Review: R. B. 7  |
| <u>For office</u> | use only:   |
| Signed            | Bonnie Date: 2/1/06   |
| 5.                | <ul> <li>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?</li></ul>     |
|                   | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> <li>Yes X No Describe (organizations, locations, nature of business, your compensation):</li> </ul> |

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.

| 1. | Name: LINDA MENDERSON   |
|----|---|
| 2. | Level of Service:   |
| 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. YesNo 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? YesNo Describe (organization, location, nature of business, your interest):  |

| from any other organization?  | r leadership position with the Alzheimer's Association,   |
|---|---|
| YesNo Describe (organizations   | locations, nature of business, your compensation):  |
| Interest in any transactions with the Alzhein individual chapters, involving a contract, sale conflict of interest? YesNo Describe (part of the org | ner's Association, through its national office or any e or fee that may be perceived as an actual or potential ganization, transaction, your interest): |
| Nominating Committees and the designated to have any objection to dissemination   | seminated beyond the Executive and Governance & ed staff without my consent.  on of this disclosure.  |
| Signed: Linda Mushelsm  | Date: 25 HMch 2009  |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| For office use only:  |   |
| Date (Cocivod   | Review:   |
| Reported to Executive Committee:  Special Instructions:   |   |

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.):

| Name: LINDA MENDELSON   |
|---|
| Level of Service:   |
| National Board or Board Committee Member Publication Author/Contributor   |
| Program Speaker/Participant   |
| National Sr. Staff and Association Directors  |
| Other   |
| 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.) |
| 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.  YesNo 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? YesNo Describe (organization, location, nature of business, your interest):  |
| Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association   |

2.q 3126499483 ehnil

| from any other organization? YesNo 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? YesNo Describe (part of the organization, transaction, your interest): |
| 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: Leda / Mindellanc Date: // ) Ley 2008   |
|   |
|   |
| For office use only.  |
| Date Received: Staff Review:  |
| Reported to Executive Committee: Special Instructions:  |

€.9

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.

|    | Name: LINDA MENDERSON   |
|----|---|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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. YesNo 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? YesNo 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: Liplu Mealebon Date: 6 Signed 2007  |
|   |
|   |
|   |
|   |
|   |
| For office use only:  |
| Date Received: Staff Review:  |
| Reported to Executive Committee: Special Instructions:  |

# RECEIVED

#### 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.

| 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   |
| 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:   |
| 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| YesNo 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? YesNo 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 Wall Malle Mall                          |                       | <i>npensation</i> in cash or in kind, related to your leadership position with the Alzheimer's As-<br>ation, from any other organization?  |
|---|-----------------------|--|
| individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?  YesNo _ Describe (part of the organization, transaction, your interest):  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.  Date:  | tion)                 |  |
| Trequest 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   Jale   Jale | indiv                 | ridual chapters, involving a contract, sale or fee that may be perceived as an actual or po-<br>al conflict of interest?   |
| For office use only:  Date Received: 3.3.06 Staff Review: 2.8.707  Reported to Executive Committee:   | I re<br>No            | equest that this disclosure not be disseminated beyond the Executive and Governance & ominating Committees and the designated staff without my consent. The properties of the disclosure of this disclosure. |
| Date Received: 3.3.66 Staff Review: 2.6.757  Reported to Executive Committee:   | Signeds               | W/Midelson Date: 28 July 2006  |
| Date Received: 3.3.06  Staff Review: 2.0.79  Reported to Executive Committee:   |                       |  |
| Reported to Executive Committee:  | For office use only:  |  |
|   | Date Received: 3      | Staff Review: R. 8.707   |
| Special Instructions:   |                       | ve Committee:  |
|   | Special Instructions: |  |



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.

| 1. | Name:   |
|----|---|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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, rio 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 _X_No Describe (organizations, locations, nature of business, your interests): |
|    | <ul> <li>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):</li> </ul>  |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's A sociation, from any other organization?   |     |
|------------|---|-----|
|            | Yes X No Describe (organizations, locations, nature of business, your compensition):  | за- |
|            | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or a individual chapters, involving a contract, sale or fee that may be perceived as an actual or perceived tential conflict of interest?</li></ul>                         | •   |
| 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:    | : Solm C. Morris Date: February 11, 2006  |     |
|            |   |     |
|            |   |     |
|            |   |     |
|            |   |     |
| For office | e use only:   |     |
|            | ceived: Review: R. B. 709   |     |
| •          | structions:   |     |
|            |   |     |

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.):

|        | the office of the Freshort, national housquarters.).  |
|--------|---|
| 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   |
| 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): |
| Return | 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? YesNo    Describe (organization, location, nature of business, your interest):  ompleted disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite   |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

|          | sociation,               | from any other                        | r in kind, related<br>organization?<br>scribe (organizat   |                                 |                  |            |                                |
|----------|--------------------------|---------------------------------------|--|---------------------------------|------------------|------------|--------------------------------|
|          | individual<br>tential co | chapters, invol                       | ons with the Alzhoving a contract, some contract, some contract, some contract of the contract | sale or fee tha                 | at may be percei | ved as an  | office or any<br>actual or po- |
| 5.       | I reque                  | st that this discl<br>ating Committee | n of this disclosulosure not be dises and the designation to dissemination   | seminated be<br>ated staff with | nout my consent. | tive and G | overnance &                    |
| Signed   | d:                       | <u>~</u>                              |  | Date:                           | april            | re,        | 09                             |
|          |                          | <u> </u>                              |  | ,                               |                  |            |                                |
|          |                          |                                       |  |                                 |                  |            |                                |
|          |                          |                                       |  |                                 |                  |            |                                |
|          |                          |                                       |  |                                 |                  |            |                                |
| For offi | ce use only:             |                                       |  |                                 |                  |            |                                |
| Report   |                          | ommittee:                             |  |                                 |                  |            |                                |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

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.

|    | ISURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>ne Office of the President, national headquarters.):   |
|----|---|
|    | Name: DAUID MOSCOW  |
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
|    | 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.) |
|    | 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 your-self or members of your immediate family concurrent with your tenure in an Association Leadership position.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| 5.        | In regard to the dissemination of the line | sure not be disseminate |         | e and Governance & |
|-----------|--|-------------------------|---------|--------------------|
|           | Nominating Committees a long to have any objection   |                         | •       | )                  |
| Signed    | d: then  | Date:                   | June (, | 70                 |
|           |  |                         |         |                    |
|           |  |                         |         |                    |
|           |  |                         |         |                    |
|           |  |                         |         |                    |
|           |  |                         |         |                    |
|           |  |                         |         |                    |
|           |  |                         |         |                    |
|           |  |                         |         |                    |
|           |  |                         |         |                    |
| For offic | ce use only:   |                         |         |                    |
| 1 01 0110 | eceived: 6. 8. 03  | Staff Review: 🔀         | rour    |                    |
| D-1- D-   |  | Staff Review:           |         |                    |
|           | ed to Executive Committee:   |                         |         |                    |

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.

| 1. | Name: DAV, DMOSCOLD   |
|----|---|
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesNo</li></ul>   |

| •            | • 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. lı        | n 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 u | use only:   |
| Date Recei   | ived: 4.70.07 Staff Review: 48  |
|              | o Executive Committee:structions:   |
|              |   |

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.

| <b>1.</b> | Name: Law 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   |
| 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.  YesNo 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?  YesNo 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? YesNo 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?  |
| 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:   | Jn May Date: 3/18/09  |
|           |   |
|           |   |
|           |   |
|           | •   |
|           |   |
| <b></b>   |   |
| ror offic | ce use only:  |
| Date Re   | eceived: Staff Review:  |
|           |   |

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.): Name: John Osher 1. 2. Level of Service: \_\_\_x\_National Board or Board Committee Member \_\_\_\_Publication Author/Contributor \_\_\_\_Program Speaker/Participant National Sr. Staff and Association Directors Other \_\_\_\_\_ I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-3. tion 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.) The following information would be relevant to a determination of Conflict of Interest related to your 4. 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 or by fax to: (866) 466-7660

|            | sociation, fror                   | n any other organiza                     | related to your leade<br>ation?<br>rganizations, location                                  |                     |                       |
|------------|-----------------------------------|--|--|---------------------|-----------------------|
|            | individual cha<br>tential conflic | apters, involving a co<br>t of interest? | the Alzheimer's Associantract, sale or fee that to the organization,                       | at may be perceived | d as an actual or po- |
| 5.         | I request th<br>Nominating        | Committees and the                       | disclosure:<br>ot be disseminated be<br>e designated staff with<br>dissemination of this c | nout my consent.    | e and Governance &    |
| Signed     | l: John Osher                     |  | D  | ate: March 13 20    | 009                   |
|            | <del></del>                       |  |  |                     |                       |
|            |                                   |  |  |                     |                       |
|            |                                   |  |  |                     |                       |
|            |                                   |  |  |                     |                       |
|            |                                   |  |  |                     |                       |
|            |                                   |  |  |                     |                       |
|            |                                   |  |  |                     |                       |
|            |                                   |  |  |                     |                       |
|            |                                   |  |  |                     |                       |
| For office | ce use only:                      |  |  |                     |                       |
| Date Re    | eceived:                          |  | Staff Review:  |                     |                       |
| •          |                                   | ttee:                                    |  |                     |                       |

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 atten-

| tion o | f the Office of the President, national headquarters.):   |
|--------|---|
| 1.     | Name: Jaho OS Hon   |
| 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.)    |
|        | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|        | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>   |
|------------|--|
|            | <ul> <li>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? </li></ul>   |
| 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:    |  |
|            |  |
|            |  |
| For office | e use on RECEIVED  |
| Reported   | Delived: MAY 1 9 RFCTD Staff Review: Staff R |

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.

| 1. | Name: JOHN CSHER  |
|----|---|
| 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 your-self 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.  YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business, your interests):   |
|    | <ul> <li>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?</li> <li>Yes</li> <li>No</li> <li>Describe (organization, location, nature of business, your interest):</li> </ul>                      |

| •                 | 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? YesNo Describe (part of the organization, transaction, your interest): |
| 5. In re          | egard 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 of | <del></del>   |
|                   | Staff Review:   |
|                   | ecutive Committee:  |
| Special Instruct  | tions:  |

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: ONN OSTER   |
|----|---|
| 2. | Level of Service:  National Board or Board Committee Member  Publication Author/Contributor  Program Speaker/Participant  National Sr. Staff and Association Directors  Other PENITH VICE CHAIK   |
| 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. YesNo Describe (organizations, locations, nature of business, your interests): |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

(

| Special Instructions:   |     |
|---|-----|
| Reported to Executive Committee:  |     |
| Date Received: 2-11.06 Staff Review: 2.3.79   |     |
| For office use only:  |     |
|   |     |
|   |     |
| I do not have any objection to dissemination of this disclosure.  Date: 2 11 0 6  |     |
| 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.  | . & |
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or a individual chapters, involving a contract, sale or fee that may be perceived as an actual or perceived tential conflict of interest? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |     |
| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's A sociation, from any other organization?        YesNo Describe (organizations, locations, nature of business, your compens tion):</li> </ul>  |     |
| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's A</li> </ul>   | ۱S- |

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.

| l.<br>———         | Name: Ronald C. Petersen   |
|-------------------|--|
| 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: xBased 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.)   |
|                   | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes _xNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
| Return<br>1700, 0 | <ul> <li>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?</li></ul>  |

|            | <ul> <li>Compensation in cash or in kind, respectively.</li> <li>Yes _xNo Describe (orguine):</li> </ul>  | n?   | position with the Alzheimer's As |              |
|------------|---|--|----------------------------------|--------------|
|            | <ul> <li>Interest in any transactions with the individual chapters, involving a cont tential conflict of interest? Yes _xNo Describe (part</li> </ul> | ract, sale or fee that may                       | be perceived as an actual or po  | y<br>)-      |
| 5.         | In regard to the dissemination of this dis I request that this disclosure not be Nominating Committees and the cx I do not have any objection to dis  | ne disseminated beyond esignated staff without m | ny consent.                      | <u>&amp;</u> |
| Signed:    | Ronald C. Petersen  |  | Date: March 5, 2009              |              |
| l consul   | t for Elan Pharmaceuticals and Wyeth Pl   | narmaceuticals                                   |                                  | _            |
|            |   |  |                                  |              |
| For office | e use only:   |  |                                  |              |
| Date Rec   | peived: 3 4. 09   | Staff Review:                                    |                                  |              |
| · ·        | to Executive Committee:   |  |                                  |              |
| Special Ir | nstructions:  |  |                                  |              |
|            |   |  |                                  |              |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

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 contlict 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.

| DISCL<br>tion of | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>the Office of the President, national headquarters.):   |
|------------------|--|
| 1.               | Name: 1408 160CC   |
| 2.               | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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:   |
| 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.  X Yes No, Describe (organizations, locations, nature of business, your interests):  Some equity interest in a local portfolist, include health or phormaccurice.  Companies  |
|                  | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|        | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzneimer's Association, from any other organization?</li></ul>  |
|--------|---|
|        | <ul> <li>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):</li> </ul> |
| 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. /. 06          | Staff Review: R.O. |
| Reported to Executive Committee: |                    |
| Special Instructions:            |                    |
|                                  |                    |

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.):

DANN HUDE PILLOLF

| 1. | Name: 17/1011 11912 110/2000   |
|----|--|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/Participant  |
|    | — National Sr. Staff and Association Directors — Other National Sakes prom   |
| 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: |
| 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.

    X Yes No Describe longanizations, locations, nature of business, your interests): Non-controlling interest in some equifies it. pharmaceur al (myranies, as pour 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?

|                        | YesNo Describe (   | organization, location, nature of business, your   |
|------------------------|--|--|
|                        | Alzheimer's Association, from any of   | d, related to your leadership position with the ther organization? organizations, locations, nature of business, your  |
|                        | or any individual chapters, involving<br>an actual or potential conflict of intel  | Alzheimer's Association, through its national office a contract, sale or fee that may be perceived as rest?  of the organization, transaction, your interest): |
| 5.                     | In regard to the dissemination of this dis  I request that this disclosure of the di | not be disseminated beyond the Executive and ittees and the designated staff without my consent.   |
| Signed:                |  | Date: 4/17/09  |
| -                      |  |  |
|                        |  |  |
|                        |  |  |
| For office<br>Date Rec | e use only:  | Staff Review:  |
|                        | d to Executive Committee:  |  |

P. 005

#### **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.

| 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 compens tion and conflict of interest and I have the following response:   | a-  |
| 4. | The following information would be relevant to a determination of Conflict of Interest related to yo leadership position in the Association. (This includes past, present and anticipated activity yourself or members of your immediate family concurrent with your tenure in an Association Lea ership position.)  | of  |
|    | Ownership or equity interest in an organization with dementia-related interests.  YesNo Describe (organizations, locations, nature of business, your interests):  **The Company of the Company of the Company of State (organizations) and the Company of t |     |
|    | <ul> <li>Offices and/or positions (director, officer, partner, employee or agent) in an organization the might be affected by your involvement with the Alzheimer's Association? </li></ul>  | ıat |

| •              | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  |
|----------------|--|
|                | YesNo 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?  YesNo Describe (part of the organization, transaction, your interest): |
|                | 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:        | Ascard Penden Date: 2-9-07   |
|                |  |
|                |  |
| For office use | <u>e</u> only:   |
|                | od: Staff Review:  |
|                | Executive Committee:   |
|                |  |

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.

| 1. | Name: OSCAR W. FONDER   |
|----|---|
| 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:  |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):  **The Company of the Company |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | •        | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|------------|----------|---|
|            |          | YesNo 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? YesNo Describe (part of the organization, transaction, your interest): |
| 5.         |          | 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:    | <u> </u> | Oscario Date: 2-11-06   |
| ·          |          |   |
|            |          |   |
|            |          |   |
|            |          |   |
|            |          |   |
|            |          |   |
| For office | use      | e only:   |
| Date Rec   | eive     | ed: 2.11.06 Staff Review: 12.81707  |
| •          |          | Executive Committee:  |
|            |          |   |

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.):

| แบบเ | the Office of the Fresheeft, frational headquarters.   |
|------|--|
| 1.   | Name: RON PROFILI  |
| 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 compens ation 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.)     |
|      | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|      | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 496-7660

| opeciai ir | isuucuons                 |  |  |                                 |                     |                  |
|------------|---------------------------|--|--|---------------------------------|---------------------|------------------|
| •          |                           | nmittee:                               |  |                                 |                     |                  |
|            | eived:                    |  |  | 9W:                             |                     |                  |
| For office | use only:                 |  |  |                                 |                     |                  |
|            |                           |  |  |                                 |                     |                  |
|            |                           |  |  |                                 |                     |                  |
|            |                           |  |  |                                 |                     |                  |
|            |                           |  |  |                                 |                     |                  |
| Signed:    | K                         | Pen Pro                                | FILI   | Date:/2                         | 2/18/09             |                  |
|            | Nominal I do not I        | ting Committees and ave any objection  | re not be dissemind the designated to dissemination          | staff without mof this disclosu | ny consent.<br>ure. | d Governance &   |
| 5.         | •                         | e dissemination of                     |  |                                 |                     |                  |
|            | individual<br>tential con | chapters, involving flict of interest? | with the Alzheime g a contract, sale of e (part of the organ | or fee that ma                  | y be perceived as   | an actual or po- |
|            | sociation,                | from any other org                     |  |                                 |                     |                  |
|            |                           |  |  | our leadership                  | position with the   | Alzheimer's As-  |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 496-7660

# alzheimer's % association

# 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.): Name: JIM PRUGH 1. 2. Level of Service: ✓ National Board or Board Committee Member Publication Author/Contributor Program Speaker/Participant National Sr. Staff and Association Directors X Other CHAPTER BOARD I have read the Association's Bylaws and the Board's policy guidelines policy regarding 3. 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.) The following information would be relevant to a determination of Conflict of Interest related to your 4. 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):

| •                 | might be affected by your invo  | •   | ner's Association?   | J                  |
|-------------------|---|---|----------------------|--------------------|
| •                 | Compensation in cash or in Association, from any other orYes _X_NoDecompensation):  |   | , .                  |                    |
| •                 | Interest in any transactions windividual chapters, involving potential conflict of interest? YesNo Describe   | a contract, sale or fee                                 | that may be perceive | ed as an actual or |
|                   | regard to the dissemination of the large of | e not be disseminated be<br>I the designated staff with | out my consent.      | and Governance &   |
| Signed:           | in Inf  | Date: <u>C</u>  | 31/30/2009           |                    |
|                   |   |   |                      |                    |
|                   |   |   |                      |                    |
|                   |   |   |                      |                    |
| For office use o  |   |   |                      |                    |
|                   | 1.01.09   | Staff Review:   | <u> </u>             |                    |
|                   | ecutive Committee:  | ŧ   |                      |                    |
| Special Instructi | ions:   |   |                      |                    |

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 or by fax to: (866) 466-7660

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:  |
| 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:   |
| 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. YesNo 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? YesNo Describe (organization, location, nature of business, your interest):   |

Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association,

|            | rrom any other organization? YesNo 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? YesNo 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     | : \omegamus\\m\f\ Date: 05/08/2008  |
|            |   |
|            |   |
|            |   |
| For office | e use only:   |
| Date Re    | ceived: Staff Review:   |
|            | d to Executive Committee: Instructions:   |

TO: RENEE BITOY

#### 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.

| 1. | Name: JAMES D PRUCH   |
|----|---|
| 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.  YesNo 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? YesNo 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? YesNo 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? YesNo 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. 57

Reported to Executive Committee: Special Instructions:

S.q fS24886606 aetsioossA & rlgurq q24:60 TO 60 rqA

Staff Review:

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: JIM TRUGH   |
|----|---|
| 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:  |
| 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. YesX_No _ Describe (organizations, locations, nature of business, your interests): |
|    | <ul> <li>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 XNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

 $\Gamma$ 

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | <ul> <li>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):</li> </ul> |
| 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 Rec   | reived: 2.11.06 Staff Review: 2.0,00  |
|            | to Executive Committee:   |
|            |   |

# alzheimer's 8 association

# 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.

| 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  |
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |

| Reported to Executive Committee:  Special Instructions:                            |   |                        |                       |          |
|--|---|------------------------|-----------------------|----------|
| Date Received: 2./3. 2009  | Staff Review:                               | <del>7</del> 6         |                       |          |
| For office use only:   |   |                        |                       |          |
|  |   |                        |                       |          |
|  |   |                        |                       |          |
|  |   |                        |                       |          |
|  |   |                        |                       |          |
|  |   |                        |                       |          |
|  |   |                        |                       |          |
|  |   |                        |                       |          |
|  |   |                        |                       | _        |
| Signed Dut Jun   | Date:                                       | 2/1/09                 |                       | -        |
|  |   | -//                    |                       |          |
| Nominating Committees a<br>I do not have any objection                             |   |                        |                       |          |
| 5. In regard to the dissemination of I request that this disclosu                  | ure not be disseminated I                   | beyond the Executiv    | e and Governance      | &        |
| _  |   |                        |                       |          |
| potential conflict of interest?  |   |                        |                       | <b>.</b> |
| <ul> <li>Interest in any transactions<br/>individual chapters, involvin</li> </ul> | with the Alzheimer's Ass                    | sociation, through its | national office or ar | ıy<br>or |
| compensation):   |   |                        |                       |          |
|  | r organization?<br>Describe (organizations, | , locations, nature    | of business, yo       | ur       |
| • Compensation in cash or  |   | leadership position    | with the Alzheime     | r's      |
| YesNo Describ  | be (organization, location,                 | nature of business,    | your interest):       |          |
| might be affected by your in   | nvolvement with the Alzhe                   | eimer's Association?   | ū                     |          |

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 or by fax to: (866) 466-7660

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.

| 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  |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| •       | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> <li>YesNo Describe (organizations, locations, nature of business, your compensation):</li> </ul>  |          |
|---------|---|----------|
|         | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or ar individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?         YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> | 1y<br>O- |
| 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: | Mt Sun Date:  |          |
|         |   |          |
|         |   |          |
|         |   |          |
|         |   |          |
|         | use only:   |          |
|         | to Executive Committee:   |          |
| •       | nstructions:  |          |

#### RECEIVED

MAR 1 4 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.

| 1. | Name: STEWART C.TUTNAM  |
|----|---|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: 3/4/07  |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | use only:   |
| Date Rece  | eived: 3.14.07 Staff Review: Staff Review:  |
|            | to Executive Committee:structions:  |
|            |   |

#### $\bigcirc$

#### 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 atten-

tion of the Office of the President, national headquarters.): 1. 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.) The following information would be relevant to a determination of Conflict of Interest related to your 4. 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 \( \sqrt{No} \) 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 V No Describe (organization, location, nature of business, your interest):

|         | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's As sociation, from any other organization?   |
|---------|--|
|         | YesNo Describe (organizations, locations, nature of business, your compensation):  |
|         | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest? YesV_No Describe (part of the organization, transaction, your interest):</li> </ul> |
| 5.      | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance of Nominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.   |
| Signed: | Roger A. Quick   |
|         | Koga A. Quick  |
|         |  |
|         |  |
|         |  |
|         |  |
|         | e use only:  |
|         | Staff Review: R. B. 759  I to Executive Committee:   |
|         | nstructions:   |
|         | <del></del>  |

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.

| 1. | Name: PETER RABINS  |
|----|---|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | structions:   |
|------------|---|
|            | to Executive Committee:   |
|            | Staff Review:   |
| For office | use only:   |
|            |   |
| Signed:    | P R131NS Date: 2/10/07  |
| 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.   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |

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.

| 1. | Name: PETER PABINS   |
|----|--|
| 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:   |
| 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| •        | 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. Í     | I 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:_ | R13 INS Date: 9/28/06   |
|          |   |
| :        |   |
|          |   |
|          |   |
| Date Re  | eived: 9.28.06 Staff Review: Committee:   |
|          |   |

# alzheimer's % association

# 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.

| 1. | Name: Deborah RANDALL   |
|----|---|
| 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: 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.  YesNo Describe (organizations, locations, nature of business, your interests):  **The Country of the Country of State (1988) in the Country of State (1988) |

| might be affected by your involvement with the Alzheimer's Association?  YesNo Describe (organization, location, nature of business, your interest):   |
|--|
| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        YesNo</li></ul>  |
| <ul> <li>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?  YesNo Describe (part of the organization, transaction, your interest):</li> </ul>   |
| 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 Mandall Date: 1/31/09   |
| ·  |
|  |
|  |
|  |
|  |
| For office use only:   |
| Date Received: Staff Review: S |
| 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 or by fax to: (866) 466-7660

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.

| 1. | Name: Deboral 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|        | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>   |
|--------|--|
|        | <ul> <li>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?</li> <li>YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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   |
|        |  |
| Date R | ce use only: eceived: Staff Review:  |
| •      | ed to Executive Committee:   |
|        |  |

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 atten-

tion of the Office of the President, national headquarters.): 1. 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: 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 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 A sociation, from any other organization?  | 3- |
|----------------|--|----|
|                | Yes No Describe (organizations, locations, nature of business, your compenstion):  | }~ |
| •              | Interest in any transactions with the Alzheimer's Association, through its national office or ar individual chapters, involving a contract, sale or fee that may be perceived as an actual or petential conflict of interest?  Yes No Describe (part of the organization, transaction, your interest): |    |
|                | regard to the dissemination of this disclosure:  Xi 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:        | Annis Exterel Date: 4/3/07   | _  |
|                |  |    |
|                |  |    |
|                |  |    |
|                |  |    |
|                |  |    |
| For office use | e only:  |    |
| Date Receive   |  |    |
|                | Executive Committee:uctions:   |    |
|                |  |    |

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.

|    | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the attenthe Office of the President, national headquarters):  |
|----|---|
| 1. | Name: Dennis C. Revell  |
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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:  |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):  **The Company of the Company |
|    | <ul> <li>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? YesNo</li></ul>   |

. . . 4

|   | •          | Compensation in cash or in kind, related to your leadership position with the Alzhein ciation, from any other organization?  | ier's Asso- |
|---|------------|--|-------------|
|   |            | Yes No Describe (organizations, locations, nature of business, your tion):   | compensa-   |
|   | ,          | Interest in any transactions with the Alzheimer's Association, through its national or individual chapters, involving a contract, sale or fee that may be perceived as an attential conflict of interest?  Yes No Describe (part of the organization, transaction, your interest): |             |
|   | 5.         | regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Go Nominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.               | vernance &  |
| / | Signed:    | Munis Exterell Date: 9/5/06  |             |
| \ |            |  |             |
|   |            |  |             |
|   |            |  |             |
|   |            |  |             |
|   |            |  |             |
|   | For office | <del></del>  |             |
|   | Date Re    | ived: 9.5.2006 Staff Review: Review.   |             |
|   |            | o Executive Committee:   |             |
|   | Special I  | tructions:   | <del></del> |

Alzheimer's Association Conflict of Interest Disdosure Guidelines and Form

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 Sabl  |  |  |  |
|----|--|--|--|--|
| 2. | Level of Service: XXNational 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:  XXBased 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.  YesXXNo Describe (organizations, locations, nature of business, your interests): YesXXNo Describe (organizations, locations, nature of business, your interests): YesXXNo Describe (organizations, locations, nature of business, your interests): |  |  |  |
|    | <ul> <li>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 _XXNo</li></ul>  |  |  |  |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's sociation, from any other organization?         YesXX_No Describe (organizations, locations, nature of business, your competion):     </li> </ul>   |            |
|--|------------|
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or individual chapters, involving a contract, sale or fee that may be perceived as an actual or tential conflict of interest?         Yes _XXNo Describe (part of the organization, transaction, your interest):     </li> </ul> | any<br>po- |
| In regard to the dissemination of this disclosure: XX I request that this disclosure not be disseminated beyond the Executive and Governation & Nominating Committees and the designated staff without my consent.   | ince       |
|  |            |
| Por office use only:  Date Received: 3.4.09  Reported to Executive Committee:  Special Instructions:   |            |

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.

| DISCLO | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>he 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 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.)    |
|        | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|        | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| Special I  | nstructions:   |
|------------|--|
|            | to Executive Committee:  |
|            | e use only:  seived: Staff Review: Staff Review:   |
| For office | uusa anlu:   |
| Signed:    | J. L. S. Date: 3/8/08  |
| 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.  |
|            | <ul> <li>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?         YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> |
| '          | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> <li>Yes</li> <li>No</li> <li>Describe (organizations, locations, nature of business, your compensation):</li> </ul>  |
|            | Comparestion in each or in kind, related to your leadership position with the Alzheimer's As-  |

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.

| 1. | Name: John Sabl  |
|----|--|
|    | <del></del>  |
| 2. | Level of Service:  |
|    | _XXNational 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 compensa-  |
|    | tion and conflict of interest and I have the following response:   |
|    | XXBased 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.  YesNo Describe (organizations, locations, nature of business, your interests):   |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, resociation, from any other organization.</li> <li>YesNo Describe (organization):</li> </ul>   | on?                         | position with the Alzheimer's Asture of business, your compensa- |
|------------|--|-----------------------------|--|
|            | <ul> <li>Interest in any transactions with the individual chapters, involving a contential conflict of interest?</li> <li>YesNo Describe (part</li> </ul>  | tract, sale or fee that may | y be perceived as an actual or po-                               |
| 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  |
|            |  |                             |  |
|            |  |                             |  |
|            |  |                             |  |
|            | e use only:  | <b>A</b>                    | ~  |
| Date Rec   | beived: 4. 3. 07   | Staff Review:               |  |
| •          | d to Executive Committee:  |                             |  |
| Special in | nstructions:   |                             |  |

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.

| DISCLO    | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-   |
|-----------|---|
| tion of t | he Office of the President, national headquarters.):  |
| 1.        | Name: John Solo!  |
| 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.)    |
|           | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|           | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            |  | n cash or in kind, r<br>any other organizati |                                       | adership position with the Alzheimer's As-   |
|------------|--|--|---------------------------------------|--|
|            | \ 1                                      |  |                                       | ions, nature of business, your compensa-   |
|            | individual chapte<br>tential conflict of | ers, involving a con<br>interest?            | tract, sale or fee                    | sociation, through its national office or any that may be perceived as an actual or poon, transaction, your interest): |
| 5.         | Mominating Co                            | this disclosure not                          | be disseminated<br>designated staff v | beyond the Executive and Governance & vithout my consent. disclosure.  |
| Signed     | John                                     | JE   | Date:                                 | 2/14/06  |
|            |  | -  |                                       |  |
|            |  |  |                                       |  |
|            |  |  |                                       |  |
|            |  |  |                                       |  |
|            |  |  |                                       |  |
| For office | e use only:                              |  |                                       |  |
| Date Rec   | ceived:                                  |  | Staff Review:                         |  |
|            | to Executive Committee:                  |  |                                       |  |
| Special Ir | nstructions:                             |  |                                       |  |

# alzheimer's % association

# 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.): Name: botter al some 2. Level of Service: National Board or Board Committee Member \_\_\_\_Publication Author/Contributor \_\_\_\_Program Speaker/Participant National Sr. Staff and Association Directors Other I have read the Association's Bylaws and the Board's policy guidelines policy regarding 3. 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.) The following information would be relevant to a determination of Conflict of Interest related to your 4. 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):

| <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |
|---|
| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        YesNo</li></ul>   |
| <ul> <li>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? </li></ul>  |
| <ul> <li>In regard to the dissemination of this disclosure:         <ul> <li>I request that this disclosure not be disseminated beyond the Executive and Governance &amp; Nominating Committees and the designated staff without my consent.</li> <li>I do not have any objection to dissemination of this disclosure.</li> </ul> </li> </ul> |
| Signed Pitter 10 Octomes Date: 1-30-09  |
|   |
|   |
| For office use only:  |
| Date Received: 109 Staff Review: 115  |
| 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 or by fax to: (866) 466-7660

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: 19th in Saltman   |
|----|---|
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

 $\Omega \wedge I$ 

|      | •     | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization? YesNo   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? YesNo Describe (part of the organization, transaction, your interest): |
| 5.   |       | 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.                          |
| Sign | ed:17 | otteful Oatemen Date: March 8, 2008   |
|      |       |   |
|      |       |   |
|      |       |   |
|      |       |   |
|      |       | se only:  |
|      |       | Staff Review:   |
| •    |       | Executive Committee: ructions:  |
|      |       |   |

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.):

10 V 01

| 1. | Name: Dute la Caleman   |
|----|---|
| 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 compensa-   |
|    | tion 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 your self 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.  YesNo Describe (organizations, locations, nature of business, your interests):  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|                  |                                     | in cash or in kind, i<br>ny other organizatio |                       | ership position with th  | ne Alzheimer's Asso-  |
|------------------|-------------------------------------|---|-----------------------|--|-----------------------|
|                  | tion):                              | No Describe (o                                | rganizations, locati  | ons, nature of busine  | ess, your compensa-   |
|                  | individual char<br>tential conflict | oters, involving a co<br>of interest?         | ntract, sale or fee t | ociation, through its r<br>hat may be perceived<br>n, transaction, your in | d as an actual or po- |
| 5.               | I request that Nominating (         | Committees and the                            |                       |  | e and Governance &    |
| Signed           | Dettefore ()                        | ledmen  | Date;_ <u>/</u>       | Epil 3, 20   | 207                   |
|                  |                                     |   |                       |  |                       |
|                  |                                     |   |                       |  |                       |
|                  |                                     |   |                       |  |                       |
|                  |                                     |   |                       |  |                       |
|                  |                                     |   |                       |  |                       |
|                  |                                     |   |                       |  |                       |
|                  |                                     |   |                       |  |                       |
|                  |                                     |   |                       |  |                       |
| <u>For offic</u> | e use only:                         |   |                       |  |                       |
| Date Re          | eceived:                            |   | Staff Review:         |  |                       |
|                  | ed to Executive Committee           |   |                       |  |                       |
| Special          | Instructions:                       |   |                       |  |                       |
|                  |                                     |   |                       |  |                       |

#### RECEIVED

FEB 2 7 2015

#### 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.

| 1. | Name: Better Cu (C () abt man   |
|----|---|
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>  |
|------------|---|
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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     | : Detry 1 / Deek ma Date: 2-24-06   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | e use only:   |
| Date Re    | ceived: 2 27.06 Staff Review: R. 3-507  |
|            | d to Executive Committee:   |
|            |   |

# alzheimer's % association

# 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.

| 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 DRULLS THAPTER 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.) |
| 1. | 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |

| Special Instructions:  | •   |
|--|---|
| Date Received:   |   |
| For office use only:   |   |
|  | • •   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Signed: Huold & Support  | Date: 1/29/09   |
| as Charle  | 00/00/  |
| Nominating Committees an   | d the designated staff without my consent. to dissemination of this disclosure.   |
| 5. In regard to the dissemination of a request that this disclosure. | re not be disseminated beyond the Executive and Governance &  |
| 100100 Describe  | (part of the organization, transaction, your interest).   |
| potential conflict of interest?                                      | g a contract, sale or fee that may be perceived as an actual or (part of the organization, transaction, your interest): |
| Interest in any transactions individual charters involved.           | with the Alzheimer's Association, through its national office or any  |
| compensation):   | your (algument) toothore, material of publicos, your  |
| Association, from any other  | organization?  Describe (organizations, locations, nature of business, your   |
| <ul> <li>Compensation in cash or i</li> </ul>                        | in kind, related to your leadership position with the Alzheimer's   |
| YesNo Describe   | e (organization, location, nature of business, your interest):  |
| might be affected by your in   | rector, officer, partner, employee or agent) in an organization that volvement with the Alzheimer's Association?        |

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: <a href="mailto:officeoftheceo@alz.org">officeoftheceo@alz.org</a> or by fax to: (866) 466-7660

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.

| 1. | Name: SERALD SAMPSON   |
|----|--|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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:   |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):   |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| •      | d to Executive Committee:   |
|--------|---|
|        | ceived: Staff Review: Staff Review:   |
|        | e use only:   |
|        |   |
| Signed | 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.  Date: 5 8 8              |
| 5.     | individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest? YesNo Describe (part of the organization, transaction, your interest):  In regard to the dissemination of this disclosure: |
|        | tion):  |
|        | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> <li>YesNo Describe (organizations, locations, nature of business, your compensations)</li> </ul>      |

#### RECEIVED

#### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

Mari 1 3 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.

| 1. | Name: BERALO SAMPSON  |
|----|---|
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|        | nou doublis.   |   |
|--------|--|---|
|        |  |   |
|        | ceived: 3 /3 /0 / O/                                       | Staff Review: ROTO  |
|        | e <u>use only:</u>   |   |
|        |  |   |
|        |  |   |
|        |  |   |
| Signed | sepel Sage   | Date: 2/11/07   |
| 5.     | Nominating Committees                                      | of this disclosure: sure not be disseminated beyond the Executive and Governance & and the designated staff without my consent. ion to dissemination of this disclosure.                                  |
|        | individual chapters, involve tential conflict of interest? | ins with the Alzheimer's Association, through its national office or any ing a contract, sale or fee that may be perceived as an actual or poribe (part of the organization, transaction, your interest): |
|        | sociation, from any other of                               | in kind, related to your leadership position with the Alzheimer's Asorganization? cribe (organizations, locations, nature of business, your compensa-   |

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.

| 1. | Name: GERALD JAMPSON   |
|----|--|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| Special Instructions:   |          |
|---|----------|
| Reported to Executive Committee:  |          |
| Date Received: 2.13.06 Staff Review: 2.13.70  |          |
| For office use only:  |          |
|   |          |
|   |          |
|   |          |
| Signed: Jurid Japan Date: 2/13/06   |          |
| In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governation  Nominating Committees and the designated staff without my consent.  Yellow I do not have any objection to dissemination of this disclosure.                      | ance &   |
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office individual chapters, involving a contract, sale or fee that may be perceived as an actual tential conflict of interest? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |          |
| <ul> <li>Compensation in cash of in kind, related to your leadership position with the Alzheime sociation, from any other organization?         YesNo Describe (organizations, locations, nature of business, your comtion):     </li> </ul>  |          |
| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheime</li> </ul>  | er's As- |

