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(Rev. January 2020) Department of the Treasury Internal Revenue Service

# 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

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

| <u>A</u>   | רטו נוו  | e 20 19 calendar year, or tax year beginning a   | ana enaing       |  |                               |
|--|--|--|------------------|--|-------------------------------|
| В  | Check if applicab                                | C Name of organization   |                  | D Employer identific                         | cation number                 |
|  | Addre  |  |                  | ]  |                               |
|  | Name<br>chang                                    | Doing business as  |                  | 27-15382                                     | 05                            |
|  | Initial<br>returr<br>Final<br>returr             |  | Room/suite       | E Telephone number (202)360                  |                               |
|  | termı  |  | 1=00             |  | 422,092.                      |
|  | ated Amen  | City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005                                |                  | G Gross receipts \$  H(a) Is this a group re |                               |
| F  | Appli  |  |                  | for subordinates                             |                               |
|  | pendi  | SAME AS C ABOVE  |                  | H(b) Are all subordinates in                 | —                             |
| _  |  |  | v(4) on   505    | 7  |                               |
| <u>_</u>   | lax-ex   | empt status:501(c)(3)X _501(c) (4) ◀ _ (insert no.)4947(a)   | (1) or 527       | ┨  | list. (see instructions)      |
|  |  | te: WWW.USAGAINSTALZHEIMERSACTION.ORG  |                  | H(c) Group exemption                         |                               |
|  |  | forganization: X Corporation Trust Association Other   | <b>L</b> Year    | of formation: 2009 N                         | 1 State of legal domicile: DC |
| P  | art I  | Summary  |                  |  |                               |
| ø  | 1  | Briefly describe the organization's mission or most significant activities: SEI  | E PART :         | III, LINE 1.                                 |                               |
| Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Suga<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Suga<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>Sugar<br>S |  |  |                  |  |                               |
| Ĩ  | 2  | Check this box  if the organization discontinued its operations or dis   | sposed of mor    | e than 25% of its net as                     | ssets.                        |
| Š  | 3  | Number of voting members of the governing body (Part VI, line 1a)  |                  | 3  | 3                             |
| Ğ  | 4  | Number of independent voting members of the governing body (Part VI, line 1  |                  |  | 3                             |
| စ္တ  | 5  | Total number of individuals employed in calendar year 2019 (Part V, line 2a)   |                  |  | 0                             |
| įŧį  | 6  | Total number of volunteers (estimate if necessary)   |                  | ·····  | 4                             |
| Activities & Governance  |  | Total unrelated business revenue from Part VIII, column (C), line 12   |                  |  | 0.                            |
| ĕ  |  | Net unrelated business taxable income from Form 990-T, line 39   |                  | ·····  | 0.                            |
|  | <del>                                     </del> | Thet differences business taxable income from 1 offi 930-1, life 03  |                  | Prior Year                                   | Current Year                  |
|  |  | Contributions and greats (Dort \( \lambda \) line 1b   |                  | 454,873.                                     | 422,092.                      |
| ine  | 8  | Contributions and grants (Part VIII, line 1h)  |                  | 0.   | 0.                            |
