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PUBLIC DISCLOSURE COPY

### **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	USAGAINSTALZHEIMER'S ACTION 1101 K STREET, NW 400 WASHINGTON, DC 20005
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

#### \*\* PUBLIC DISCLOSURE COPY \*\*

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public

АГ	יוו ווי	e 202 i calendar year, or tax year beginning and	enaing		
<b>B</b> c	heck if pplicab	C Name of organization		D Employer identifi	cation number
	Addre chang			]	
	Name chan	Doing business as		27-15382	05
	Initial returr Final returr	1101 v cmprrm mu	Room/suite 400	E Telephone numbe (202)410	
	termii			G Gross receipts \$	731,623.
	Amen	ided wagutnomon no 20005		H(a) Is this a group re	_
	Appli			for subordinates	
	pendi	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates i	····· — —
ΙT	ax-ex	rempt status: 501(c)(3) X 501(c) ( 4 )	or 527	7	list. See instructions
		te: WWW.USAGAINSTALZHEIMERSACTION.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year		M State of legal domicile: DC
	ırt I	Summary			, otato or rogar dominono,
	1	Briefly describe the organization's mission or most significant activities: SEE 1	PART I	II, LINE 1.	
Activities & Governance	•			·	
rna	2	Check this box  if the organization discontinued its operations or dispos	sed of more	e than 25% of its net a	ssets.
) ve	3			3	3
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
/itie	6	Total number of volunteers (estimate if necessary)			6
Çį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
o)	8	Contributions and grants (Part VIII, line 1h)		437,769.	731,623.
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		437,769.	731,623.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္ဆ	15			49,165.	120,415.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
ç	b	Total fundraising expenses (Part IX, column (D), line 25)   14,88	86. 🦳		
Ű		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		343,604.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		392,769.	
		Revenue less expenses. Subtract line 18 from line 12		45,000.	137,144.
Net Assets or -und Balances			Ве	eginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		47,095.	193,759.
t As	21	Total liabilities (Part X, line 26)		45,789.	55,309.
_		Net assets or fund balances. Subtract line 21 from line 20		1,306.	138,450.
	ırt II				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	corre	ct, and complete Declaration of preparer (other than officer) is based on all information of wh	nich preparei		0.100
		Signature of officer			6/22
Sigr		,		Date	
Here	е	RUSSELL PAULSEN, COO Type or print name and title			
				Date Check	PTIN
De: 4	ı	Print/Type preparer's name  RICHARD J. LOCASTRO. CPA  Preparer's signature  Lichard J. Locastro.		9/25/22   if	
Paid Dron		regularity of Zoolibility, olling the	200	July Chilpio	P00288314 52-1392008
-	Only	Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 800N		FIRM'S EIN	34-1334000
use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		Dhana na / 2	01) 951-9090
N # -	. 41	-		Prione no. ( 3	
ıvıay	tne l	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	USAGAINSTALZHEIMER'S ACTION IS A RELENTLESS ADVOCACY FORCE COMMITTED
	TO ENDING ALZHEIMER'S DISEASE. WE PRESS FOR GREATER URGENCY FROM
	GOVERNMENT, INDUSTRY, AND THE SCIENTIFIC COMMUNITY IN THE DRIVE FOR
	EFFECTIVE TREATMENTS, PREVENTION, AND (CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	F24 010
	SINCE OUR FOUNDING IN 2010, USAGAINSTALZHEIMER'S ACTION HAS WORKED WITH
	PEOPLE AND ORGANIZATIONS ACROSS SECTORS TO ACHIEVE MILESTONES,
	INCLUDING:
	- INCREASING FEDERAL INVESTMENT IN ALZHEIMER'S RESEARCH.
	USAGAINSTALZHEIMER'S ACTION PLAYED A KEY ROLE IN THE \$289 MILLION INCREASE IN THE 2022 BUDGET FOR RESEARCH THROUGH THE NATIONAL
	INSTITUTES OF HEALTH (NIH). AS A RESPECTED ADVOCATE,
	USAGAINSTALZHEIMER'S ACTION HAS HELPED DRIVE, NIH FUNDING INCREASES
	FROM YEARLY AVERAGES OF \$400 MILLION A DECADE EARLIER TO NEARLY \$3.5
	BILLION IN FY2022.
	(CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4-1	Other measure and issay (Describe on Cahadula O.)
4d	Other program services (Describe on Schedule O.)  (Expanses \$
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 534,812.
<u></u>	Form 990 (2021)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		,	
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.415		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	activities go to the control of the			