# alzheimer's % association

# 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.

| attent | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the ion of the Office of the President, national headquarters.):   |
|--------|---|
| 1.     | Name: KONAID B. Settimon  |
| 2.     | Leve 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.)    |
|        | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |

|              | <ul> <li>Offices and/or positions (director might be affected by your involvedYesNo Describe (orYesNo Describe (or</li></ul>  | ement with the Alzhe   | imer's Association? | -                                      |
|--------------|---|--|---------------------|--|
|              | Compensation in cash or in king Association, from any other organ YesNo Described Des           | nization?  |                     | with the Alzheimer's of business, your |
|              | <ul> <li>Interest in any transactions with<br/>individual chapters, involving a<br/>potential conflict of interest?</li> <li>YesNo Describe (page 1)</li> </ul>   | contract, sale or fee  | e that may be perce | ived as an actual or                   |
| 5.           | In regard to the dissemination of this of the line of | ot be disseminated le<br>e designated staff wissemination of this of | ithout my consent.  | e and Governance &                     |
| Signed:      |   | Date:  | ° f f               |  |
|              |   |  |                     |  |
|              |   |  |                     |  |
|              |   |  |                     |  |
| For office u | use only:   |  |                     |  |
| Date Recei   | sived: 1. 31. 0 G   | Staff Review:  | %<br>               |  |
|              | to Executive Committee:   |  |                     | · · · · · · · · · · · · · · · · · · ·  |
|              |   |  |                     |  |

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.

| DISCLC<br>tion of th | SURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>ne Office of the President, national beadquarters.):   |
|----------------------|--|
| 1.                   | Name: KONAND B, SEHILLING  |
| 2.                   | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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:   |
| 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.) |
|                      | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|                      | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| opeciai in: | structions:   |
|-------------|---|
| •           | to Executive Committee:   |
|             | sived: Staff Review:  |
| For office  | use only:   |
|             |   |
|             |   |
| Signed:_    | mula Elulia Date: 3/1/08  |
| 5. 1        | n 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.                      |
| •           | 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? YesNo Describe (part of the organization, transaction, your interest): |
| •           | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization? YesNo Describe (organizations, locations, nature of business, your compensation):   |
|             | Companyation in each or in kind, related to your leadership position with the Alzheimer's As-   |

6509415795

#### **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.

| DISCLO | OSURE (Complete the blanks or "check-ti)e-line", as appropriate, sign, date and return to the atten-<br>the Office of the President, national headquarters.):   |
|--------|---|
| 1.     | Name: Kw ZCHIVING   |
| 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 your-self 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.  YesNo 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?  YesNo Describe (organization, location, nature of business, your interest):   |

| • (<br>s            | sociation, from any other org      | anization?   | position with the Alzheimer's As-  |
|---------------------|------------------------------------|--|--|
| ti                  | YesNo Describ<br>tion):            | pe (organizations, locations, nat  | ture of business, your compensa-   |
| 11                  | ential conflict of interest?       | vith the Alzheimer's Association,<br>a contract, sale or fee that may<br>(part of the organization, transa   | through its national office or any<br>be perceived as an actual or po-<br>ction, your interest): |
|                     | <u>Incremental Committees and </u> | his disclosure:<br>e not be disseminated beyond t<br>d the designated staff without my<br>to dissemination of this disclosur   | he Executive and Governance & consent. e.  |
| Signed              | <u>n Schille</u>                   | Date:  | 15/07  |
|                     |                                    |  |  |
|                     |                                    |  |  |
|                     |                                    |  |  |
|                     |                                    |  |  |
|                     |                                    |  |  |
| For office use only | <u>y:</u>                          |  |  |
| Date Received: 4    | 4604                               | Staff Review:  |  |
|                     | utive Committee:                   | THE PARTY OF THE P |  |
|                     | ns:                                |  |  |
|                     |                                    |  |  |

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 atten-

tion of the Office of the President, national headquarters.): SHIUNG 1. Name: Level of Service: 2. National Board or Board Committee Member Publication Author/Contributor Program Speaker/Participant National Sr. Staff and Association Directors Other I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-3. tion 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? YesNo Describe (part of the organization, transaction, your interest): |
| 5. In r         | 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:         | Daic.  |
|                 | ump B. Schind  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
| For office use  | only:  |
| Date Received   | 1: <u>2 · // · 06</u> Staff Review: <u> </u>   |
|                 | xecutive Committee:  |
| Special Instruc | ctions:  |
|                 |  |

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.

| 1. | Name: DARVERE VICKI SHIVEY   |
|----|--|
| 2. | Level of Service:  |
| 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 you leadership position in the Association. (This includes past, present and anticipated activity of the conflict of the con |

| Special Ir | nstructions:  |                               |  |                        |
|------------|---|-------------------------------|--|------------------------|
| ·          | to Executive Committee:   |                               |  |                        |
|            | e use only:<br>evived:  | Staff Rev                     | /iew:  |                        |
| F (F       |   |                               |  |                        |
|            |   |                               |  |                        |
| Signed:_   | Donline V. Dr   | hilez                         | Date: March 5,   | 2279                   |
| 5.         | In regard to the dissemination of this I request that this disclosure if Nominating Committees and to I do not have any objection to                    | not be dissen<br>he designate | d staff without my consent.  | ve and Governance &    |
|            | <ul> <li>Interest in any transactions with<br/>individual chapters, involving a<br/>tential conflict of interest?</li> <li>YesNo Describe (p</li> </ul> | contract, sale                | er's Association, through its or fee that may be perceivenization, transaction, your i | ed as an actual or po- |
| •          | <ul> <li>Compensation in cash or in kin sociation, from any other organizes</li> <li>YesNo Describe (tion):</li> </ul>                                  | zation?                       |  |                        |
|            | <ul> <li>Compensation in cash or in kin</li> </ul>  | d, related to                 | your leadership position wit   | th the Alzheimer's As- |

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.

| 1. | Name: 13ARCERE V, SHICEY  |
|----|---|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo   Describe (organization, location, nature of business, your interest):</li> </ul>  |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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:    | Dalen V. Shele Date: august 15, 2008  |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | e use only:   |
| Date Red   | seived: Staff Review:   |
| •          | to Executive Committee:   |
|            |   |

Alzheimer's Association Conflict of Interest Guidelines and 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.

| 1. | Name: Darlene Vicki Shiley   |
|----|--|
|    |  |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):    Ownership or equity interest in an organization with dementia-related interests.   |
|    | <ul> <li>Offices and/or positions (director, officer, partner, employee or agent) in an<br/>organization that might be affected by your involvement with the Alzheimer's<br/>Association?</li> </ul>   |
|    | YesNo Describe (organization, location, nature of business, your   |

|         | interest):   |  |                           |   |
|---------|--|--|---------------------------|---|
|         | Compensation in cash of Alzheimer's Association     YesNo Descompensation):                                      | , from any other or                          | ganization?               | • •   |
|         | or any individual chapte<br>an actual or potential co  | rs, involving a cont<br>inflict of interest? | ract, sale o              | ciation, through its national office refee that may be perceived as n, transaction, your interest): |
| 5.      | In regard to the dissemination I request that this discustry Governance & Nomin consent. X_I do not have any ob- | losure not be disse<br>ating Committees a    | minated be<br>and the des | ignated staff without my  |
| Signed  | Donline V.   | Shile  | Date:                     | april 3, 2007   |
|         |  |  |                           |   |
|         |  |  |                           |   |
|         | e use only:  |  |                           |   |
| Date Re | ceived:  | Staff F                                      | Review:                   | <b>5</b> D  |

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.

| 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  |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| YesNo 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? YesNo 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: Juliary 2.4. mic |            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's As sociation, from any other organization?                      |
|--|------------|---|
| individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest? YesNo _ Describe (part of the organization, transaction, your interest):  5.  |            | YesNo Describe (organizations, locations, nature of business, your compensa tion):  |
| request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent.  |            | individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?                                |
| For office use only:  Date Received: 2 2 2 5 5 7 8 P. OC Staff Review: Reported to Executive Committee:  | 5.         | I request that this disclosure not be disseminated beyond the Executive and Governance & Nominating Committees and the designated staff without my consent. |
| Date Received: 2 2 2 . 0 . Staff Review: Reported to Executive Committee:  | Signed:    | Duline V Philip Date: February 24, mil  |
| Date Received: 2 2 2 . 0 . Staff Review: Reported to Executive Committee:  |            |   |
| Date Received: 2 2 2 . 0 . Staff Review: Reported to Executive Committee:  |            |   |
| Date Received: 2 2 2 . 0 . Staff Review: Reported to Executive Committee:  |            |   |
| Date Received: 2 2 2 . 0 . Staff Review: Reported to Executive Committee:  |            |   |
| Reported to Executive Committee:   | For office | use only:   |
|  |            |   |
|  | •          | <del></del>   |

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:ALAN SILVERGLAT  |
|----|---|
| 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.)        |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

| Special II |  |   |        |
|------------|--|---|--------|
|            | I to Executive Committee:                                    |   |        |
|            | ceived:  | Staff Review:   |        |
| For office | e use only:  |   |        |
|            |  |   |        |
| Signed:    | ALAN SILVERGLAT  | Date: MARCH 19, 2009  | _      |
| 5.         | Nominating Committees  | n of this disclosure: osure not be disseminated beyond the Executive and Governance & s and the designated staff without my consent. stion to dissemination of this disclosure.                             | š      |
|            | individual chapters, involv<br>tential conflict of interest? | ns with the Alzheimer's Association, through its national office or any ving a contract, sale or fee that may be perceived as an actual or positive (part of the organization, transaction, your interest): | y<br>- |
|            | sociation, from any other                                    | r in kind, related to your leadership position with the Alzheimer's As organization? scribe (organizations, locations, nature of business, your compensa  |        |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

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.): Alon Silverglat 1. Level of Service: 2. 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?   |
|-----------|---|
|           | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|           | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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    | 1: Col J. Coglot Date: 3-7-08   |
|           |   |
|           |   |
|           |   |
|           |   |
| For offic | e use only:   |
| Date Re   |   |
|           | d to Executive Committee:   |
| Special   | Instructions:   |
|           |   |

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: JENNAR 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

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: <u>carolyn.handler@alz.org</u> or by fax to: (866) 496-7660

| Special In | nstructions:  |  |
|------------|---|--|
|            | to Executive Committee:   |  |
|            | e use only:<br>peived:  | Staff Review:  |
|            |   |  |
| Signed:    | : Nung Alis   | Date: 1 i sq   |
| 5.         | Nominating Committees an  | this disclosure: re not be disseminated beyond the Executive and Governance & nd the designated staff without my consent. to dissemination of this disclosure. |
|            | individual chapters, involving<br>tential conflict of interest? | with the Alzheimer's Association, through its national office or any a contract, sale or fee that may be perceived as an actual or po-                         |
|            | sociation, from any other orga                                  | anization?  De (organizations, locations, nature of business, your compensa-   |
|            | • Compensation in cash or in                                    | kind, related to your leadership position with the Alzheimer's As-   |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 496-7660

#### RECEIVED

### ALZHEIMER'S ASSOCIATION DISCLOSURE STATEMENT

MAY 1 5 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.

| 1. | Name: Janomy 4 STANG   |
|----|--|
| 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. |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership<br/>sociation, from any other organization?</li> </ul>  | position with the Alzheimer's As- |
|------------|--|-----------------------------------|
|            | Yes <u>v</u> No Describe (organizations, locations, nat tion):   | ure of business, your compensa-   |
|            | <ul> <li>Interest in any transactions with the Alzheimer's Association, individual chapters, involving a contract, sale or fee that may tential conflict of interest?</li> <li>Yes V_No Describe (part of the organization, transaction)</li> </ul>  | be perceived as an actual or po-  |
| 5.         | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond to the Nominating Committees and the designated staff without make any objection to dissemination of this disclosure.  | y consent.                        |
| Signed:    | gned: from Date: 5/9/6   | ς                                 |
|            |  |                                   |
|            |  |                                   |
|            |  |                                   |
| -          |  |                                   |
|            |  |                                   |
| For office | office use only:   | _                                 |
|            | te Received: Staff Review: Staff Review:   | 7                                 |
| •          | ported to Executive Committee:ecial Instructions:  |                                   |
|            | A CONTRACTOR OF THE CONTRACTOR |                                   |

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.

| 1. | Name: LEVLOWIE 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: 1/10/21   |
| <u> </u>   |   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | use only:   |
| Date Rec   | eived: 2 · // · 06 Staff Review: 2 · 3 · 707  |
|            | to Executive Committee:   |
|            |   |

# alzheimer's 8 association

# 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.

| 1. | Name: Sazanne Swift   |
|----|---|
| 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: 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):   |

|           | <ul> <li>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</li></ul>  |
|-----------|---|
|           | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        YesNo</li></ul>   |
|           | <ul> <li>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):</li> </ul> |
| 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   |
|           | ,   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
| or office | use only  |
|           | eived: 13109 Staff Review: 145  |
|           | io Executive Committee:   |
|           | structions:   |
|           |   |

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.

| 1.<br>2. | Name: Suzanne B. Swist  Level of Service:   |
|----------|---|
| ۷.       | 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.)    |
|          | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|          | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|          | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        Yes</li></ul>  |
|----------|--|
|          | <ul> <li>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?         YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> |
| 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 off- | e use only:  |
|          |  |
|          | d to Executive Committee:  |
| •        | Instructions:  |
|          |  |

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.

| 1. | Name:               | Suzanne B. Swift  |
|----|---------------------|---|
| 2. | Pub<br>Prog<br>Nati | Service: onal Board or Board Committee Member lication Author/Contributor gram Speaker/Participant onal Sr. Staff and Association Directors   |
| 3. | and confl           | ad the Association's Bylaws and the Board's policy guidelines policy regarding compensation ict of interest and I have the following response: ed on the Bylaws and policy, no disclosure is necessary. (Skip item 4.) ed on the Bylaws policy, certain disclosure is necessary. (Answer item 4.) |
| 4. | leadershi           | wing information would be relevant to a determination of Conflict of Interest related to your p position in the Association. (This includes past, present and anticipated activity of yourself pers of your immediate family concurrent with your tenure in an Association Leadership             |
|    |                     | ip or equity interest in an organization with dementia-related interests.  YesNo Describe (organizations, locations, nature of business, your interests):   |
|    | affec               | and/or positions (director, officer, partner, employee or agent) in an organization that might be sted by your involvement with the Alzheimer's Association?  YesNo Describe (organization, location, nature of business, your interest):   |
|    | Compens             | sation in cash or in kind, related to your leadership position with the Alzheimer's Association,  |

| from any other organization?YesNo Describe (organizations, locations, nature of business, your compensation):  |
|--|
| Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest? No   |
| 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:

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.

| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|          | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |
|----------|---|
|          | YesVNo Describe (organizations, locations, nature of business, your compensation):  |
|          | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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:  | :   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
| <b>.</b> |   |
|          | use only:   |
|          | Staff Review: R. B. 70 9  |
|          | to Executive Committee:   |
|          |   |

# alzheimer's 95 association

#### **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

| attentio  | on of the Office of the President, national headquarters.):  |
|-----------|--|
| 1.        | Name: Kobert Thomes  |
| 2.        | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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.)   |
|           | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|           | Please note that I am the owner of a sailor living company   |
| Return co | ompleted disclosure statement by mail to: Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite icago, IL 60601, by email to: officeoftheceo@alz.org or by fax to: (866) 466-7660  |
|           | of America Sair, Howir, Buscieria (AIAA), which was, with the AlZ. Alle<br>on Mitth metter & from Am. A time may have private perconadation, on su   |
|           | on toller meter & from now to time may have diverse perconduction of some  |

| <ul> <li>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?  YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |
|---|
| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li></ul>  |
| <ul> <li>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):     </li> </ul>      |
| <ul> <li>In regard to the dissemination of this disclosure:         <ul> <li>I request that this disclosure not be disseminated beyond the Executive and Governance &amp; Nominating Committees and the designated staff without my consent.</li> <li>I do not have any objection to dissemination of this disclosure.</li> </ul> </li> </ul> |
| Signed: 1/3/08  |
|   |
|   |
|   |
| For office use only:  |
| Date Received: 131.09 Staff Review: 125   |
| Reported to Executive Committee:  Special Instructions:   |
| opecial instructions.   |

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.

| 1. | Name: Robert Thomas   |
|----|---|
| 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.)            |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes X No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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):</li> </ul>  |
|    | HY Commentanly - I am an owner operator of a business providing housing & services to seniors; no conflict exists, but our employees often are enjoyed in discussions with Adiriducts & families affected by Alzheiner'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? YesX_No Describe (part of the organization, transaction, your interest): |
| _             | 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 us | se only:  |
| Reported to   | Staff Review:  Executive Committee:  cructions:   |

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.

|          | evel of Service:   |
|----------|--|
| _        | National Board or Board Committee Member   |
| _        | Publication Author/Contributor   |
| _        | Program Speaker/Participant  |
| _        | National Sr. Staff and Association DirectorsOther  |
|          | nave 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.)  |
|          |  |
| le<br>yo | ne following information would be relevant to a determination of Conflict of Interest related to your adership position in the Association. (This includes past, present and anticipated activity of ourself or members of your immediate family concurrent with your tenure in an Association Leadship position.) |
| le<br>yo | ne following information would be relevant to a determination of Conflict of Interest related to your adership position in the Association. (This includes past, present and anticipated activity of ourself or members of your immediate family concurrent with your tenure in an Association Lead-               |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
|            | <ul> <li>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?  YesNo Describe (part of the organization, transaction, your interest):</li> </ul>  |
| 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 divelouser in necessary nor does a company that a conflict exists, I am the owner of a company that owns & operates senior living communities the eging adults in relighble & estimate living. Though we are not directly in molyholds & estimates and have produced in Mahimis care, we do have produced in Mahimis care, we do help these resides & resides & feeling to the directle by the directle in help these resides & femilies in transitions than ow communities. |
|            |   |
| For office | e use only:   |
|            | <del></del>   |
| Date Rec   |   |

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.

| 1. | Name: EUAN Thompson  |
|----|--|
| 2. | Level of Service:  |
|    | ✓ National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/Participant  |
|    | National Sr. Staff and Association DirectorsOther  |
| 3. | I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-<br>tion 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  |
|------------|--|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):  |
|            | <ul> <li>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?</li> <li>YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
|            |  |
| 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: 2/20/07  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
| For office | e use only:  |
| Date Rec   | ceived: FEB. 27. 2007 Staff Review: 81709  |
|            | to Executive Committee:  |
|            |  |

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.

| 1. | Name: EVAN hompson   |
|----|--|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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:   |
| 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):  |
|    | <ul> <li>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):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>   |
|------------|---|
|            | YesNo Describe (organizations, locations, nature of business, your compensation):   |
| ,          | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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:_   | Van Chompson Date: 2/11/06  |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
| For office | use only:   |
| Date Rece  | eived: 2 · //. 06 Staff Review: R · 8 · >07   |
| •          | to Executive Committee:structions:  |
|            |   |