| Revenue  | 9  | Program service revenue (Part VIII, line 2g)   |                  | 0.   | 0.                            |
| Be   | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                  | 0.   |                               |
|  | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                  | -  | 0.                            |
|  | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1   |                  | 454,873.                                     | 422,092.                      |
|  | 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.                            |
| es   | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-   | 10)              | 56,733.                                      | 59,262.                       |
| Expenses   | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)  |                  | 0.   | 0.                            |
| g  | b  | Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  34 | ,652. 🦳          |  |                               |
| ш  | 17   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                  | 318,872.                                     | 472,152.                      |
|  |  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                  | 375,605.                                     | 531,414.                      |
|  | 19   | Revenue less expenses. Subtract line 18 from line 12   |                  | 79,268.                                      | -109,322.                     |
| Net Assets or<br>Fund Balances   |  | 1  |                  | eginning of Current Year                     | End of Year                   |
| ets  | 20   | Total assets (Part X, line 16)   |                  | 88,600.                                      | 21,002.                       |
| ASS<br>Ba  | 21   | Total liabilities (Part X, line 26)  |                  | 22,972.                                      | 64,696.                       |
| Net  | 22   | Net assets or fund balances. Subtract line 21 from line 20   |                  | 65,628.                                      | -43,694.                      |
| P  | art II   | Signature Block  |                  | 00,0201                                      | 10,001                        |
|  |  | alties of perjury, I declare that I have examined this return, including accompanying sche                                   | dulae and etatan | pante and to the heet of m                   | v knowledge and helief it is  |
|  |  | ct, and complete. Declaration of preparer (other than officer) is based on all information of                                |                  |  | y Knowledge and belief, it is |
| uuc  | , сопе   |  | n willen prepare |  | ^                             |
| ٠.   |  | M'liss Remember Signature of officer   |                  | 9/26/202<br>Date                             | 0                             |
| Sig  |  |  |                  | Dato   |                               |
| He   | re   | M'LISS REINGRUBER, CHIEF FINANCIAL O   | JF F I CER       |  |                               |
|  |  |  | 4                | Doto   | I DTIN                        |
| _  |  | Print/Type preparer's name Preparer's signature /  |                  | Date Check                                   | PTIN                          |
| Pai  |  |  | Plasto           | 09/29/2020   self-employe                    |                               |
| Pre  | parer  | Firm's name   → GELMAN, ROSENBERG & FREEDMAN   |                  | Firm's EIN ▶                                 | 52-1392008                    |
| Use  | Only   | Firm's address 4550 MONTGOMERY AVE SUITE 8001  | N                |  |                               |
|  |  | BETHESDA, MD 20814-2930  |                  | Phone no. (3                                 | 01) 951-9090                  |
| Ма   | y the I  | RS discuss this return with the preparer shown above? (see instructions)   |                  |  | X Yes No                      |