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#### Part IV | Checklist of Required Schedules (continued)

			· ·	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
0.4	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
00	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		├^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		X
	excess parachute payment(s) during the year?	ıə		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	.0		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RUSSELL PAULSON - (202)410-5199 1101 K STREET, NW, SUITE 400, WASHINGTON, DC 20005			
	1101 K STREET, NW, SUITE 400, WASHINGTON, DC 20005			

132006 12-09-21

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

Check if Schedule O contains a response or note to any line in this Part VII

X

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	(B)				C)	1.5.		(D)	(E)	(F)
Name and title				۱۰ Pos	ition	ı		Reportable	Reportable	Estimated
Name and title	Average hours per	(do	not c	heck	more	than is bot	one h an	compensation	compensation	amount of
	week	offi	cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direct				-		organization	(W-2/1099-MISC/	from the
	related	e or	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	mper		1099-NEC)	,	and related
	below	qual	nition	_	oldm	st co yee	J.	,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE VRADENBURG	5.00									
CHAIRMAN		Х		x				0.	0.	0.
(2) JILL LESSER	1.00									
SECRETARY & TREASURER		х		х				0.	0.	0.
(3) NANCY ZIRKIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) RUSSELL PAULSEN	1.00									
COO (SEE SCHEDULE O)				X				0.	0.	0.
-										
		I	I	l	l	ı	1	l		

Pai	T VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable	,	Es	timated	i
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation			ount o	į
		week	<del>-</del>	Cerai	iu a u	lirecto	)r/trus	lee)	from	from related			other	
		(list any hours for	irecto						the	organization			oensati	on
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizatio	n
		organizations	truste	al trus		/ee	mper		1099-NEC)	10001120)		_	l relate	
		below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	le le	,			orga	nizatio	าร
		line)	Indiv	Instit	Officer	Key e	High emp	Former						
			1											
			_											
			4											
			4											
			4											
	Outhortol							Ļ	0.		0.			0.
	Subtotal  Total from continuation sheets to Part \								0.		0.			0.
									0.		0.			0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but							20 5		000 of rapartab	• •			<u> </u>
2	compensation from the organization	not iimited to tr	iose	IISLE	eu ai	DOV	e) wi	10 1	eceived more than \$100	,000 or reportab	ie			0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> office	r director trust	ا مم	kov a	amn	love	ω ΛΙ	r hio	sheet compensated emr	olovee on	ſ			
3	line 1a? If "Yes," complete Schedule J for											3		Х
4	For any individual listed on line 1a, is the s								her compensation from			-		
•	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or													
Ū	rendered to the organization? If "Yes," con	•				•		Olac	od organization of marv	idddi for dervided	·	5		Х
Sec	etion B. Independent Contractors	npiete Cericaar	00,	0, 0,	3011	<i>p</i> 0, 0								
1	Complete this table for your five highest of	ompensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	om	
•	the organization. Report compensation fo	•	•							•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
	(A)				· · · · ·				(B)	,		(C	)	
	Name and busines	s address							Description of s	services	С		, isation	
RA	FIONAL 360							╗	DIGITAL COMM	UNICAT.				
		ASHINGT	ИС	, I	OC	2	000		& SOCIAL MED		İ	104	1,00	8.
	-							T						
											ı			