# alzheimer's % association

# 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: Temmy 15m   |  |
|  |   |  |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):  |  |

|              | might be affected by your involvement with the Alzheimer's Association?   |
|--------------|---|
|              | Yes No Describe (organization, location, nature of business, your interest):  |
|              | <ul> <li>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):     </li> </ul>   |
|              | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: /30/04  |
|              |   |
|              |   |
|              |   |
|              | · · · · · · · · · · · · · · · · · · ·   |
| For office u |   |
|              | Staff Review: ///   |
| •            | o Executive Committee:tructions:  |
|              |   |

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.

| 1. | Name: TENNY (SA)  |
|----|---|
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
| •  | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|               | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li></ul>   |
|---------------|--|
|               | <ul> <li>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?  YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 5.<br>Signed: | 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.  |
| Olgrica.      |  |
|               |  |
| For office    | e use only:  |
|               | ceived: Staff Review:  |
|               | d to Executive Committee:  |
|               |  |

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.

| 1. | Name: Tenny 15th hay   |
|----|--|
| 2. | Level of Service:  |
|    | _X_National Board or Board Committee Member Publication Author/Contributor   |
|    | Program Speaker/Participant  |
|    | National Sr. Staff and Association DirectorsOther  |
| 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):  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>  |
|------------|--|
|            | 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?  YesNo Describe (part of the organization, transaction, your interest): |
| 5.         | 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 | se only:   |
|            | red: Staff Review:   |
|            | Executive Committee: ructions:   |
|            |  |

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.

| 1. | Name: (ENNY /SA)   |  |  |
|----|--|--|--|
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |  |  |
| 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. |  |  |
|    | <ul> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> <li>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?YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |  |  |

| Special Ir | nstructions:  |
|------------|---|
|            | to Executive Committee:   |
|            | ceived: 2.72.06 Staff Review: R- 8.709  |
| For office |   |
|            |   |
| Signed     | Date: 2/12/06.  |
| 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.   |
|            | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li></ul>  |

# alzheimer's 95 association

# 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.

|    | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the on of the Office of the President, national headquarters.):  |
|----|---|
| 1. | Name: [Anl E 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:  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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |

| •             | <ul> <li>Offices and/or position might be affected by you</li> <li>Yes i No De</li> </ul>  |   | he Alzheimer's A  | Association?    |                  | ıt |
|---------------|--|---|-------------------|-----------------|------------------|----|
| •             | Compensation in cash Association, from any cash Yes No compensation):  | ther organization?                            | -                 |                 |                  |    |
| •             | Interest in any transact individual chapters, involved potential conflict of interest. YesNo Des   | olving a contract, sa                         | ale or fee that m | nay be perceive | d as an actual o |    |
| 5. Ir         | n regard to the dissemination  I request that this disseminating. Some sixty and the second s | closure not be disser<br>es and the designate | d staff without m | y consent.      | nd Govemance &   |    |
| Signed:       |  |   | Date:             | 1/3//           | 69               | -  |
|               |  |   |                   |                 |                  | -  |
|               |  |   |                   |                 |                  |    |
|               |  |   |                   |                 |                  |    |
| For office us |  | Oleff David                                   | <i>IS</i> I       |                 |                  |    |
| Reported to   | ed: / 3/. 09<br>Executive Committee:uctions:   |   | ew:_ <i>V7</i> S  |                 |                  |    |
|               |  |   |                   |                 |                  |    |

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.

| DISCLO<br>attention | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the not the Office of the President, national headquarters.):  |  |  |
|---------------------|---|--|--|
| 1.                  | Name: (AR) 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:  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.)      |  |  |
|                     | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |  |  |
|                     | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |  |  |

|            | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> <li>YesNo Describe (organizations, locations, nature of business, your</li> </ul>   |
|------------|---|
|            | compensation):  |
|            | <ul> <li>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?        YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> |
| 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  |
|            |   |
|            |   |
|            |   |
|            |   |
| -          | e use only:   |
|            | ceived: Staff Review: Staff Review:   |
|            | to Executive Committee:   |
| opeciai II | nstructions:  |

# alzheimer's 95 association

# 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.

| 1. | Name: MICHAEL VARUI   |
|----|---|
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |

| <ul> <li>Offices and/or positions (director might be affected by your involverYesNo Describe (org</li> </ul> | r, officer, partner, employee or agent) in an organization that ment with the Alzheimer's Association? anization, location, nature of business, your interest):                |
|--|--|
| Association, from any other organ  | d, related to your leadership position with the Alzheimer's sization? be (organizations, locations, nature of business, your   |
| individual chapters, involving a c potential conflict of interest?   | the Alzheimer's Association, through its national office or any contract, sale or fee that may be perceived as an actual or tof the organization, transaction, your interest): |
|  | lisclosure:  t be disseminated beyond the Executive and Governance & designated staff without my consent.  ssemination of this disclosure.  Date:                              |
|  |  |
|  |  |
| For office use only  |  |
| For office use only:  Date Received:   | Staff Review: 475  |
| Reported to Executive Committee:   | Oldif Novicw.  |
| Special Instructions:  | •  |
|  |  |

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.

| 1. | Name: MICITAROL URBUT   |
|----|---|
| 2. | Level of Service:   |
| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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</li></ul>  |

|       | sociation, from any other org                                | kind, related to your leadership position with the Alzheimer's As-<br>ganization?<br>be (organizations, locations, nature of business, your compensa-   |
|-------|--|---|
|       | individual chapters, involving tential conflict of interest? | with the Alzheimer's Association, through its national office or any g a contract, sale or fee that may be perceived as an actual or pope (part of the organization, transaction, your interest): |
| 5.    | Nominating Committees a                                      | f this disclosure: ure not be disseminated beyond the Executive and Governance & and the designated staff without my consent. n to dissemination of this disclosure.                              |
| Signe | ed: Mulu Mrl   | Date: 3/8/08  |
|       |  |   |
|       |  |   |
|       |  |   |
| For o | ffice use only:  |   |
|       | Received:  | Staff Review:   |
| Repo  | orted to Executive Committee:ial Instructions:               | ŕ   |
|       |  |   |

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.

| 1. | Name: MIKE URBASI   |
|----|---|
| 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.)  |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>Yes No Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?        YesNo</li></ul>  |
|--|
| <ul> <li>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?  YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: Mula Male: 4/4/07  UR 34   |
|  |
|  |
|  |
| Date Received: Staff Review:   |
| Reported to Executive Committee:  Special Instructions:  |

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/ 1

| 1. | Name: /// (c // 40 M/3 M   |
|----|--|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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:   |
| 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.) |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>   |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li> </ul>   |
|---|
| Yes No Describe (organizations, locations, nature of business, your compensation):  |
| <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: Date:   |
|   |
|   |
|   |
|   |
| For office use only:  |
| Date Received: 2.11.06 Staff Review: R. 3.707   |
| Reported to Executive Committee:  |
|   |

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.

| 1. | Name: LAWRENCE VARNES   |
|----|---|
| 2. | Level of Service:   |
| 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 you 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.)   |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | uea entre               |
|------------|-------------------------|
| Eor office |                         |
| For office |                         |
| Date Rec   | to Executive Committee: |

# alzheimer's 95 association

# 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.

|    | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the on of the Office of the President, national headquarters.):  |
|----|---|
| 1. | Name: <u>Coanne</u> K. V. dinske  |
| 2. | Level of Service: National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther  |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests): YesNo Describe (organizations, locations, nature of business, your interests):   |

| <ul> <li>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?</li> </ul>  |
|---|
| Yes No Describe (organization, location, nature of business, your interest):  |
|   |
| Compensation in cash or in kind, related to your leadership position with the Alzheimer'  |
| Association, from any other organization?   |
| Yes No Describe (organizations, locations, nature of business, you compensation):   |
|   |
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual of potential conflict of interest?</li> </ul> |
| 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 of Nominating Committees and the designated staff without my consent.  |
| I do not have any objection to dissemination of this disclosure.  |
| Signed: 1/29/09   |
| Signed: / Date: // A 9/ 0 9   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| For office use only:  |
| Date Received: 13109 Staff Review: 445  |
| Reported to Executive Committee:  |
| Special Instructions:   |

Renel 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.

| 1. | Name: Jaanne 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |



|          | •     | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?  YesNo Describe (organizations, locations, nature of business, your compensation): |   |                          |               |  |                  |
|----------|-------|--|---|--------------------------|---------------|--|------------------|
|          | •     | individual chapt<br>tential conflict o   | ers, involving a cor<br>f interest?   | ntract, sale             | or fee that n | ion, through its nation nay be perceived as ensaction, your interest | an actual or po- |
| 5.       | In .  | I request that<br>Nominating C   | emination of this di<br>this disclosure not<br>committees and the<br>any objection to dis | be dissemi<br>designated | staff withou  | nd the Executive and<br>it my consent.<br>osure.                     | l Governance &   |
| Signed   |       | fanne  | Videns  | le i                     | Date:         | 5/8/2008   | ·                |
|          |       |  |   |                          |               |  |                  |
|          |       |  |   |                          |               |  |                  |
|          |       |  |   |                          |               |  |                  |
| For offi | ce us | se only:   |   |                          |               |  |                  |
|          |       |  |   |                          |               |  |                  |

Date Received:

Special Instructions:\_\_\_

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

Staff Review:

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.

| 1. | Name: Joanne R. Vidinsky   |
|----|--|
|    | $\supset$  |
| 2. | Level of Service:  |
|    | National Board or Board Committee Member   |
|    | Publication Author/Contributor   |
|    | Program Speaker/Participant  |
|    | National Sr. Staff and Association Directors   |
|    | Other  |
| 2  | Lhave read the Association's Dylaws and the Board's policy guidelines policy regarding companys  |
| 3. | I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-  |
|    | tion 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):  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

| <ul> <li>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):     </li> </ul>   |
|---|
| <ul> <li>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):</li> </ul> |
| 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: Janet Vidensky Date: 4/4/07   |
|   |
|   |
|   |
| For office use only:  Date Received: 4. 4. 07  Staff Review:  |
| Reported to Executive Committee:  Special Instructions:   |

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.

| DISCLO      | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-   |
|-------------|---|
| tion of the | he Office of the President, national headquarters.):  |
|             |   |
| 1.          | Name: Jane Vedensk  |
|             |   |
| 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 compensa-   |
|             | tion 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 Lead-  |
|             | ership 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):  |
|             |   |

| <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         YesNo Describe (organizations, locations, nature of business, your compensation):     </li> </ul>  |
|---|
| <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul>                     |
| <ul> <li>In regard to the dissemination of this disclosure:         <ul> <li>I request that this disclosure not be disseminated beyond the Executive and Governance &amp; Nominating Committees and the designated staff without my consent.</li> <li>I do not have any objection to dissemination of this disclosure.</li> </ul> </li> </ul> |
| Signed: Janux. Videri Date: 2/10/06   |
|   |
|   |
|   |
| For office use only:  Date Received: <- 11.06  Staff Review:  |
| Date Received:  |

# alzheimer's PS association

# 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.): 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: 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 Vo Describe (organizations, locations, nature of business, your interests):

| <ul> <li>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?</li></ul>   |
|---|
| <ul> <li>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?</li></ul>   |
| 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: // 3/ 05 Staff Review: 4/5   |
| 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 or by fax to: (866) 466-7660

#### 03-06-09; 10: 43AM;

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.):

| uon | C   |
|-----|---|
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):  .   |
|     | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

| Special I  | nstructions:   |   |
|------------|--|---|
| •          | d to Executive Committee:  |   |
| Date Re    | ceived:  | Staff Review:   |
| For office | e use only:  |   |
|            |  |   |
| Signed:    | I do not have any objection to d   | ne designated staff without my consent.  dissemination of this disclosure.  Date: 3/04/09   |
| 5.         | In regard to the dissemination of this I request that this disclosure no | ot be disseminated beyond the Executive and Governance &  |
|            | individual chapters, involving a co<br>tential conflict of interest?     | the Alzheimer's Association, through its national office or any ontract, sale or fee that may be perceived as an actual or port of the organization, transaction, your interest): |
|            | sociation, from any other organiza                                       | , related to your leadership position with the Alzheimer's Asation?  organizations, locations, nature of business, your compensa-   |
|            | <ul> <li>Companyation in each or in kind</li> </ul>                      | related to your leadership position with the Alzheimer's As-  |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

# alzheimer's % association

# 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.

| 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |

| <ul> <li>Offices and/or positions (director, might be affected by your involvenYesNo Describe (organized)</li> </ul>   |   | iation?                           |
|--|---|-----------------------------------|
| <ul> <li>Compensation in cash or in kind<br/>Association, from any other organi<br/>—_YesNo Describ<br/>compensation):</li> </ul>  |   |                                   |
| <ul> <li>Interest in any transactions with the individual chapters, involving a componential conflict of interest?</li> <li>Yes</li> <li>No</li> <li>Describe (part</li> </ul> | ne Alzheimer's Association, through the ontract, sale or fee that may be of the organization, transaction | e perceived as an actual or       |
| 5. In regard to the dissemination of this di I request that this disclosure not Nominating Committees and the I do not have any objection to disc                              | be disseminated beyond the E<br>designated staff without my cor   | Executive and Governance & asent. |
| Signed: Link   | Date: <b>2/</b> 3/o   | 9                                 |
|  |   |                                   |
|  |   |                                   |
|  |   |                                   |
|  |   |                                   |
| •  |   |                                   |
|  |   |                                   |
|  |   |                                   |
| For office use only:   |   |                                   |
| Pate Received: _ = _ / C   | Staff Review: ////  |                                   |
| ppoda manuciona.   |   |                                   |

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 or by fax to: (866) 466-7660

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.): Name: THOMAS J. WINKEL 1. 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):

| Association, from any other organization?  | ed to your leadership position with the Alzheimer's  |
|--|--|
| YesNo Describe (or compensation):  | rganizations, locations, nature of business, your  |
| <ul> <li>Interest in any transactions with the Alzhe individual chapters, involving a contract, potential conflict of interest? YesNo Describe (part of the conflict)</li> </ul>   | eimer's Association, through its national office or any sale or fee that may be perceived as an actual or organization, transaction, your interest): |
| In regard to the dissemination of this disclosure  I request that this disclosure not be disconsisted and the designation of the designation of this disclosure not be disconsisted and the designation of the designation of the disconsisted and the designation of this disclosure not be disconsisted and the designation of this disclosure not be disconsisted and the designation of this disclosure not be disconsisted and the designation of the designation of the disconsisted and the designation of th | seminated beyond the Executive and Governance & ated staff without my consent.   |
| Signed:  | Date:3/7/08  |
|  |  |
| For office use only:   |  |
| Date Received: Staff F Reported to Executive Committee: Special Instructions:  | Review:  |
|  |  |

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.

| Name: ROBERT A WOOCDRIDGE   |
|---|
| Level of Service: National Board or Board Committee Member Publication Author/Contributor Program Speaker/Participant National Sr. Staff and Association Directors  |
| I have read the Association's Bylaws and the Board's policy guidelines policy regarding compens ation 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.)  |
| 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.  YesNo Describe (organizations, locations, nature of business, your interests):  **The control of the control |
| 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? YesNo 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?  |
|---------|--|
|         | YesNo Describe (organizations, locations, nature of business, your compensation):  |
|         | <ul> <li>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?         YesNo Describe (part of the organization, transaction, your interest):     </li> </ul> |
| 5.      | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance & Mominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure.  |
| Signed: | Robt Amlail Date: 4/3/07   |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         | use only:  |
|         | peived: 4. 10. 0/ Staff Review: 185  |
|         | to Executive Committee:  |
|         |  |

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 atten-

tion of the Office of the President, national headquarters.): KOBERT A WOOLSRIDGE 1. Name: 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):

|         | <ul> <li>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):     </li> </ul>  |
|---------|--|
|         | <ul> <li>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? YesYNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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: | Root Amf Date: 2/11/2006   |
|         |  |
|         |  |
|         |  |
|         |  |
|         | use only:  |
|         | eived: 2.1/.06 Staff Review: R. B. 707   |
|         | to Executive Committee:  |
|         |  |

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.

| 1. | Name: THOPOIS T. 105HIKAWA, MD   |
|----|--|
| 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:  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. |
|    | <ul> <li>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):</li> </ul>  |

| tion):  | sa- |
|---|-----|
|   |     |
| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or a individual chapters, involving a contract, sale or fee that may be perceived as an actual or p tential conflict of interest?YesNo Describe (part of the organization, transaction, your interest)</li> </ul> |     |
| 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.                                       | 8 ÷ |
| Signed: Date: March 4, 2009   |     |
|   |     |
|   |     |
|   |     |
|   |     |
|   |     |
|   |     |
| For office use only:  |     |
| Date Received 3.5.09 Staff Review 198   |     |
| 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 Avc. Suite 1700, Chicago, IL. 60601, by email to: carolyn handler@alz.org or by fax to: (866) 466-7660

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.