| Form | m 990 (2019) USAGAINSTALZHEIMER'S ACTION 27-15382  | 205 Page                 | 2     |
|------|--|--------------------------|-------|
|      | art III Statement of Program Service Accomplishments   | <u> </u>                 | _     |
|      | Check if Schedule O contains a response or note to any line in this Part III   | X                        |       |
| 1    | Briefly describe the organization's mission:   |                          | _     |
|      | USAGAINSTALZHEIMER'S ACTION IS A RELENTLESS ADVOCACY FORCE COMM  | TTED                     |       |
|      | TO ENDING ALZHEIMER'S. DRIVEN BY THE SUFFERING OF MILLIONS OF  |                          | _     |
|      | FAMILIES, USAGAINSTALZHEIMER'S ACTION PRESSES FOR GREATER URGENO   | CY FROM                  | _     |
|      | GOVERNMENT, INDUSTRY AND THE SCIENTIFIC (CONTINUED ON SCHEDULE O   |                          | _     |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the   | •                        | _     |
| _    | , , , , , , , , , , , , , , , , , , ,  | Yes X No                 | ^     |
|      | prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  |                          | 0     |
| •    |  | Yes X No                 | _     |
| 3    |  | Yes No                   | D     |
|      | If "Yes," describe these changes on Schedule O.  |                          |       |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services. | -                        |       |
|      | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp   | enses, and               |       |
|      | revenue, if any, for each program service reported.  |                          | _     |
| 4a   |  |                          | _ )   |
|      | SINCE OUR FOUNDING IN 2010, USAGAINSTALZHEIMER'S ACTION HAS WORK   |                          |       |
|      | INFORM AND ENGAGE AS ADVOCATES FOR CHANGE PEOPLE AND ORGANIZATION  | ONS                      |       |
|      | ACROSS SECTORS TO ACCOMPLISH MILESTONE SUCCESSES, INCLUDING:   |                          |       |
|      |  |                          |       |
|      | - INCREASING U.S. GOVERNMENT INVESTMENT IN ALZHEIMER'S RESEARCH  | ,                        |       |
|      | USAGAINSTALZHEIMER'S ACTION PLAYED A KEY ROLE IN THE \$350 MILLIO  | ON                       | _     |
|      | INCREASE FOR FY2020 THAT WAS APPROVED BY CONGRESS FOR ALZHEIMER  | S                        | _     |
|      | RESEARCH FUNDING THROUGH THE NATIONAL INSTITUTES OF HEALTH (NIH)   |                          | _     |
|      | PART BECAUSE OF THE WORK OF USAGAINSTALZHEIMER'S ACTION, ANNUAL  |                          | -     |
|      | FOR NIH RESEARCH INCREASED SIGNIFICANTLY FROM YEARLY AVERAGES OF   |                          | _     |
|      | MILLION A DECADE EARLIER TO THE \$2.8 BILLION LEVEL IN FY2020.   | РТОО                     | —     |
|      | - PROVIDING CURRENT AND ACCESSIBLE CONTENT TO (CONTINUED ON SCHI   | יחוות ב                  | _     |
|      |  |                          |       |
| 4b   | (Code:) (Expenses \$   |                          | - )   |
|      |  |                          |       |
|      |  |                          |       |
|      |  |                          |       |
|      |  |                          |       |
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|      |  |                          |       |
|      |  |                          | _     |
|      |  |                          | _     |
|      |  |                          | _     |
| 4c   | (Code:) (Expenses \$   |                          | _     |
| 70   | (Code:   |                          | - '   |
|      |  |                          | —     |
|      |  |                          | —     |
|      |  |                          | —     |
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|      |  |                          |       |
|      |  |                          |       |
|      |  |                          | _     |
|      |  |                          | _     |
| 4d   | Other program services (Describe on Schedule O.)   |                          | _     |
| TU   | (Expenses \$ including grants of \$ ) (Revenue \$ )  |                          |       |
| 40   | Total program service expenses   100 Including grants of \$ (Revenue \$ ) (Revenue \$ )  |                          | _     |
| 40   | <u> </u>   | Form <b>990</b> (201     | 10,   |
|      |  | ı ∪ıııı <b>əə⊎</b> (∠∪ I | ı IJ) |