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pa	rt v	Ш						
			Check if Schedule O contains a respon	nse or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
σω	_							30000013 312 314
ant			Federated campaigns 1a					
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts			Membership dues 1b					
			Fundraising events 1c					
			Related organizations 1d					
			Government grants (contributions) 1e					
ıtio er (		f	All other contributions, gifts, grants, and	721 (22				
듗된			similar amounts not included above <b>1f</b>	731,623.				
ont od (		_	Noncash contributions included in lines 1a-1f 1g \$		<b>7</b> 24 602			
<u>a</u>		h	Total. Add lines 1a-1f	<b>)</b>	731,623.			
				Business Code				
ce	2	а		_				
er.		b		_				
n S en		С		_				
ran 3ev		d		_				
og F		е						
Ф			All other program service revenue					
		g	Total. Add lines 2a-2f	<u></u>				
	3		Investment income (including dividends, in	,				
			other similar amounts)					
	4		Income from investment of tax-exempt bor	nd proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securitie	es (ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nue			and sales expenses					
Revenue		С	Gain or (loss) 7c					
		d	Net gain or (loss)	·····				
ther	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			,	8a				
			1	8b				
			Net income or (loss) from fundraising even	ts				
	9	а	Gross income from gaming activities. See					
			,	9a				
				9b				
			Net income or (loss) from gaming activities	······				
	10	а	Gross sales of inventory, less returns					
				10a				
				10b				
		С	Net income or (loss) from sales of inventor					
S				Business Code				
ne eo	11	а		_				
llan 'ent		b		_				
Miscellaneous Revenue		С		_				
Σ			All other revenue					
			Total. Add lines 11a-11d		724 622	_		
	12		Total revenue. See instructions		731,623.	0.	0.	0.

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

	Check if Schedule O contains a respon-	<del></del>			<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0 706	2 276	400	
	trustees, and key employees	2,796.	2,376.	420.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	101 050	<b>70.000</b>	05.450	
7	Other salaries and wages	104,968.	79,809.	25,159.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,953.	3,006.	947.	
9	Other employee benefits	623.	475.	148.	
10	Payroll taxes	8,075.	6,158.	1,917.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	11,163.	10,600.	268.	295
d	Lobbying	256,274.	256,274.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	147,270.	126,933.	9,682.	10,655
12	Advertising and promotion				
13	Office expenses	8,809.	6,072.	2,685.	52
14	Information technology	30,224.	25,210.	1,535.	3,479
15	Royalties				
16	Occupancy	4,224.	3,799.	319.	106
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,534.	1,747.	772.	15
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	STATE REGISTRATION FEES	10,740.	10,198.	258.	284
b	PAYROLL FEES	2,826.	2,155.	671.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	594,479.	534,812.	44,781.	14,886
<u> </u>	<b>Joint costs.</b> Complete this line only if the organization		-		· · · · · · · · · · · · · · · · · · ·
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

## Form 990 (2021) Part X Balance Sheet

	• / .	Balance Sheet					
		Check if Schedule O contains a response or	r note to	any line in this Part X		·····	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			47,095.	1	111,455
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4	82,304		
	5	Loans and other receivables from any currer	nt or for	ner officer, director,			
		trustee, key employee, creator or founder, su	ubstanti	l contributor, or 35%			
		controlled entity or family member of any of	these p	rsons		5	
	6	Loans and other receivables from other disq	qualified	ersons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in	ection 4958(c)(3)(B)		6	
္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	ier				
		basis. Complete Part VI of Schedule D	10	1			
	b	Less: accumulated depreciation	10			10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li				12	
	13	Investments - program-related. See Part IV, I	line 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			45.005	15	400 85
	16	Total assets. Add lines 1 through 15 (must e			47,095.	16	193,759
	17	Accounts payable and accrued expenses			45,789.	17	55,309
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
<u> </u>	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, so					
<u> </u>		controlled entity or family member of any of				22	
•	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	lines 17-	4). Complete Part X			
		of Schedule D			45,789.	25	55,309
	26	Total liabilities. Add lines 17 through 25			45,709.	26	55,503
s		Organizations that follow FASB ASC 958,	cneck i	ere 🚩 🔼			
€	27	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			1,306.	27	134,298
ğ	28	Net assets with donor restrictions			1,500.	28	4,152
2	20	Organizations that do not follow FASB AS				20	1,132
5		and complete lines 29 through 33.	300, i	neck nere			
5	29	Capital stock or trust principal, or current fur	nde			29	
מונים	30	Paid-in or capital surplus, or land, building, o				30	
2	31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund balances	32	Total net assets or fund balances			1,306.	32	138,450
<b>Z</b>	33	Total liabilities and net assets/fund balances			47,095.	33	193,759