| yourself or members of your immediate family concurrent with your tenure in an Association Lead   | Level of Service:  |
|---|--|
| Program Speaker/Participant National Sr. Staff and Association Directors Other Other  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.)  The following information would be relevant to a determination of Conflict of Interest related to you leadership position in the Association. (This includes past, present and anticipated activity o 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.  YesNo Describe (organizations, locations, nature of business, your interests):  **Professional Melanical Conflicts and/or positions** (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  YesNo Describe (organization, location, nature of business, your interest):  | National Board or Board Committee Member   |
| National Sr. Staff and Association Directors Other Other Other 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.)  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):  HEBUGAN GENATICS SXIETY DEW YORK, PROFESSIONE Medical Conflicts 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):   |  |
| Other  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:   | Program Speaker/Participant  National Sr. Staff and Association Directors  |
| 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:  | <del></del>  |
| Eased on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  Based on the Bylaws policy, certain disclosure is necessary. (Answer item 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 o yourself or members of your immediate family concurrent with your tenure in an Association Lead ership position.)  Ownership or equity interest in an organization with dementia-related interests.  YesNo Describe (organizations, locations, nature of business, your interests):  HELICAL GERIATECS SCIETY NEW YORK; Professional Melecular member; Elith & Society's Journal organization that might be affected by your involvement with the Alzheimer's Association?  YesNo Describe (organization, location, nature of business, your interest):   |  |
| Eased on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)  Based on the Bylaws policy, certain disclosure is necessary. (Answer item 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 o yourself or members of your immediate family concurrent with your tenure in an Association Lead ership position.)  Ownership or equity interest in an organization with dementia-related interests.  YesNo Describe (organizations, locations, nature of business, your interests):  HELICAL GERIATECS SCIETY NEW YORK; Professional Melecular member; Elith & Society's Journal organization that might be affected by your involvement with the Alzheimer's Association?  YesNo Describe (organization, location, nature of business, your interest):   | I have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-  |
| Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)  The following information would be relevant to a determination of Conflict of Interest related to you leadership position in the Association. (This includes past, present and anticipated activity o yourself or members of your immediate family concurrent with your tenure in an Association Lead ership position.)  Ownership or equity interest in an organization with dementia-related interests.  YesNo Describe (organizations, locations, nature of business, your interests):  AHEDICAL GERIATEICS SCIETY, NEW YORK, PRESSOUL Melecular  | tion and conflict of interest and I have the following response:   |
| 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 Lead ership position.)  • Ownership or equity interest in an organization with dementia-related interests.  XesNo Describe (organizations, locations, nature of business, your interests):  AHELICAL GERIATEICS SCIETY, NEW YORK, PROSSIONE Medical Conflicts and/or positions (director, officer, partner, employee or agent) in an organization that might be affected by your involvement with the Alzheimer's Association?  XesNo Describe (organization, location, nature of business, your interest):  | DASELLOIL IIIC DAIGNO GIIG DOIIGN, 110 GIOGIOGAI, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| <ul> <li>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 Lead ership position.)</li> <li>Ownership or equity interest in an organization with dementia-related interests.         <ul> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> <li>Aherican Geriafics Society, New York, Professional Melecal Control of the Society's Journal organization that might be affected by your involvement with the Alzheimer's Association?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul> </li> </ul>  | Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)  |
| YesNo Describe (organizations, locations, nature of business, your interests).  AHERICAL GERIATEICS SOCIETY, NEW YORK, PROSSION MERCEL Concerns of the Merc | 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 or yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.) |
| YesNo Describe (organizations, locations, nature of business, your interests).  AHERICAL GERIATEICS SOCIETY, NEW YORK, PROSSION MERCEL Concerns of the Merc | Ownership or equity interest in an organization with dementia-related interests.   |
| might be affected by your involvement with the Alzheimer's Association?  YesNo Describe (organization, location, nature of business, your interest):  | Yes No Describe (organizations, locations, nature of business, your interests):  AHERICAN GERIATEICS SOCIETY, NEW YORK, PROFESSIONAL MERCAL C  |
| might be affected by your involvement with the Alzheimer's Association?  YesNo Describe (organization, location, nature of business, your interest):  | member, Edito & Society's Journal Not  |
| YesNo Describe (organization, location, nature of business, your interest).   | • Chices and/or positions (director, officer, partitor, officer, officer)  |
| YesNo Describe (organization, location, materials)  | might be affected by your involvement with the Alzheimer's Association.  No. Describe (organization location nature of business, your interest):   |
|   | YesNo Describe (organization, location, flatate of business)   |

|          | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?         \( \times \) Yes No Describe (organizations, locations, nature of business, your compensation):         \( \times \) For One Constant (assign for a society).         \( \times \) Society, (e.g., assign for 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?         \( \times \) No Describe (part of the organization, transaction, your interest):</li> </ul> |
|----------|---|
| 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.   |
| Signe    | d: Slydelan, M.D. Date: Much 8, 2008  |
|          |   |
|          |   |
|          |   |
|          |   |
| For offi | ce use only:  |
| Date R   | eceived: Staff Review:  |
|          | ed to Executive Committee:  |
|          |   |

| Туре                          | 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              | 7.1                     | Research Roundtable 09 Sponsorship   |
| Pharmaceutical                | Bristol-Myers Squibb Company      | U Unrestricted          | CNALD0800RR000 2008 Research Round Table              | \$0                     | Ticocaron ricumidadio de openiorismp |
| 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 Pharmaceutical | Danone Medical Nutrition          | U Unrestricted          | CNALD1000RC000 ICAD - Vienna                          | \$25,000                |                                      |
| Pharmaceutical Pharmaceutical | EBEWE Pharma                      | U Unrestricted          | CNALD0900RC000 ICAD - Vienna                          | \$59,873                |                                      |
| Pharmaceutical Pharmaceutical | Eisai Global Clinical Development | U Unrestricted          | CNALD0900RR000 2008 Research Round Table              | \$0                     |                                      |
| Pharmaceutical                | Eisai Inc.                        | R Restricted            | CNALD1000WG000 Nationwide Company Programs            |                         | Corporate Matching Gift              |

| Туре                          | Donor  | Unrestricted/Restricted | Designation   | 2009 YTD as of<br>11/30/09 | Restricted Purpose                   |
|-------------------------------|--|-------------------------|---|----------------------------|--------------------------------------|
| Pharmaceutical                | Eisai Inc.                                   | R Restricted            | CNALD0800WG000 Restricted Company Programs-Non Sharable                     | \$0                        | nooniotou i uipooc                   |
| 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          | ANACH10000000 Matching Gifts - Corporate                                    | \$138                      |                                      |
| Pharmaceutical                | Eisai Inc.                                   | U Unrestricted          | ANADH09000000 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          | ENAED090301000 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  | · ·                        | ICAD09 Conference Sponsorship        |
| Pharmaceutical                | Eli Lilly and Company                        | R Restricted            | CNALD0900RR000 2008 Research Round Table                                    |                            | Research Roundtable 09 Sponsorship   |
| Pharmaceutical                | Eli Lilly and Company                        | R Restricted            | ANACH070000000 Matching Gifts   | \$0                        | Tresearch Flouridasie de openiorenip |
| 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          | ANADH09000GEN Matching Gifts - Gen. Dev. Corporate                          | \$745                      |                                      |
| Pharmaceutical                | Eli Lilly and Company                        | U Unrestricted          | ANADH100000000 Matching Gifts - DM Corporate                                | \$510                      |                                      |
| Pharmaceutical Pharmaceutical | Eli Lilly and Company                        | U Unrestricted          | ANADT090000000 Matching diffs - Divi Corporate  ANADT090000000 All Tributes | \$350                      |                                      |
| Pharmaceutical                | Eli Lilly and Company                        | U Unrestricted          | ANADT1090000000 All Tributes  ANADT100000000 All Tributes                   | \$250                      |                                      |
| Pharmaceutical                | Eli Lilly and Company  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  ANACH080000000 Matching Gifts                | \$0                        |                                      |
| Pharmaceutical                | Eli Lilly and Company  Eli Lilly and Company | U Unrestricted          | ANADD090000225 General Mail   | \$0                        |                                      |
|                               | Eli Lilly and Company                        |                         | ANADT070000000 All Tributes   | \$0                        |                                      |
| Pharmaceutical                | Ell Lilly and Company                        | U Unrestricted          | ANAD 107000000 All Tributes   | \$0                        |                                      |

| Туре           | 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                |                         | Research Roundtable 09 Sponsorship |
| Pharmaceutical | Forest Laboratories, Inc.    | R Restricted            | CNALD0900PH000 Corporate Partnership Pharmaceutical     |                         | 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          | ENAED090301000 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 (Spnsorship/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          | ENAED070501000 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              | 7 -                     | 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     | \$30,000                |                                    |
| 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                     |                                    |

| Туре           | Donor                           | Unrestricted/Restricted | Designation   | 2009 YTD as of 11/30/09 | Restricted Purpose  |
|----------------|---------------------------------|-------------------------|---|-------------------------|---|
| Pharmaceutical | Genentech                       | U Unrestricted          | CNALD0800RR000 2008 Research Round Table                | \$0                     | Tiestricted Turpose   |
| Insurance      | Genworth Financial              | R Restricted            | CNALD10000000 Corporate - General                       |                         | Memory Walk Natl Sponsorship  |
| Insurance      | Genworth Financial              | R Restricted            | CNALD0600NP000 Corporate Partnership-Non Phar.          | \$0                     | Thomas Transfer of the second |
| 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          | CNALD09000000 Corporate General                         | \$1,000                 |   |
| Insurance      | Genworth Financial              | U Unrestricted          | ANADH09000GEN 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          | ANADH09000000 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          | CNALD07000000 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          | ENAWE090100SPN National Memory Walk- Sponsor Walker     | \$0                     |   |
| Pharmaceutical | GlaxoSmithKline                 | R Restricted            | ANADH09000000 Matching Gifts - DM Corporate             |                         | Corporate Matching Gift   |
| Pharmaceutical | GlaxoSmithKline                 | R Restricted            | ANADH090000GEN Matching Gifts - Gen. Dev. Corporate     | -                       | Corporate Matching Gift   |
| Pharmaceutical | GlaxoSmithKline                 | R Restricted            | ANACH060000000 Matching Gifts                           | \$0                     | g cm  |
| 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          | ANACH09000000 Matching Gifts - Corporate Initiatives    | \$325                   |   |
| Pharmaceutical | GlaxoSmithKline                 | U Unrestricted          | ANADH10000000 Matching Gifts - DM Corporate             | \$325                   |   |
| Pharmaceutical | GlaxoSmithKline                 | U Unrestricted          | ANACH07000000 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                |   |

| Туре           | Donor                                    | Unrestricted/Restricted | Designation   | 2009 YTD as of<br>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                      |                            | Hispanic Outreach/Early Detection |
| Insurance      | MetLife Foundation                       | R Restricted            | CNAFL070000000 Foundation Grants                      | \$0                        | Thopatho Gatioachi Early Botoston |
| 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          | ENAER091001001 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                        |                                   |

| Туре                           | Donor  | Unrestricted/Restricted | Designation  | 2009 YTD as of<br>11/30/09 | Restricted Purpose  |
|--------------------------------|--|-------------------------|--|----------------------------|---------------------|
| Pharmaceutical                 | Pfizer Inc.  | U Unrestricted          | ANACH080000000 Matching Gifts  | \$0                        | Tiodinatou i dipode |
| 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          | ENAED070501000 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          | ANADH09000GEN 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          | ANACH160000000 Matching Clifts  ANACH060000000 Matching Clifts                                       | \$0                        |                     |
| Insurance                      | Prudential Foundation                                      | U Unrestricted          | ANACH070000000 Matching Gifts  | \$0                        |                     |
| Insurance                      | Prudential Foundation                                      | U Unrestricted          | ANACH080000000 Matching Gifts  | \$0                        |                     |
| Insurance                      | Prudential Foundation                                      | U Unrestricted          | ANADK080000CD Ack Old Code   | \$0                        |                     |
| Insurance                      | Prudential Foundation                                      | U Unrestricted          | ENAEH090000000 Matching Gifts - Rel. Events Corporate  | \$0                        |                     |
| Pharmaceutical                 | Sanofi-Aventis   | U Unrestricted          | ANADH09000GEN 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          | CNALD0000170000 International Tresearch Conference  CNALD0700RR000 2007 Research Round Table         | \$0                        |                     |
| Pharmaceutical                 | Sanofi-Aventis   | U Unrestricted          | CNALD0800EC000 Dem. Care Conference (Spnsorship/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 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 Pharmaceutical  |  | U Unrestricted          | ANACH060000000 Matching Gifts  ANACH070000000 Matching Gifts   | \$0                        |                     |
| Pharmaceutical                 | Takeda Pharmaceuticals North America, In                   | U Unrestricted          | ANACH070000000 Matching Gifts  ANACH080000000 Matching Gifts   | \$0                        |                     |
| Pharmaceutical Pharmaceutical  | United BioSource Corporation                               | U Unrestricted          | CNALD0800RR000 2008 Research Round Table   | \$0                        |                     |
| Pharmaceutical                 | United BioSource Corporation  United BioSource Corporation | U Unrestricted          | CNALD0000R000 2008 Research Round Table  | \$0                        |                     |
|                                | ·  | U Unrestricted          | CNALD0900NN000 2006 Nesearch Round Table  CNALD0600PH000 Corporate Partnership Pharmaceutical        | \$0                        |                     |
| Pharmaceutical Pharmaceutical  | Voyager Pharmaceutical Corporation                         | U Unrestricted          | CNALD0600PH000 Corporate Partnership Pharmaceutical CNALD0600RC000 International Research Conference |                            |                     |
| Pharmaceutical                 | Voyager Pharmaceutical Corporation                         |                         |  | \$0                        |                     |
| Pharmaceutical  Pharmaceutical | Voyager Pharmaceutical Corporation                         | U Unrestricted          | CNALD0700RC000 International Research Conference CNALD0600PH000 Corporate Partnership Pharmaceutical | \$0                        |                     |
| Pharmaceutical                 | Wyeth Pharmaceuticals                                      | R Restricted            |  | \$0                        |                     |
| Pharmaceutical                 | Wyeth Pharmaceuticals                                      | R Restricted            | CNALD0600RC000 International Research Conference   | \$0                        |                     |

| Туре           | 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            | ENAED070302000 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          | ENAED070301000 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<br>\$0      |                    | \$10,000   |  | \$0                |              |
| \$0             |                    | \$0<br>\$0 |  | \$0                |              |
| \$25,000<br>\$0 |                    | \$0        |  | \$0<br>\$0         |              |
| \$0             |                    | \$0        |  | \$0                |              |
| \$25,000        |                    | \$0        |  | \$0                |              |
| \$50,000        |                    | \$25,000   |  | \$0                |              |
| \$50,000        |                    | \$25,000   |  | \$0                |              |
| \$25,000        |                    | \$0        |  | \$0                |              |
| \$25,000        |                    | \$0        |  | \$0                |              |
| \$0             |                    | \$0        |  | \$75,000           |              |
| \$100,000       |                    | \$0        |  | \$0                |              |
| \$0             |                    | \$100,000  |  | \$0                |              |
| \$0             |                    | \$0        |  | \$0                |              |
| \$0             |                    | \$0        |  | \$0                |              |
| \$0             |                    |            | Prevention 07 Conferrence Sponsorship                | \$0                |              |
| \$0             |                    | \$0        | - Total Montal of Collections of Special Collections | \$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                 |                                      | 06         | Restricted Purpose              | 4-yr Average |
|----------|-------------------------------|----------------------|--------------------------------------|------------|---------------------------------|--------------|
| \$3,00   | Workplace Programs            | \$0                  |                                      | \$0        |                                 |              |
| \$250,00 | Early Detection CampaignPilot | \$0                  |                                      | \$0        |                                 |              |
| \$100,00 | )                             | \$0                  |                                      | \$0        |                                 |              |
| \$       | )                             | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$0                  |                                      | \$0        |                                 |              |
| \$2      |                               | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$25                 |                                      | \$0        |                                 |              |
| \$20     |                               | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$0                  |                                      | \$75,000   |                                 |              |
| \$       |                               | \$0                  |                                      | \$300,000  |                                 |              |
| \$25,00  |                               | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$25,000             |                                      | \$0        |                                 |              |
| \$170,00 |                               | \$0                  |                                      | \$0        |                                 |              |
| \$123,10 |                               | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$75,000             |                                      | \$0        |                                 |              |
| \$       |                               | \$0                  |                                      | \$25,000   |                                 |              |
| \$25,00  |                               | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$0                  |                                      | \$0        |                                 |              |
| \$40,00  |                               | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$0                  |                                      | \$0        |                                 |              |
| <br>\$   |                               | \$0                  |                                      | \$50,000   |                                 |              |
| \$100,00 |                               | \$0                  |                                      | \$0        |                                 |              |
| \$100,00 |                               | \$50,000             |                                      | \$0        |                                 |              |
| \$50,00  |                               | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$0                  |                                      | \$12,500   |                                 |              |
|          |                               | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$0                  |                                      | \$0        |                                 |              |
| <u> </u> |                               | \$0                  |                                      | \$0<br>\$0 |                                 |              |
| <u> </u> |                               | \$4,417              |                                      |            | Corporate Matching Gifts        |              |
|          | Corporate Matching Gifts      | \$0                  |                                      | \$0,565    | Corporate Matering Girts        |              |
| \$<br>\$ |                               | \$0                  |                                      |            | Research Roundtable Sponsorship |              |
| <u> </u> |                               |                      | Research Roundtable 07 Sponsorship   | \$25,000   | nesearch noundtable Sponsorship |              |
| <br>\$   |                               | \$50,000<br>\$50,000 | Prevention 07 Conference Sponsorship | \$0        |                                 |              |
| <br>\$   |                               |                      |                                      |            |                                 |              |
| <u> </u> |                               | \$0<br>\$0           |                                      | \$0        |                                 |              |
|          |                               |                      |                                      | \$0        |                                 |              |
| \$       |                               | \$0                  |                                      | \$0        |                                 |              |
| \$86     |                               | \$0                  |                                      | \$0        |                                 |              |
| \$       | J                             | \$0                  |                                      | \$0        |                                 |              |
| \$       | J                             | \$0                  |                                      | \$0        |                                 |              |
| \$       | J                             | \$0                  |                                      | \$0        |                                 |              |
| \$       | )                             | \$0                  |                                      | \$0        |                                 |              |
| \$       |                               | \$0                  |                                      | \$3,108    |                                 |              |
| \$1,30   |                               | \$510                |                                      | \$0        |                                 |              |
| \$5      |                               | \$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 |                    | \$100,000 | MW Family Tent Sponsor          | \$0       |                                 |              |
| \$0       |                    | \$0       |                                 | \$0       |                                 |              |
| \$0       |                    | \$0       |                                 | \$0       |                                 |              |
| \$0       |                    | \$0       |                                 |           | Research Roundtable Sponsorship |              |
| \$0       |                    | \$0       |                                 | \$0       |                                 |              |
| \$75,000  |                    |           | 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  |                    | \$0       |                                 | \$0       |                                 |              |
| \$0       |                    | \$5,000   |                                 | \$0       |                                 |              |
| \$0       |                    | \$0       |                                 | \$0       |                                 |              |
| \$0       |                    |           | 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<br>\$0       |                              | \$708       |                                     | \$100       |                              |              |
| \$0              |                              | \$26,880    |                                     | \$0         |                              |              |
| \$60             |                              | \$0         |                                     | \$0         |                              |              |
| \$0              |                              | \$31,809    |                                     | \$0         |                              |              |
| \$25,000         |                              | \$0         |                                     | \$0         |                              |              |
| \$10,000         |                              | \$0         |                                     | \$0         |                              |              |
| \$10,000<br>\$50 |                              | \$0         |                                     | \$0         |                              |              |
|                  | Corporate Matching Gifts     | \$0         |                                     | \$0         |                              |              |
| \$945            |                              | \$0         |                                     | \$0         |                              |              |
| <br>\$0          |                              | \$0         |                                     |             | Corporate Matching Gifts     |              |
|                  |                              |             |                                     |             | Corporate Matching Girts     |              |
| \$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 20               |           | Restricted Purpose                | 2006       | Restricted Purpose                 | 4-yr Average |
|----------|-------------------------------------|-----------|-----------------------------------|------------|------------------------------------|--------------|
| \$50,00  |                                     | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$100,000 |                                   | \$0        |                                    |              |
| \$50,00  |                                     | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$25,000  |                                   | \$0        |                                    |              |
| \$13,17  |                                     | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   |            | Hispanic Outrearch/ Safet Programs |              |
|          | 0                                   | \$815,000 | Hispanic Outreach/Safety Programs | \$0        |                                    |              |
|          | Hispanic Outreach andEarly Detectio | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$25,000   |                                    |              |
|          | 0                                   | \$25,000  |                                   | \$0        |                                    |              |
| \$25,00  |                                     | \$0       |                                   | \$0        |                                    |              |
| \$4,20   |                                     | \$0       |                                   | \$0        |                                    |              |
| \$200,00 |                                     | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$27,500  |                                   | \$0        |                                    |              |
|          | 0                                   | \$50,000  | Research Roundtable Sponsorship   |            | Research Roundtable Sponsorship    |              |
|          | 0                                   | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$112,000  |                                    |              |
|          | 0                                   | \$25,000  |                                   | \$0        |                                    |              |
| \$158,10 |                                     | \$0       |                                   | \$0        |                                    |              |
| \$50,00  |                                     | \$50,000  |                                   | \$0        |                                    |              |
| \$       | 0                                   | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$50,000   |                                    |              |
|          | 0                                   | \$0       |                                   | \$50,000   |                                    |              |
| \$50,00  |                                     | \$0       |                                   | \$0        |                                    |              |
| \$       | 0                                   | \$50,000  |                                   | \$0        |                                    |              |
|          | 0                                   | \$50,000  |                                   | \$0        |                                    |              |
|          | 0 Clinical Studies Initiative       | \$0       |                                   | \$0        |                                    |              |
| \$50,00  |                                     | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$0        |                                    |              |
| \$1,23   |                                     | \$0       |                                   | \$0        |                                    |              |
|          | 0                                   | \$0       |                                   | \$0<br>\$0 |                                    |              |
| \$10     | 0                                   | \$0       |                                   | \$0        |                                    |              |
| \$30     | 2                                   | \$0       |                                   | \$0        |                                    |              |
| \$       | 0                                   | \$0       |                                   | \$0        |                                    |              |
| \$       | 0                                   | \$0       |                                   | \$0        |                                    |              |
| \$       | 0                                   | \$0       |                                   | \$0        |                                    |              |
| \$       | 0                                   | \$0       |                                   | \$7,354    |                                    |              |
| \$       | 0                                   | \$6,885   |                                   | \$2,401    |                                    |              |

| 008       | Restricted Purpose | 2007     | Restricted Purpose 2006 |   | 4-yr Averag    |
|-----------|--------------------|----------|-------------------------|---|----------------|
| \$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 | e Sponsorships |
| \$0       |                    | \$0      |                         | \$150,000 ICAD06 + Prevention 07 Conference   | Changarchina   |

| 2008         | Restricted Purpose                | 2007          | Restricted Purpose                 | 2006         | Restricted Purpose | 4-yr Average |
|--------------|-----------------------------------|---------------|------------------------------------|--------------|--------------------|--------------|
| \$50,000     | Research Roundtable 08Sponsorship |               | 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%         |

| Туре           | Donor                                    | Unrestricted/Restricted | Designation   | 2009 YTD as of 11/30/09 | Restricted Purpose                |
|----------------|--|-------------------------|---|-------------------------|-----------------------------------|
| Pharmaceutical | Baxter Healthcare Corporation            | R Restricted            | CNALS0700PC000 Prevention Conference                              | \$0                     | Trestricted Fulpose               |
| Pharmaceutical | Bristol-Myers Squibb Company             | R Restricted            | CNALD0900RR000 2008 Research Round Table                          |                         | Research Roundtable 09 Sponsorshi |
| Pharmaceutical | Eisai Inc.                               | R Restricted            | CNALD1000WG000 Nationwide Company Programs                        |                         | Corporate Matching Gift           |
| Pharmaceutical | Eisai Inc.                               | R Restricted            | CNALD0800WG000 Restricted Company Programs-Non Sharable           | \$0                     | Corporate Matering Cirt           |
| Pharmaceutical | Eisai Inc.                               | R Restricted            | CNALD0900WG000 Restricted Company Programs-Non Sharable           | \$0                     |                                   |
| Pharmaceutical | Eli Lilly and Company                    | R Restricted            | CNALD0900RC000 ICAD - Vienna                                      |                         | ICAD09 Conference Sponsorship     |
| Pharmaceutical | Eli Lilly and Company                    | R Restricted            | CNALD0900RR000 2008 Research Round Table                          |                         | Research Roundtable 09 Sponsorshi |
|                | Eli Lilly and Company                    |                         |   | \$50,000                |                                   |
| Pharmaceutical |  | R Restricted            | ANACH07000000 Matching Gifts                                      |                         |                                   |
| 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                          |                         | Research Roundtable 09 Sponsorshi |
| Pharmaceutical | Forest Laboratories, Inc.                | R Restricted            | CNALD0900PH000 Corporate Partnership Pharmaceutical               |                         | 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            | CNALD10000000 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                      |                         | Corporate Matching Gift           |
| Pharmaceutical | GlaxoSmithKline                          | R Restricted            | ANADH090000GEN Matching Gifts - Gen. Dev. Corporate               |                         | Corporate Matching Gift           |
| Pharmaceutical | GlaxoSmithKline                          | R Restricted            | ANACH060000000 Matching Gifts                                     | Ψ255<br>\$0             | Outporate Matering Cirt           |
| Insurance      | MetLife Foundation                       | R Restricted            | CNAFL100000000 Foundation Grants                                  | 7.0                     | Hispanic Outreach/Early Detection |
|                | MetLife Foundation                       | R Restricted            | CNAFL00000000 Foundation Grants  CNAFL070000000 Foundation Grants | \$375,000               | Hispanic Outreach/Early Detection |
| Insurance      |  |                         |   | \$0                     |                                   |
| Insurance      | MetLife Foundation                       | R Restricted            | CNAFL00000000 Foundation Grants                                   |                         |                                   |
| 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%                    |                                   |

|              | Restricted Purpose                                   |               | Restricted Purpose                   | 2006         | Restricted Purpose 4-yr Ave                      | erage     |
|--------------|--|---------------|--------------------------------------|--------------|--|-----------|
| \$0          |  |               | Prevention 07 Conferrence Sponsorshi |              |  |           |
| \$0          |  | \$0           |                                      | \$0          |  |           |
| \$0          | W. J. J D  | \$0           |                                      | \$0          |  |           |
|              | Workplace Programs                                   | \$0           |                                      | \$0          |  |           |
|              | Early Detection CampaignPilot                        | \$0           |                                      | \$0          |  |           |
| \$0          |  | \$0           |                                      | \$0          |  |           |
| \$0<br>\$0   |  | \$0           |                                      | \$0          | O consider Mattalana Office                      |           |
|              | On what was a Matabian Cities                        | \$4,417       |                                      |              | Corporate Matching Gifts                         |           |
|              | Corporate Matching Gifts                             | \$0           |                                      | \$0          |  |           |
| \$0          |  | \$0           | Decree Brown by 1970 constants       |              | Research Roundtable Sponsorship                  |           |
| \$0          |  |               | Research Roundtable 07 Sponsorship   | \$0          |  |           |
| \$0          | NAME   |               | Prevention 07 Conferrence Sponsorshi |              |  |           |
|              | MW Family Tent Sponsor+ Caregiver Kit + Chapter Gran |               | MW Family Tent Sponsor               | \$0          |  |           |
| \$0          |  | \$0           |                                      |              | Research Roundtable Sponsorship                  |           |
| \$0          |  | \$0           |                                      | \$0          |  |           |
|              | Carefinder Workbook Sponsorship                      |               | Carefinder Workbook Sponsorship      | \$0          |  |           |
|              | Workplace Programs                                   | \$0           |                                      | \$0          |  |           |
| \$0          |  | \$0           |                                      | \$0          |  |           |
| \$0          |  |               | Workplace Programs                   | \$0          |  |           |
| \$0          |  | \$0           |                                      | \$0          |  |           |
| \$0          |  | \$0           |                                      |              | Memory Walk Natl Sponsorship                     |           |
| \$0          |  |               | Memory Walk Natl Sponsorship         | \$500        |  |           |
|              | Memory Walk Natl Sponsorship                         | \$0           |                                      | \$0          |  |           |
|              | Chapter Grants                                       |               | Workplace Programs +Wildfire Relief  | \$0          |  |           |
| \$0          |  |               | Natl DC Gala Sponsorship             | \$0          |  |           |
|              | Corporate Matching Gifts                             | \$0           |                                      | \$0          |  |           |
| \$945        |  | \$0           |                                      | \$0          |  |           |
| \$0          |  | \$0           |                                      |              | Corporate Matching Gifts                         |           |
| \$0          |  | \$0           |                                      | \$0          |  |           |
| \$0          |  | \$0           |                                      |              | Hispanic Outrearch/ Safet Programs               |           |
| \$0          |  |               | Hispanic Outreach/Safety Programs    | \$0          |  |           |
|              | Hispanic Outreach and Early Detection                | \$0           |                                      | \$0          |  |           |
| \$0          |  |               | Research Roundtable Sponsorship      |              | Research Roundtable Sponsorship                  |           |
|              | Clinical Studies Initiative                          | \$0           |                                      | \$0          |  |           |
| \$0          |  | \$0           |                                      | \$100,000    | General/Minorities Research                      |           |
| \$0          |  | \$0           |                                      |              | Public Policy + Research Roundtable Sponsorships |           |
| \$0          |  | \$0           |                                      |              | ICAD06 + Prevention 07 Conference Sponsorships   | ·         |
| \$50,000     | Research Roundtable 08Sponsorship                    |               | Research Roundtable 07 Sponsorship   | \$0          |  |           |
| \$0          |  |               | Natl DC Gala Sponsorship             | \$0          |  |           |
| \$2,046,035  |  | \$2,416,917   |                                      | \$2,056,400  | \$3  | 2,057,937 |
| \$99,300,909 |  | \$104,711,140 |                                      | \$93,375,874 | \$99   | 5,232,099 |
|              |  | _             |                                      |              |  |           |
| 2.1%         |  | 2.3%          |                                      | 2.2%         |  | 2.29      |

| Type                          | Donor                                    | Unrestricted/Restricted       | Designation  | 2009 YTD as of<br>11/30/09 Restricted Purpose |  |
|-------------------------------|--|-------------------------------|--|---|--|
| Pharmaceutical 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                | ENAES0905010000 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 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                | CNALD000010000 International Research Conference                                   | \$0   |  |
| Pharmaceutical                | Baxter Healthcare Corporation            | U Unrestricted                | CNALD0800RR000 2008 Research Round Table   | \$0   |  |
| Pharmaceutical                | Bayer Healthcare                         | U Unrestricted                | CNALD0000111000 2000 Hesearch Hourid Table   | \$31,000                                      |  |
| Pharmaceutical                | Bellus Health, Inc.                      | U Unrestricted                | CNALD0700RR000 2007 Research Round Table   | \$0   |  |
| Pharmaceutical                | Bellus Health, Inc.                      | U Unrestricted                | CNALD0700RR000 2007 Research Round Table  CNALD0800RR000 2008 Research Round Table | \$0   |  |
| Pharmaceutical                | Bellus Health, Inc.                      | U Unrestricted                | CNALD0000R000 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                | CNALD0000R000 2008 Research Round Table  | \$24,950                                      |  |
| Diagnostic                    | Cambridge Cognition  Cambridge Cognition | U Unrestricted                | CNALD1000RR000 Research Round Table - 2010   | \$24,950                                      |  |
|                               | Cambridge Cognition  Cambridge Cognition | U Unrestricted                | CNALD7000RR000 2007 Research Round Table   | . ,   |  |
| Diagnostic<br>Diagnostic      | Cambridge Cognition  Cambridge Cognition | U Unrestricted U Unrestricted | CNALD0700RR000 2007 Research Round Table  CNALD0800RR000 2008 Research Round Table | \$0<br>\$0                                    |  |
| Diagnostic<br>Pharmaceutical  | Danone Medical Nutrition                 | U Unrestricted U Unrestricted | CNALD1000RC000 ICAD - Vienna   | \$25,000                                      |  |
|                               | EBEWE Pharma                             |                               |  |   |  |
| Pharmaceutical                |  | U Unrestricted                | CNAL D0000RD000 2008 Personal Pound Table  | \$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                                      |  |

| Туре                          | Donor                      | Unrestricted/Restricted | Designation   | 2009 YTD as of<br>11/30/09 Restricted Purpose |  |
|-------------------------------|----------------------------|-------------------------|---|---|--|
| Pharmaceutical                | Eisai Inc.                 | U Unrestricted          | ANACH10000000 Matching Gifts - Corporate                          | \$138   |  |
| Pharmaceutical                | Eisai Inc.                 | U Unrestricted          | ANADH09000000 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          | CNALD00001C000 2008 International Research Conference             | \$0   |  |
| Pharmaceutical                | Eisai Inc.                 | U Unrestricted          | ENAEA071001003 New York Gala Table                                | \$0   |  |
|                               |                            |                         |   |   |  |
| Pharmaceutical Pharmaceutical | Eisai Inc.                 | U Unrestricted          | ENAEA081001003 New York Gala Table                                | \$100,000                                     |  |
| Pharmaceutical Pharmaceutical | Elan Pharmaceuticals, Inc. | U Unrestricted          | CNALD0900RC000 ICAD - Vienna                                      | \$100,000                                     |  |
| Pharmaceutical                | Elan Pharmaceuticals, Inc. | U Unrestricted          | ENAED090301000 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 Pharmaceutical | Forest Laboratories, Inc.  | U Unrestricted          | ENAEA101001003 New York Gala Table                                | \$10,000                                      |  |
| Pharmaceutical                | Forest Laboratories, Inc.  | U Unrestricted          | ENAED090301000 DC Gala Donation                                   | \$4,000                                       |  |
| Pharmaceutical Pharmaceutical | Forest Laboratories, Inc.  | U Unrestricted          | ENAEA090301000 DC Gala Donation  ENAEA090301000 DC - Gala Tickets | \$1,000                                       |  |

|                                     |  |   |   | 2009 YTD as of              |  |
|-------------------------------------|--|---|---|-----------------------------|--|
| Туре                                | Donor  | Unrestricted/Restricted                                     | Designation   | 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 (Spnsorship/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  | ENAED070501000 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  | CNALD09000000 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  | CNALD07000000 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                         |  |
| _                                   |  |   |   |                             |  |
|                                     |  |   | <u> </u>  |                             |  |
|                                     |  |   |   |                             |  |
| Insurance<br>Insurance<br>Insurance | Genworth Financial Genworth Financial Genworth Financial | U Unrestricted U Unrestricted U Unrestricted U Unrestricted | CNALD0800CGRTR Cause Marketing - Round To Remember ENAEA080301003 DC Gala Tribute ENAED080301000 DC Gala Donation | \$0<br>\$0<br>\$0           |  |

| Туре                           | Donor   | Unrestricted/Restricted       | Designation  | 2009 YTD as of<br>11/30/09 Restricted Purpose |  |
|--------------------------------|---|-------------------------------|--|---|--|
| Insurance                      | Genworth Financial  | U Unrestricted                | ENAWE090100SPN 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                | ANADT07000000 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 Pharmaceutical  | Janssen Pharmaceutical                                      | U Unrestricted                | CNALD0600PH000 Corporate Partnership Pharmaceutical  | \$0   |  |
| Pharmaceutical 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 Pharmaceutical  | Medivation Neurology, Inc.                                  | U Unrestricted                | CNALD0900RR000 2008 Research Round Table   | \$50,000                                      |  |
| Pharmaceutical 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 Pharmaceutical  | Merck Research Laboratories                                 | U Unrestricted                | CNALS0700PC000 Prevention Conference   | \$0   |  |
| Pharmaceutical 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                | ENAER091001001 New York Gala Auction   | \$0   |  |
| Pharmaceutical                 | Myriad Pharmaceuticals, Inc.                                | U Unrestricted                | CNALD0800RC000 2008 International Research Conference  | \$0   |  |
| Pharmaceutical Pharmaceutical  | Myriad Pharmaceuticals, Inc.                                | U Unrestricted                | CNALS0700PC000 Prevention Conference   | \$0   |  |
| Pharmaceutical                 | Novartis Pharma AG  | U Unrestricted                | CNALD0900RC000 ICAD - Vienna   | \$158,000                                     |  |
| Pharmaceutical Pharmaceutical  | Novartis Pharma AG  | U Unrestricted                | CNALD0600RC000 International Research Conference   | \$0   |  |
| Pharmaceutical                 | Novartis Pharma AG  | U Unrestricted                | CNALD0700EC000 International Research 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                | CNALD0000RR000 2008 Research Round Table   | \$50,000                                      |  |
| Pharmaceutical                 | Ortho-McNeil Neurologics,Inc.                               | U Unrestricted                | CNALD0900H000 2006 Research Round Table  CNALD0600PH000 Corporate Partnership Pharmaceutical   | \$0   |  |
| Pharmaceutical Pharmaceutical  | Ortho-McNeil Neurologics,Inc.                               | U Unrestricted                | CNALD0000PH000 Corporate Partnership Pharmaceutical CNALD0700RR000 2007 Research Round Table   | \$0   |  |
|                                | <u> </u>  | U Unrestricted                | CNALD0700R000 2007 Research Round Table  CNALD0800RC000 2008 International Research Conference | \$0   |  |
| Pharmaceutical  Pharmaceutical | Ortho-McNeil Neurologics,Inc. Ortho-McNeil Neurologics,Inc. | U Unrestricted U Unrestricted | CNALD0800RC000 2008 International Research Conference CNALD0800RR000 2008 Research Round Table | \$0   |  |
| Pharmaceutical Pharmaceutical  |   | U Unrestricted U Unrestricted | CNALS0700PC000 Prevention Conference   | \$0   |  |
|                                | Ortho-McNeil Neurologics,Inc.                               | U Unrestricted U Unrestricted |  | \$0   |  |
| Pharmaceutical                 | Pfizer Global Clinical Research & Develo                    |                               | CNALD0800RR000 2008 Research Round Table   | ·   |  |
| 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                                      |  |

| Pfizer Inc. | U Unrestricted   | Designation  CNALD1000RC000 ICAD - Vienna  ENAEA101001001 New York Gala Tickets  ENAEA090301004 Sponsorship Table For DC Gala  ANADH090000000 Matching Gifts - DM Corporate  ANADH100000000 Matching Gifts - DM Corporate  ANADH090000GEN Matching Gifts - Gen. Dev. Corporate  | 11/30/09 Restricted Purpose  \$19,800 \$7,000 \$5,000 \$3,200 \$883 |
|---|--|---|---|
| Pfizer Inc. | U Unrestricted   | ENAEA101001001 New York Gala Tickets  ENAEA090301004 Sponsorship Table For DC Gala  ANADH090000000 Matching Gifts - DM Corporate  ANADH100000000 Matching Gifts - DM Corporate  | \$7,000<br>\$5,000<br>\$3,200                                       |
| Pfizer Inc.                         | U Unrestricted U Unrestricted U Unrestricted U Unrestricted U Unrestricted U Unrestricted  | ENAEA090301004 Sponsorship Table For DC Gala ANADH090000000 Matching Gifts - DM Corporate ANADH100000000 Matching Gifts - DM Corporate  | \$5,000<br>\$3,200  |
| Pfizer Inc. Pfizer Inc. Pfizer Inc. Pfizer Inc. Pfizer Inc. Pfizer Inc.                                     | U Unrestricted U Unrestricted U Unrestricted U Unrestricted  | ANADH09000000 Matching Gifts - DM Corporate ANADH10000000 Matching Gifts - DM Corporate   | \$3,200   |
| Pfizer Inc. Pfizer Inc. Pfizer Inc. Pfizer Inc.   | U Unrestricted<br>U Unrestricted<br>U Unrestricted   | ANADH100000000 Matching Gifts - DM Corporate  |   |
| Pfizer Inc. Pfizer Inc. Pfizer Inc.   | U Unrestricted<br>U Unrestricted   |   |   |
| Pfizer Inc. Pfizer Inc.   | U Unrestricted   |   | \$600   |
| Pfizer Inc.   |  | ANACH09000000 Matching Gifts - Corporate Initiatives  | \$225   |
|   | U Unrestricted   | ANADH100000GEN Matching Gifts - Gen Dev Corporate   | \$213   |
|   | U Unrestricted   | ANACH100000000 Matching Gifts - Corporate   | \$125   |
|   | U Unrestricted   | ENAEH100000000 Matching Gifts - Rel. Events Corporate   | \$25  |
|   | U Unrestricted   | ANACH060000000 Matching Gifts   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$250   |
|   |  |   | \$0   |
|   |  |   | \$1,718   |
|   |  |   | \$1,375   |
|   |  |   | \$300   |
|   |  |   | \$225   |
|   |  |   | \$100   |
|   |  |   | \$80  |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$110   |
|   |  |   | \$100   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$0   |
|   |  |   | \$50,000  |
| 5 5   |  |   | \$986   |
|   | Pfizer Inc. Pharmaceutical Research and Manufacturer Pragmaton Prudential Foundation Sanofi-Aventis | Pfizer Inc. Pfizer Inc. Pfizer Inc. U Unrestricted Pragmaton U Unrestricted Pragmaton U Unrestricted Prudential Foundation U Unrestricted Sanofi-Aventis U Unrestricted | Pfizer Inc.   U Unrestricted   ANACH080000000 Matching Gifts        |