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			23.
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	79.
3	Revenue less expenses. Subtract line 2 from line 1	3			44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>1,3</u>	06.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13	8,4	50.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

### **Schedule B** (Form 990)

#### **Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

1	USAGAINSTALZHEIMER'S ACTION	27-1538205
Organization type (chec	k one):	·
Filers of:	Section:	
Form 990 or 990-EZ	$oxed{X}$ 501(c)( $oxed{4}$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	no
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a cor	
Special Rules		
sections 509(a) contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, oring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	or 16b, and that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiving the year, total contributions of more than \$1,000 exclusively for religious, charicational purposes, or for the prevention of cruelty to children or animals. Complete In (b) instead of the contributor name and address), II, and III.	itable, scientific,
year, contribution is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ons exclusively for religious, charitable, etc., purposes, but no such contributions to the rere the total contributions that were received during the year for an exclusively complete any of the parts unless the <b>General Rule</b> applies to this organization because, contributions totaling \$5,000 or more during the year	otaled more than \$1,000. If this box religious, charitable, etc., cause it received <i>nonexclusively</i>
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Scheolline 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form filing requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

#### USAGAINSTALZHEIMER'S ACTION

27-1538205

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$ 537,500.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Hume, address, and Zn ++	\$ 75,345.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

#### USAGAINSTALZHEIMER'S ACTION

27-1538205

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		<u> </u>		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
—		<u> </u>		

Schedule B (Form 990) (2021) Name of organization **Employer identification number** USAGAINSTALZHEIMER'S ACTION 27-1538205 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

1	۱۵	Transfer	οf	aift
•	e,	i i alisi <del>c</del> i	UI	gnt

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Ī	(a) Transfer of with							

#### (e) Transfer of gift

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

USAGAINSTALZHEIMER'S ACTION

**Employer identification number** 27-1538205

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	r Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	. ,		.,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	nistorically important land area
	Protection of natural habitat		Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the or	rganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conser	vation easements during the year
-		dition of circlestons and on	£	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and er	forcing conservation	n easements during the year
8	▶ \$ Does each conservation easement reported on line 2(d) above	vo patiofy the requiremen	to of acotion 170/h)	(4\/D\/i\
0				
9	and section 170(h)(4)(B)(ii)?			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organization s	ililailciai stateilleili	to that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	-	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and	I balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·	•	•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>L</b> 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			· ·
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$
b	Assets included in Form 990, Part X			