| Туре           | 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          | ENAED070301000 DC Gala Donation                       | \$0                     |                    |
|                |  |                         |   | \$2,338,777             |                    |
|                |  |                         | Association Total Revenue                             | \$83,540,473            |                    |
|                |  |                         | Percentage of Total                                   | 2.8%                    | <u></u>            |

| 008 Restricted Purpose | 2007      | Restricted Purpose |            | 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  |                    |            |                    |              |
| \$49,940               | \$0       |                    | \$0<br>\$0 |                    |              |
| \$0                    | \$0       |                    | \$0        |                    |              |
| \$0                    | \$0       |                    | \$0        |                    |              |
| \$50,000               | \$0       |                    | \$0        |                    |              |
| \$100,000              | \$0       |                    | \$0        |                    |              |
| \$0                    | \$0       |                    | \$0        |                    |              |
| \$0                    | \$0       |                    | \$0        |                    |              |

| 2008 Restricted Purpose | 2007       | Restricted Purpose 2006 | Restricted Purpose 4-yr Avera |
|-------------------------|------------|-------------------------|-------------------------------|
| \$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<br>\$0 | \$0<br>\$0              |                               |
| \$40,000<br>\$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                     | \$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                     |                               |
| \$300                   | \$50       | \$0                     |                               |
| \$0                     | \$0        | \$25,000                |                               |
| \$0                     | \$0        | \$50,000                |                               |
| \$125,000               | \$0        | \$0                     |                               |
| \$50,000                | \$0<br>\$0 | \$0                     |                               |
| \$0                     | \$0        | \$25,000                |                               |
| \$0                     | \$100      | \$0                     |                               |
| \$0                     | \$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       |                    | \$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 |            | 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       |                    |            |                    |              |
| \$100                   | \$0            |                    | \$0<br>\$0 |                    |              |
| \$0                     | \$0<br>\$0     |                    | \$25,000   |                    |              |
| \$0<br>\$0              | \$50,000       |                    | \$0        |                    |              |
| \$0                     | \$25,000       |                    | \$0        |                    |              |
| \$0                     | \$25,000       |                    | \$0        |                    |              |
| \$0                     | Ψ25,000<br>\$0 |                    | \$0        |                    |              |
| \$1,153                 | \$0<br>\$0     |                    | \$0        |                    |              |

|              | Restricted Purpose |               | Restricted Purpose 2006 | Restricted Purpose | 4-yr Average |
|--------------|--------------------|---------------|-------------------------|--------------------|--------------|
| \$0          |                    | \$0           | \$(                     |                    |              |
| \$0          |                    | \$0           | \$36                    |                    |              |
| \$0          |                    | \$839         | \$1,020                 |                    |              |
| \$485        |                    | \$1,495       | \$(                     |                    |              |
| \$50,000     |                    | \$0           | \$(                     |                    |              |
| \$50,000     |                    | \$0           | \$(                     |                    |              |
| \$0          |                    | \$0           | \$50,000                |                    |              |
| \$0          |                    | \$0           | \$100,000               |                    |              |
| \$0          |                    | \$0           | \$50,000                | )                  |              |
| \$0          |                    | \$0           | \$0                     |                    |              |
| \$0          |                    | \$0           | \$6                     |                    |              |
| \$0          |                    | \$0           | \$6                     |                    |              |
| \$50         |                    | \$0           | \$6                     |                    |              |
| \$7,900      |                    | \$0           | \$(                     |                    |              |
| \$0          |                    | \$10,000      | \$(                     |                    |              |
| \$0          |                    | \$12,500      | \$6                     |                    |              |
| \$0          |                    | \$20,000      | \$0                     |                    |              |
| \$2,751,468  |                    | \$1,879,289   | \$2,494,112             | 2                  | \$2,365,911  |
| \$99,300,909 |                    | \$104,711,140 | \$93,375,874            | <br>               | \$95,232,099 |
| 2.8%         |                    | 1.8%          | 2.7                     | / <u>/</u>         | 2.5%         |

| Туре                    | Donor                             | Unrestricted/Restricted | Designation   | 2009 YTD as of<br>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         |
| <b>Total Diagnostic</b> |                                   |                         |   | \$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          | ENAED060601000 Third Party Events                       | \$0                        |                            | \$0         |
| Insurance               | Bankers Life And Casualty Company | U Unrestricted          | ENAED080501000 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            | CNALD10000000 Corporate - General                       | \$1,000,000                | Memory Walk Natl Sponsorsh |             |
| 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            | ENAED080302000 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         |

| Туре            | Donor                          | Unrestricted/Restricted | Designation   | 2009 YTD as of<br>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          | ENAED080301000 DC Gala Donation                       | \$0                        | \$10,000                         |
| Insurance       | Genworth Financial             | U Unrestricted          | ENAWE090100SPN National Memory Walk- Sponsor Walker   | \$0                        | \$50                             |
| Insurance       | MetLife Foundation             | R Restricted            | CNAFL100000000 Foundation Grants                      |                            | 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          | ENAER091001001 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          | ANADK080000CLD Ack Old Code                           | \$0                        | \$0                              |
| Insurance       | Prudential Foundation          | U Unrestricted          | ENAEH090000000 Matching Gifts - Rel. Events Corporate | \$0                        | \$25                             |
| Total Insurance |                                |                         |   | \$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          | ENAED080501000 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                         |

|                |                                   |                         |   | 2009 YTD as of |                                 |
|----------------|-----------------------------------|-------------------------|---|----------------|---------------------------------|
| Туре           | Donor                             | Unrestricted/Restricted | Designation   | 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                |                | 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              |                | 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          | ANADH09000000 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          | ENAED090301000 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            |                                 |
| i namaceulicai | Lian Friannaceuticals, Inc.       | O OHIESHICIEU           | LIVALAU/ TUUTUUS INEW TUIK GAIA TÄDIE                   | \$0            | \$0                             |

|                |                            |                         |   | 2009 YTD as of |                             |           |
|----------------|----------------------------|-------------------------|---|----------------|-----------------------------|-----------|
| Туре           | Donor                      | Unrestricted/Restricted | Designation   | 11/30/09       | Restricted Purpose 200      | )8        |
| 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 Spor | \$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          | ANADH090000GEN 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          | ANADH100000GEN 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 Spor | \$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          | ENAED090301000 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 (Spnsorship/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   |

|                |                                 |                         |   | 2009 YTD as of |                                 |
|----------------|---------------------------------|-------------------------|---|----------------|---------------------------------|
| Туре           | Donor                           | Unrestricted/Restricted | Designation   | 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          | ENAED070501000 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            | ANADH090000GEN 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          | ANADH100000GEN 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            |                                 |
| Pharmaceutical |                                 | U Unrestricted          | ANADT060000000 Tributes                               | \$0            | \$0<br>\$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 |                                 | 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 |                                 | 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 |                                 | U Unrestricted          | CNALS0700PC000 Prevention Conference                  | \$0            | \$0                             |
| Pharmaceutical | <u> </u>                        | R Restricted            | CNALD0900PH000 Corporate Partnership Pharmaceutical   | \$0            | \$50,000                        |

|                |  |                         |   | 2009 YTD as of |                         |
|----------------|--|-------------------------|---|----------------|-------------------------|
| Туре           |  | Unrestricted/Restricted | Designation   | 11/30/09       | Restricted Purpose 2008 |
| Pharmaceutical |  | U Unrestricted          | CNALD0800RR000 2008 Research Round Table                | \$0            | \$50,000                |
| Pharmaceutical |  | U Unrestricted          | CNALD0900RC000 ICAD - Vienna                            | \$283,800      | \$0                     |
| Pharmaceutical |  | U Unrestricted          | CNALD1100RC000 ICAD - Hawaii                            | \$200,000      | \$0                     |
| Pharmaceutical |  | U Unrestricted          | CNALD1000RR000 Research Round Table - 2010              | \$40,000       | \$0                     |
| Pharmaceutical |  | U Unrestricted          | ENAEA101001003 New York Gala Table                      | \$25,000       | \$0                     |
| Pharmaceutical |  | U Unrestricted          | CNALD1000RC000 ICAD - Vienna                            | \$19,800       | \$0                     |
| Pharmaceutical |  | U Unrestricted          | ENAEA101001001 New York Gala Tickets                    | \$7,000        | \$0                     |
| Pharmaceutical |  | U Unrestricted          | ENAEA090301004 Sponsorship Table For DC Gala            | \$5,000        | \$0                     |
| Pharmaceutical |  | U Unrestricted          | ANADH090000000 Matching Gifts - DM Corporate            | \$3,200        | \$1,235                 |
| Pharmaceutical |  | U Unrestricted          | ANADH100000000 Matching Gifts - DM Corporate            | \$883          | \$0                     |
| Pharmaceutical |  | U Unrestricted          | ANADH090000GEN Matching Gifts - Gen. Dev. Corporate     | \$600          | \$100                   |
| Pharmaceutical |  | U Unrestricted          | ANACH090000000 Matching Gifts - Corporate Initiatives   | \$225          | \$302                   |
| Pharmaceutical |  | U Unrestricted          | ANADH100000GEN Matching Gifts - Gen Dev Corporate       | \$213          | \$0                     |
| Pharmaceutical |  | U Unrestricted          | ANACH100000000 Matching Gifts - Corporate               | \$125          | \$0                     |
| Pharmaceutical |  | 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          | ENAED070501000 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          | ANADH090000GEN Matching Gifts - Gen. Dev. Corporate     | \$110          | \$0<br>\$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          | ANADH090000GEN Matching Gifts - Gen. Dev. Corporate     | \$0            | \$100                   |
| Pharmaceutical |  | U Unrestricted          | CNALD0600RC000 International Research Conference        | \$0            | \$0                     |
| Pharmaceutical | Sanofi-Aventis                           | U Unrestricted          | CNALD0700RR000 2007 Research Round Table                | \$0            | \$0                     |
| Pharmaceutical |  | U Unrestricted          | CNALD0800EC000 Dem. Care Conference (Spnsorship/Gifts)  | \$0            | \$0                     |
| Pharmaceutical | Sanofi-Aventis                           | U Unrestricted          | CNALS0700PC000 Prevention Conference                    | \$0            | \$0                     |
| Pharmaceutical |  | U Unrestricted          | CNALD1000RR000 Research Round Table - 2010              | \$50,000       | \$0                     |
| Pharmaceutical | Takeda Pharmaceuticals North America, In |                         | ANACH090000000 Matching Gifts - Corporate Initiatives   | \$986          | \$1,153                 |
| Pharmaceutical | Takeda Pharmaceuticals North America, In |                         | ANADH100000GEN 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 |                         | ANACH07000000 Matching Gifts                            | \$0            | \$0                     |
| Pharmaceutical | Takeda Pharmaceuticals North America, In |                         | ANACH080000000 Matching Gifts                           | \$0            | \$485                   |
| Pharmaceutical | ·  | U Unrestricted          | CNALD0800RR000 2008 Research Round Table                | \$0            | \$50,000                |

| Туре                    | Donor                              | Unrestricted/Restricted | Designation   | 2009 YTD as of<br>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            | ENAED070302000 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          | ANADT090000000 All Tributes                           | \$50                       |                    | \$0          |
| Pharmaceutical          | Wyeth Pharmaceuticals              | U Unrestricted          | ANADT080000000 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          | ENAED070301000 DC Gala Donation                       | \$0                        |                    | \$0          |
| <b>Total Pharmaceut</b> | ical                               |                         |   | \$2,179,299                |                    | \$2,833,217  |
|                         |                                    |                         |   | 2.6%                       | 0                  | 2.9%         |
|                         |                                    |                         | Total   | \$4,051,172                |                    | \$4,797,503  |
|                         |                                    |                         | Association Total Revenue                             | \$83,540,473               |                    | \$99,300,909 |
|                         |                                    |                         | Percentage of Total                                   | 4.8%                       | 6                  | 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      |  |              |
|  |             | 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 Gra  | n \$100,000 | MW Family Tent Sponsor   | \$0      |  |              |
| The state of the s | \$0         | The state of the s | \$0      |  |              |
|  | \$0         |  | \$0      |  |              |
|  | \$0         |  |          | Memory Walk Natl Sponsorship   |              |
|  |             | Memory Walk Natl Sponsorship   | \$500    | The state of the s |              |
| Memory Walk Natl Sponsorship   | \$0         |  | \$0      |  |              |
| Chapter Grants   | \$57.500    | Workplace Programs +Wildfire Relief  | \$0      |  |              |
|  | \$10,000    | Workplace Programs +Wildfire Relief<br>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      |  |              |

| Restricted Purpose                   | 2007        | Restricted Purpose                | 2006        | Restricted Purpose                 | 4-yr Average |
|--------------------------------------|-------------|-----------------------------------|-------------|------------------------------------|--------------|
|                                      | \$0         | -                                 | \$0         |                                    |              |
|                                      | \$31,809    |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$600,000   | Hispanic Outrearch/ Safet Programs |              |
|                                      | \$815,000   | Hispanic Outreach/Safety Programs | \$0         |                                    |              |
| Hispanic Outreach andEarly Detection | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$25,000    |                                    |              |
|                                      | \$25,000    |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$1,560     |                                    |              |
|                                      | \$1,861     |                                   | \$650       |                                    |              |
|                                      | \$585       |                                   | \$0         |                                    |              |
|                                      | \$45        |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$2,182,097 |                                   | \$1,704,410 |                                    | \$1,816,563  |
|                                      | 2.1%        |                                   | 1.8%        |                                    | 1.99         |
|                                      |             |                                   | 1.070       |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$2,219     |                                    |              |
|                                      | \$0         |                                   | \$2,865     |                                    |              |
|                                      | \$0         |                                   | \$4,114     |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$50,000    |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$10,000    |                                    |              |
|                                      | \$10,000    |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |
|                                      | \$0         |                                   | \$0         |                                    |              |

| 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 Conferrence 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               |                    |              |
|                               | \$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<br>\$0 |                                       | \$0               |                    |              |
|                               | \$0        |                                       | \$0<br>\$0<br>\$0 |                    |              |
|                               | \$0        |                                       | \$0               |                    |              |
|                               | \$0<br>\$0 |                                       | \$50,000          |                    |              |
|                               | \$0        |                                       | \$0               |                    |              |
|                               | \$50,000   |                                       | \$0               |                    |              |
|                               | \$0<br>\$0 |                                       | \$0               |                    |              |
|                               | \$0        |                                       | \$12,500          |                    |              |

| Restricted Purpose              | 2007      | Restricted Purpose                    | 2006      | Restricted Purpose                | 4-yr Average |
|---------------------------------|-----------|---------------------------------------|-----------|-----------------------------------|--------------|
| Testricted 1 dipose             | \$0       | nestricted ruipose                    | \$0       |                                   | T-yi Aveluge |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$4,417   |                                       |           | Corporate Matching Gifts          |              |
| Corporate Matching Gifts        | \$0       |                                       | \$0       | Corporate Matering Cite           |              |
| porporate Matering Cite         | \$0       |                                       |           | Research Roundtable Sponsorship   |              |
|                                 |           | Research Roundtable 07 Sponsorship    | \$0       | riodearon riodinatable openioremp |              |
|                                 | \$50,000  | Prevention 07 Conferrence Sponsorship | \$0       |                                   |              |
|                                 | \$0       | Trevention or comenence epensorally   | \$0       |                                   |              |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$3,108   |                                   |              |
|                                 | \$510     |                                       | \$3,100   |                                   |              |
|                                 | \$0       |                                       |           |                                   |              |
|                                 |           |                                       | \$0       |                                   |              |
|                                 | \$100     |                                       | \$0       |                                   |              |
|                                 | \$50      |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$25,000  |                                   |              |
|                                 | \$0       |                                       | \$50,000  |                                   |              |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$0       |                                   |              |
|                                 | \$0       |                                       | \$25,000  |                                   |              |
|                                 | \$100     |                                       | \$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        |                                 |              |
| 9                           | \$0                                      | \$0        |                                 |              |
|                             | \$0                                      | \$2,315    | Corporate Matching Gifts        |              |
|                             | \$0                                      | \$0        | Corporate matering ante         |              |
|                             | \$0                                      | \$0        |                                 |              |
|                             | \$0                                      | \$0        |                                 |              |
|                             | \$0                                      | \$0        |                                 |              |
|                             | \$1,440                                  | \$1,030    |                                 |              |
|                             | \$585                                    |            |                                 |              |
|                             | \$585                                    | \$0<br>\$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        | and the second second           |              |
|                             | \$0                                      | \$112,000  |                                 |              |
|                             | \$25,000                                 | \$0        |                                 |              |
|                             | \$0                                      | \$0        |                                 |              |
|                             | \$50,000                                 | \$0        |                                 |              |
|                             | \$0                                      | \$0        |                                 |              |
|                             | \$0                                      | \$50,000   |                                 |              |
|                             | \$0                                      |            |                                 |              |
|                             | ΦO                                       | \$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                     | \$0        |                             |              |
|                    | \$0                     | \$U        |                             |              |
|                    | ΦC 005                  | \$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                |            |                             |              |
|                    | \$25,000                | \$0<br>\$0 |                             |              |
|                    | → DU                    | \$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           |                                    |              | Public Policy + Research Roundtable Sponsorship |                   |
|                                   | \$0           |                                    | \$150,000    | ICAD06 + Prevention 07 Conference Sponsorship   | S                 |
| 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%              |
|                                   | ******        |                                    | 44.550.540   |   | <b>**</b> *** *** |
|                                   | \$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

### Key Executive Title

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)

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. 2. Level of Service: National Board or Board Committee Member Publication Author/Contributor Program Speaker/Participant National Sr. Staff and Association Directors Other OFO I have read the Association's Bylaws and the Board's policy guidelines policy regarding 3. 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.) The following information would be relevant to a determination of Conflict of Interest related to your 4. 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): Broad member of Research America which promotes overall research for medical advancement. Localed in Elexandria, un.
Board member of the National Health Council, which represents the voluntary

1700, Chicago, IL 60601, by email to: carolyn.handler@alz.org or by fax to: (866) 466-7660

| <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or ar individual chapters, involving a contract, sale or fee that may be perceived as an actual of potential conflict of interest?  —YesNoDescribe (part of the organization, transaction, your interest):  In regard to the dissemination of this disclosure:  — I request that this disclosure not be disseminated beyond the Executive and Governance Nohinating Committees and the designated staff without my consent.  — I do not have any objection to dissemination of this disclosure.  Signed: Date: Date:</li></ul> |           | Association, from any other of                                 | n kind, related to your leadership position with the Alzheimer's organization?  |
|--|-----------|--|---|
| individual chapters, involving a contract, sale or fee that may be perceived as an actual of potential conflict of interest?  Yes No Describe (part of the organization, transaction, your interest):  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.  Of do not have any objection to dissemination of this disclosure.  Date: 121799  |           | <del></del>  | Describe (organizations, locations, nature of business, your  |
| I request that this disclosure not be disseminated beyond the Executive and Governance Nominating Committees and the designated staff without my consent.  It do not have any objection to dissemination of this disclosure.  Date: 121769   |           | individual chapters, involving potential conflict of interest? | g a contract, sale or fee that may be perceived as an actual of   |
|  | 5.        | I request that this disclosu Nominating Committees ar          | ure not be disseminated beyond the Executive and Governance & nd the designated staff without my consent. In to dissemination of this disclosure. |
|  | Signed    |  | Date: [2]7/69   |
|  |           |  |   |
|  |           |  |   |
|  |           |  |   |
|  |           |  |   |
|  |           |  |   |
| For office use only:   | For offic | e use only:  |   |
| Date Received: Staff Review:   | Date Re   | ceived:  | Staff Review:   |
| Reported to Executive Committee:  Special Instructions:  | •         |  |   |

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. 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 vourself 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?

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

Board member, National Health Council, an advocate for the volundary wealth sector and their constituences located in Washington, DC.

Board number Research America, amedical research ablocacy or anization 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 or by fax to: (866) 496-7660 | card of the CEO, 225 N. Michigan Ave., Suite

| •   | 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: 12/18/08  |
|   | 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 us                             | e only:   |
|   | ed: Staff Review:   |
| •   | Executive Committee:uctions:  |
| -   |   |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 496-7660

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.

| <ul> <li>2. Level of Service: National Board or Board Committee Member Publication Author/Contributor Program Speaker/Participant National Sr. Staff and Association Directors Other</li></ul>   | 1.       | Name: TAMY JOHNS   |
|--|----------|--|
| National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |          |  |
| Publication Author/Contributor Program Speaker/Participant National Sr. Staff and Association Directors Other  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.)  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. | 2.       | Level of Service:  |
| Program Speaker/Participant  National Sr. Staff and Association Directors  Other  Other  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.)  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.                     |          | National Board or Board Committee Member   |
| National Sr. Staff and Association Directors  Other Control  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.)  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.   |          | Publication Author/Contributor   |
| National Sr. Staff and Association Directors  Other Control  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.)  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.   |          | Program Speaker/Participant  |
| <ul> <li>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.)</li> <li>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.)</li> <li>Ownership or equity interest in an organization with dementia-related interests.</li> </ul>  |          |  |
| <ul> <li>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.)</li> <li>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.)</li> <li>Ownership or equity interest in an organization with dementia-related interests.</li> </ul>  |          |  |
| tion 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.)  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.  |          | <u></u>  |
| tion 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.)  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.  | •        |  |
| 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.)  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.  | 3.       |  |
| 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.   |          |  |
| <ul> <li>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.)</li> <li>Ownership or equity interest in an organization with dementia-related interests.</li> </ul>   |          | Based on the Bylaws and policy, no disclosure is necessary. (Skip item 4.)                                   |
| 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.  |          | Based on the Bylaws policy, certain disclosure is necessary. (Answer item 4.)                                |
| 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.  |          |  |
| 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.  | 1        | The following information would be relevant to a determination of Conflict of Interest related to your       |
| 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.   | ٦.       |  |
| <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> </ul>   |          | ···  |
| Ownership or equity interest in an organization with dementia-related interests.   |          |  |
| 'IA''  |          | ersnip position.)  |
| 'IA''  |          | Ownership or equity interest in an organization with dementia-related interests.                             |
|  |          | '  |
|  |          | , , , , , , , , , , , , , , , , ,  |
|  |          |  |
| Offices and/or positions (director, officer, partner, employee or agent) in an organization that   |          | 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?  |          |  |
| YesNo Describe (organization, location, nature of business, your interest):  |          | o <sub>z</sub>   |
|  |          |  |
| Return completed disclosure statement by mail to: Carolyn Handler, Alzheimer's Association, Office of the CEO, 225 N. Michigan Ave., Suite   | Doturn c | DOUGH MEMBERT RESEARCH KMENICA, A MEDICA RESEARCH AND VOCACY ORGANIZATION.                                   |
| 1700, Chicago, IL 60601, by email to: carolyn.handler@alz.org or by fax to: (866) 496-7660 was a lexand ria, VA  | 1700, Ch | nicago, IL 60601, by email to: carolyn.handler@alz.org or by fax to: (866) 496-7660 Carolyn Alexandria . VA. |
| Board mamber & otional Health Cairvil an advacabe of the volument  | , .      | Board mamber & otional Health Council an advance of the volument   |
| Board member, National Health Council, an advocate of the voluntary health sector and their constituences, located in washington IX.   |          | has the sector and their constituences included in which was on  |

| Special I | Instructions:   |  |
|-----------|---|--|
| Reported  | ed to Executive Committee:  | eview:   |
|           | ce use only:  | oviou:   |
|           |   | this time, to the best of my recollection.   |
|           |   | I represent that this is a reconstruction of the form as filled out at approximate this time, to the best of my                                    |
| Signed    |   | Date: 12/18/07   |
| 5.        | In regard to the dissemination of this disclosure  I request that this disclosure not be disse  Nominating Committees and the designa  of pot have any objection to dissemination | eminated beyond the Executive and Governance & ted staff without my consent.   |
|           | •   | mer's Association, through its national office or any alle or fee that may be perceived as an actual or poganization, transaction, your interest): |
|           | sociation, from any other organization?   | o your leadership position with the Alzheimer's As-<br>ns, locations, nature of business, your compensa-   |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 496-7660

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. 2. Level of Service: National Board or Board Committee Member Publication Author/Contributor Program Speaker/Participant National Sr. Staff and Association Directors 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.) The following information would be relevant to a determination of Conflict of Interest related to your 4. 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?

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

voluntary health-sector and their constituences, located in vashington, DC.

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 or by fax to: (866) 496-7660

|         | <ul> <li>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):     </li> </ul>  |
|---------|---|
|         | <ul> <li>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? YesNo Describe (part of the organization, transaction, your interest):</li> </ul> |
| 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.  Date:                                  |
| Olgrico |   |
|         | I represent that this is a reconstruction of the form as filled out at approximately this time, to the best of my recollection.   |
|         |   |
|         | e use only:   |
|         | ceived: Staff Review:   |
| •       | d to Executive Committee:   |
|         |   |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 466-7660

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.

| Lev        | el of Service:  National Board or Board Committee Member  |
|------------|---|
|            | Publication Author/Contributor  |
|            | _Program Speaker/Participant<br>_National Sr. Staff and Association Directors   |
|            | Other   |
|            |   |
| con        | nave read the Association's Bylaws and the Board's policy guidelines policy regarding inpensation 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.)   |
| lea<br>you | e following information would be relevant to a determination of Conflict of Interest related to your dership position in the Association. (This includes past, present and anticipated activity of urself or members of your immediate family concurrent with your tenure in an Association adership position.) |
| •          | Ownership or equity interest in an organization with dementia-related interests. YesNo Describe (organizations, locations, nature of business, your interests):   |
| •          | Offices and/or positions (director, officer, partner, employee or agent) in an organization tha might be affected by your involvement with the Alzheimer's Association? YesNo Describe (organization, location, nature of business, your interest):   |

|           | ceived: d to Executive Committee:  | Staff Review:  |             |                      |              |                  |
|-----------|--|--|-------------|----------------------|--------------|------------------|
| For offic | e use only:  |  |             |                      |              |                  |
|           |  |  |             |                      |              |                  |
|           |  |  |             |                      |              |                  |
| Signed:   | he free  | Date:  | 12/         | 17/09                |              |                  |
| 5.        | In regard to the dissemination of the line | sure not be disseminated be<br>and the designated staff wi | thout my co | Executive a consent. | and Governa  | nce &            |
|           | <ul> <li>Interest in any transactions individual chapters, involving potential conflict of interest?        YesNo Describes</li> </ul>   | ng a contract, sale or fee                                 | that may    | be perceive          | d as an act  | or any<br>ual or |
|           | Association, from any otherYesNo compensation):  | organization?  Describe (organizations,                    | locations,  | nature of            | business,    | your             |
|           | • Compensation in cash or  |  | eadership   | position with        | h the Alzhei | mer's            |

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.

| 1. | Name: Scott A. Coærdrev  |
|----|--|
| 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.  YesNo Describe (organizations, locations, nature of business, your interests): |
|    | <ul> <li>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?</li></ul>  |

|        | structions:  |
|--------|--|
|        | o Executive Committee:   |
|        | <u>use only:</u><br>ived: Staff Review:  |
|        |  |
| Signed | I do not have any objection to dissemination of this disclosure.  Date:  |
| 5.     | n 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.  |
|        | 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?  YesNo Describe (part of the organization, transaction, your interest): |
|        | Association, from any other organization? YesNo Describe (organizations, locations, nature of business, your compensation):  |
|        | Compensation in cash or in kind, related to your leadership position with the Alzheimer's  |

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.

|           | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-   |
|-----------|---|
| tion of t | the Office of the President, national headquarters.): ()  |
| 1.        | Name: Jugle Timerlik Geight   |
|           |   |
| 2.        | Level of Service:   |
|           | National Board or Board Committee Member  |
|           | Publication Author/Contributor  |
|           | Program Speaker/Participant   |
|           | Mational 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):   |
|           | <ul> <li>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?</li> <li>YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|           | sociation, from                       | any other organiza                        | ation?               | adership position with t   |                    |
|-----------|---------------------------------------|---|----------------------|--|--------------------|
|           | Yes tion):                            | _No Describe (                            | organizations, locat | ions, nature of busines  | s, your compensa   |
|           | individual chap<br>tential conflict o | ters, involving a coof interest?          | ontract, sale or fee | sociation, through its na<br>that may be perceived<br>on, transaction, your inte | as an actual or po |
| 5.        | Neminating (                          | t this disclosure no<br>Committees and th | ot be disseminated   | beyond the Executive without my consent. disclosure.                             | and Governance 8   |
| Signæd    |                                       |   | Date:_               | 10/9/0   | 4                  |
| - •       |                                       |   |                      | / /  |                    |
|           |                                       |   |                      |  |                    |
| For offic | e use only:                           |   |                      |  |                    |
| Date Re   | ceived:                               |   | Staff Review:        |  |                    |
|           | d to Executive Committe Instructions: |   |                      |  |                    |
|           |                                       | ·-···                                     |                      |  |                    |

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.):

Λ

| 1.         | Name: Kichard H. Hovland  |
|------------|---|
| 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.) |
| <b>1</b> . | 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 your-self or members of your immediate family concurrent with your tenure in an Association Leadership position.) |
|            | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.</li> <li>YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|            | <ul> <li>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?  YesNo Describe (organization, location, nature of business, your interest):</li> </ul>   |

|            | • Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?   |   |
|------------|---|---|
|            | Yes _ <ash. (organizations,="" a="" business,="" compensation):<="" describe="" locations,="" nature="" no="" of="" your=""></ash.>   | - |
|            | <ul> <li>Interest in any transactions with the Alzheimer's Association, through its national office or an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest?</li></ul>                                  |   |
| 5.         | In regard to the dissemination of this disclosure: I request that this disclosure not be disseminated beyond the Executive and Governance of Nominating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure. | Š |
| Signed:    | Birl H. Hard Date: 10/4/06  | _ |
|            |   | _ |
|            |   |   |
|            |   |   |
|            |   |   |
|            |   |   |
| For office | e use only:   |   |
| Date Rec   | ceived: Staff Review:   |   |
|            | to Executive Committee:nstructions:   |   |
|            |   |   |

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.

|    | OSURE (Complete the blanks or "check-the-line", as appropriate, sign, date and return to the atten-<br>he 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.)    |
|    | <ul> <li>Ownership or equity interest in an organization with dementia-related interests.        YesNo Describe (organizations, locations, nature of business, your interests):</li> </ul>  |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

|          | •      | 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 an individual chapters, involving a contract, sale or fee that may be perceived as an actual or potential conflict of interest? YesNo Describe (part of the organization, transaction, your interest): |
| 5.       |        | egard 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.                          |
| Signe    | d      | hather Date: 12-17-09  |
|          |        |  |
|          |        |  |
|          |        |  |
|          |        |  |
|          |        |  |
| For offi | ce use | e only:  |
|          |        | d: Staff Review:   |
|          |        | Executive Committee:   |
|          |        |  |

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: <a href="mailto:carolyn.handler@alz.org">carolyn.handler@alz.org</a> or by fax to: (866) 496-7660

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.

| 1. | Name: William ThiES   |
|----|---|
| 2. | Level of Service:National Board or Board Committee MemberPublication Author/ContributorProgram Speaker/ParticipantNational Sr. Staff and Association DirectorsOther   |
| 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 X No Describe (organizations, locations, nature of business, your interests): |
|    | <ul> <li>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? YesNo Describe (organization, location, nature of business, your interest):</li> </ul>  |

| •              | sociation, from any other org                                | anization?   | nip position with the Alzheimer's As-<br>nature of business, your compensa-                         |
|----------------|--|--|---|
| •              | individual chapters, involving tential conflict of interest? |  | on, through its national office or any nay be perceived as an actual or ponsaction, your interest): |
| _              |  | re not be disseminated beyornd the designated staff withou | nd the Executive and Governance & t my consent. osure.  |
| Signed:        | Bill This  | Date:  | 10.6.06   |
|                |  |  |   |
|                |  |  |   |
|                |  |  |   |
|                |  |  |   |
| For office use |  |  |   |
| Reported to    | ed: Executive Committee: uctions:                            |  |   |
|                |  |  |   |

The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVIII of tence 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 the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guideines and Bylaws is attached. Disclosure of information that may be important to determination of the exisboard 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.):

 $\sim$ i

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

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 Lead-The following information would be relevant to a determination of Conflict of Interest related to your ership position.) 4.

Describe (organizations, locations, nature of business, your interests): Ownership or equity interest in an organization with dementia-related interests.

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

| • Compensation in car sociation, from apy of Yes L No tion):   | Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from apy other organization?  Yes Von Describe (organizations, locations, nature of business, your compensation):  |
|--|---|
| • Interest in any transaction individual chapters, involv tential conflict of interest?  Yes No Desc | 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 Vour interest):                               |
| 5. In regard to the dissemin I request that this Afominating Comm                                    | In regard to the dissemination of this disclosure:  I request that this disclosure not be disseminated beyond the Executive and Governance & Môminating Committees and the designated staff without my consent.  I do not have any objection to dissemination of this disclosure. |
| Signed: Hulawah  | (Ca) horase Date: 3/8/08  |
|  |   |
| For office use only:   |   |
| Date Received:   | Staff Review:   |
| Reported to Executive Committee:Special Instructions:  |   |
|  |   |

the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guide-lines 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 and manage or eliminate conflicts between their primary responsibilities to the Association and their other The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of board committees, senior staff and others who may potentially influence board decision making to identify 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.):

| <del></del> | Name: KIARK L. UERMAND   |
|-------------|--|
| 7           | Level of Service:  National Board or Board Committee Member  Publication Author/Contributor  Program Speaker/Participant  National Sr. Staff and Association Directors |
|             | Other  |

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

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

Describe (organizations, locations, nature of business, your interests): Ownership or equity interest in an organization with dementia-related 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):

| <ul> <li>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 popular.</li> </ul> | vith the Alzheimer's Assousiness, your compensation its national office or any eived as an actual or po- |
|--|--|
| tential conflict of interest?  Yes X No Describe (part of the organization, transaction, your interest):   | our interest):   |
| <ol> <li>In regard to the dissemination of this disclosure:         <ul> <li>I request that this disclosure not be disseminated beyond the Executive and Governance &amp; Nominating Committees and the designated staff without my consent.</li> <li>I do not have any objection to dissemination of this disclosure.</li> </ul> </li> </ol>  | cutive and Governance &  |
| Signed: 10/10/06.  | a)   |
|  |  |
| For office use only:   |  |
| Date Received:Staff Review:  |  |
| Reported to Executive Committee:   |  |
| Special Instructions:  |  |
|  |  |

tence 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 the Association's Bylaws regarding compensation and conflicts of interest. A copy of those policy guideines and Bylaws is attached. Disclosure of information that may be important to determination of the exisboard 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 Asso-The Alzheimer's Association Board of Directors has adopted policy guidelines to implement Article XVII of ciation 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.):

| Name:_Stephen McConnell | Level of Service: | National Board or Board Committee Member | Publication Author/Contributor | Program Speaker/Participant | _x_National Sr. Staff and Association Directors | Other |
|-------------------------|-------------------|--|--------------------------------|-----------------------------|---|-------|
| <del>.</del> .          | $\sim$            |  |                                |                             |   |       |

The following information would be relevant to a determination of Conflict of Interest related to your have read the Association's Bylaws and the Board's policy guidelines policy regarding compensa-(Answer item 4.) (Skip item 4.) x\_Based on the Bylaws and policy, no disclosure is necessary. Based on the Bylaws policy, certain disclosure is necessary. ion and conflict of interest and I have the following response: eadership position in the Association. 4 က

(This includes past, present and anticipated activity of yourself or members of your immediate family concurrent with your tenure in an Association Leadership position.)

Describe (organizations, locations, nature of business, your interests): Ownership or equity interest in an organization with dementia-related interests. 2

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

| •                                 | <ul> <li>Compensation in cash or in kind, related to your leadership position with the Alzheimer's Association, from any other organization?</li></ul>  |
|-----------------------------------|---|
| •                                 | <ul> <li>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?</li> <li>Yes x No Describe (part of the organization, transaction, your interest):</li> </ul> |
|                                   | 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:                           | Mh. M. Cally Date: 10/16/06   |
|                                   |   |
| For office use only:              | Se only:  |
| Date Received:<br>Reported to Exe | Date Received:  |
| Special Instructions:             | structions:   |
|                                   |   |