132051 10-28-21

Schedule D (Form 990) 2021

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

Sche	dule D (Form 990) 2021 USAGAINS	TALZHEIME	R'S	ACTION	I		27-1	1538	205 i	Page <b>2</b>
	t III Organizations Maintaining Co					or Other				
3	Using the organization's acquisition, accession									
	collection items (check all that apply):	,	•	,	Ü	J				
а	Public exhibition	(	_ b	Loan or exc	hange progra	am				
b	Scholarly research	•			9-  9					
c	Preservation for future generations	•								
4	Provide a description of the organization's coll	ections and expla	in how t	hev further t	he organizati	on's evemn	at nurnose in l	Part XIII		
5	During the year, did the organization solicit or i			-	-		= =	αιτχιιι	•	
3	to be sold to raise funds rather than to be mair		,		,			Ye		□No
Par	t IV Escrow and Custodial Arrange									INO
ı uı	reported an amount on Form 990, Part		ete ii tiit	e organizatio	on answered	Tes Office	om 990, Part	iv, iii le	9, 01	
10	Is the organization an agent, trustee, custodial		dian, for	oontributio	ac ar athar ac	note not in	aludad			
Id			•					□ v <sub>a</sub>		No
	on Form 990, Part X?							Ye	s L	NO
D	If "Yes," explain the arrangement in Part XIII ar	na complete the to	ollowing	table:				Λm	ount	
								AIII	Ourit	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on For						?	Ye	es _	⊢ No
	If "Yes," explain the arrangement in Part XIII. C								L	
Par					· · · · · · · · · · · · · · · · · · ·	<del></del>			_	
	_	(a) Current year	(b) H	Prior year	(c) Two year	s back (d)	Three years ba	ick (e)	Four year	S Dack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end baland	ce (line 1	Ig, column (	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.								
За	Are there endowment funds not in the possess	-	zation th	at are held a	and administe	red for the	organization			
	by:	3					3		Yes	No
	(i) Unrelated organizations							3	a(i)	
	(ii) Related organizations								a(ii)	
h	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	ired on S	Schedule B?	· · · · · · · · · · · · · · · · · · ·			🚉	3b	
4	Describe in Part XIII the intended uses of the co								, , , , , , , , , , , , , , , , , , ,	
	t VI Land, Buildings, and Equipme		OWINGIIL	idildə.						
	Complete if the organization answered		0 Part l	V line 11a s	See Form 990	) Part X lin	e 10			
	Description of property	(a) Cost or o			t or other		umulated	(4)	Book val	
	Description of property	basis (investi		1 ' '	(other)		ciation	(u)	DOOK VAI	u <del>C</del>
	Lond	<u> </u>	i i i i i i i i	Dasis	(otrior)	depie	olation i			
	Land									

Schedule D (Form 990) 2021

e Other .....

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 USAGAINSTAL: Part VIII Investments - Other Securities.	ZHEIMER'S AC	1101(	27-1538205 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11b. See Form 990. Part X. line	e 12
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives	(,	(-,	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: 0	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
			ı
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2021

Pai	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	731,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	<b>5</b> , , ,			
b				
С	. , , ,			
d	7	2d		0
е	9			721 622
3	Subtract line 2e from line 1		3	731,623.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	, , , ,			
b	,			0
c	Add lines 4a and 4b			731,623.
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII   Reconciliation of Expenses per Audited Financial S		5	
Га		-	ses per neturn	•
_	Complete if the organization answered "Yes" on Form 990, Part IV,		11	594,479
1 2	Total expenses and losses per audited financial statements			334,473
	<b>5</b>	2a		
a b				
C				
d				
e		•	2e	0.
3	Subtract line 2e from line 1			594,479.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		4a		
b				
	Add lines <b>4a</b> and <b>4b</b>	·	4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			594,479.
Pa	rt XIII Supplemental Information.	,	•	
lines	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		art V, line 4; Part X,	line 2; Part XI,
PAI	RT X, LINE 2:			
FOI	R THE YEAR ENDED DECEMBER 31, 2021, US	A2 HAS DOCUMENT	ED THEIR	
COI	NSIDERATION OF FASB ASC 740-10, INCOME	TAXES, THAT PR	OVIDES GUI	DANCE FOR
RE	PORTING UNCERTAINTY IN INCOME TAXES AN	D HAS DETERMINE	D THAT NO	MATERIAL
UN	CERTAIN TAX POSITIONS QUALIFY FOR EITH	ER RECOGNITION	OR DISCLOS	SURE IN
THI	E COMBINED FINANCIAL STATEMENTS.			

### SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

Name of the organization

USAGAINSTALZHEIMER'S ACTION

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

Employer identification number 27-1538205

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ULTIMATELY A CURE. WE ACCOMPLISH THIS THROUGH DETERMINED LEADERSHIP,

COLLABORATIVE ADVOCACY AND STRATEGIC INVESTMENTS.

- EQUIPPING ADVOCATES TO DRIVE CHANGE. WE PROACTIVELY PROVIDE

INFORMATION ABOUT ALZHEIMER'S AND THE NEED FOR ACTION TO DIVERSE

AUDIENCES TO ENSURE THEY ARE WELL-INFORMED AND POSITIONED TO TAKE

ACTION AND DRIVE CHANGE. THIS IS DONE THROUGH OUR WEBSITE, EMAILS,

SOCIAL MEDIA, INDIVIDUAL OUTREACH, AND OTHER PLATFORMS USED TO INFORM

AND ENGAGE.

- BUILDING SUPPORT FOR THE CHANGE ACT, LEGISLATION THAT WOULD IMPROVE

  ACCESS TO COGNITIVE SCREENINGS THAT CAN DETECT ALZHEIMER'S AND OTHER

  DEMENTIAS IN THE EARLIEST STAGES WHEN SOMETHING CAN BE DONE.
- FIGHTING FOR PAID FAMILY LEAVE FOR CAREGIVERS, AN ISSUE THAT IS

  PARTICULARLY IMPORTANT TO AFRICAN AMERICAN AND LATINO PEOPLE, THE

  COMMUNITIES MOST IMPACTED BY THE DISEASE. OUR GRASSROOTS, EARNED MEDIA,

  AND ADVERTISING HAVE DRIVEN THOUSANDS OF LETTERS TO CONGRESS URGING

  ACTION SO CAREGIVERS ARE NOT FORCED BETWEEN THEIR JOBS AND CARING FOR A

  LOVED ONE.
- WORKING AGGRESSIVELY TO ENSURE MEDICARE COVERAGE FOR ALZHEIMER'S

  TREATMENTS APPROVED BY THE FOOD AND DRUG ADMINISTRATION (FDA) AS WELL

  AS NECESSARY DIAGNOSTICS TESTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY ONE OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page **2** 

Name of the organization

USAGAINSTALZHEIMER'S ACTION

Employer identification number 27-1538205

THE DIRECTORS AND THE CHIEF FINANCIAL OFFICER. A COPY OF THE FORM 990 WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT

HE/SHE:

- A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THAT THE ORGANIZATION IS A NON-PROFIT PUBLIC BENEFIT

  CORPORATION AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST

  ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS

  TAX-EXEMPT PURPOSES.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND
BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS
AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING
THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL
INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE
INTERESTED PERSON, HE/SHE LEAVES THE GOVERNING BOARD OR COMMITTEE MEETING
WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED
UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF
INTEREST EXISTS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** USAGAINSTALZHEIMER'S ACTION 27-1538205 AR,FL,GA,HI,KS,KY,MA,MN,MS,NJ,NY,NC,PA,SC,UT,VA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: USAGAINSTALZHEIMER'S ACTION DOES NOT REGULARLY PUBLISH ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS. HOWEVER, THE ORGANIZATION MAKES SUCH DOCUMENTS AVAILABLE, IF A REQUEST IS MADE BY A MEMBER OF THE PUBLIC. FORM 990, PART VII, LINE 1: USAGAINSTALZHEIMER'S ACTION (USA2ACTION) AND USAGAINSTALZHEIMER'S (USA2), AN UNRELATED ORGANIZATION FOR TAX PURPOSES, HAVE ENTERED INTO A COST-SHARING ARRANGEMENT UNDER WHICH USA2ACTION REIMBURSES USA2 FOR USA2ACTION'S ALLOCABLE SHARE OF THE COMPENSATION OF CERTAIN EMPLOYEES FOR SERVICES PROVIDED TO USA2ACTION. PURSUANT TO THIS AGREEMENT, USA2ACTION REIMBURSED USA2 FOR ITS SHARE OF OFFICER COMPENSATION AS FOLLOWS:

RUSSELL PAULSEN: \$2,796

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	126,933.
MANAGEMENT AND GENERAL EXPENSES	9,682.
FUNDRAISING EXPENSES	10,655.
TOTAL EXPENSES	147,270.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	147,270.

Schedule O (Form 990) 2021