#### 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          | 37  | X           |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2          | Х   | <u> </u>    |
| 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          |     | X           |
| 4        | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>                                  | 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5          |     | X           |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | 6          |     | х           |
| 7        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,             | 6          |     |             |
| ′        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |     | х           |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   | <u>'</u>   |     |             |
|          | 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          |     | X           |
| 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, 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           |
| D        | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   | 11b        |     | x           |
| •        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   | 110        |     |             |
| ·        | 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        |     | X           |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year?  |            | v   |             |
|          | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b        | Х   | X           |
| 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        |     |             |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 |            |     |             |
|          | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b        |     | х           |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 170        |     |             |
|          | 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   | 17         |     | X           |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |            |     | \<br>•      |
| 46       | 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,"   | 40         |     | Х           |
| 20-      | complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 19<br>20a  |     | X           |
| 20a<br>b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20a<br>20b |     | <del></del> |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 200        |     |             |
|          | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |     | х           |
|          | • , , , , , , , , , , , , , , , , , , ,  |            |     |             |

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

|          |  |           | Yes | No       |
|----------|--|-----------|-----|----------|
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |           |     |          |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22        |     | X        |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |           |     |          |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |           |     | 7.7      |
| 0.4      | Schedule J   | 23        |     | <u> </u> |
| 24 a     | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete |           |     |          |
|          | Schedule K. If "No," go to line 25a  | 24a       |     | х        |
| 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   |           |     |          |
|          | 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  |           |     | 7.7      |
|          | Schedule L, Part I   | 25b       |     | X        |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |           |     |          |
|          | 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        |     | x        |
| 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        |     | Х        |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |           |     |          |
|          | instructions, for applicable filing thresholds, conditions, and exceptions):   |           |     |          |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |           |     |          |
|          | "Yes," complete Schedule L, Part IV  | 28a       |     | X        |
|          | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b       |     | Х        |
| С        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//   |           |     | v        |
| 00       | "Yes," complete Schedule L, Part IV  | 28c<br>29 |     | X        |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29        |     |          |
| 30       | contributions? If "Yes," complete Schedule M   | 30        |     | х        |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31        |     | Х        |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |           |     |          |
|          | Schedule N, Part II  | 32        |     | 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        |     | X        |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |           |     | 3,7      |
| 0.5      | Part V, line 1   | 34        |     | X        |
|          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       |     |          |
| b        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                          | 35b       |     |          |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 000       |     |          |
|          | 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        |     | X        |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |           |     |          |
| D-       | Note: All Form 990 filers are required to complete Schedule O  | 38        | Х   |          |
| Pa       | 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   |           |     |          |
| 4        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |           | Yes | No       |
|          | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 12  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b  | 4         |     |          |
|          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   | -         |     |          |
|          | (gambling) winnings to prize winners?  | 1c        | Х   |          |

# Form 990 (2019) USAGAINSTALZHEIMER'S ACTION 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 2a  |          |     |                    |
| 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       |     | X                  |
| 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       | Х   |                    |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |          | l   |                    |
|        | were not tax deductible?  | 6b       | Х   |                    |
| 7      | Organizations that may receive deductible contributions under section 170(c). $N/A$   |          |     |                    |
| 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?   |          |     |                    |
| 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? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g<br>7h |     |                    |
| h<br>8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  | 711      |     |                    |
| Ü      | 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  |          |     |                    |
| C      | Enter the amount of reserves on hand  |          |     | X                  |
| 14a    | 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   | 14b      | -   |                    |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   | 4-       |     | X                  |
|        | excess parachute payment(s) during the year?  | 15       |     | $\vdash^{\Lambda}$ |
| 16     | If "Yes," see instructions and file Form 4720, Schedule N.  | 16       |     | х                  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 10       |     |                    |
|        | If "Yes," complete Form 4720, Schedule O.   | Eorn     | 990 | (2010)             |

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   | 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      |          | X    |  |  |  |  |  |
| 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     |          | X    |  |  |  |  |  |
| 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     |          | X    |  |  |  |  |  |
| 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 in Schedule O the process, if any, used by the organization to review this Form 990.                                       |        |          |      |  |  |  |  |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 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                  |        |          |      |  |  |  |  |  |
|     | in 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    |          | X    |  |  |  |  |  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |        |          |      |  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |        |          |      |  |  |  |  |  |
|     | taxable entity during the year?   | 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 - 202-349-3803 1101 K STREET, NW, SUITE 400, WASHINGTON, DC 20005   |        |          |      |  |  |  |  |  |
|     | TIUL A SIACCI, NW, SULIC 400, WASHINGTUN, DC 20003  |        |          |      |  |  |  |  |  |

932006 01-20-20

### 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

| - 1 | 37 |  |
|-----|----|--|
|     | 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)  Name and title                | (B) Average hours per                                      | (do<br>box       | not c                 | Pos<br>heck<br>ss pe   | ition | than                         | one<br>h an | (D)  Reportable compensation                   | <b>(E)</b> Reportable compensation               | (F) Estimated amount of   |
|------------------------------------|--|------------------|-----------------------|--|-------|------------------------------|-------------|--|--|---|
|                                    | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer of the property of the |       | Highest compensated who have |             | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) GEORGE VRADENBURG              | 10.00  | ۱.,              |                       |  |       |                              |             |  | 0  | 0   |
| CHAIRMAN                           | F 00   | Х                |                       | Х  |       |                              |             | 0.   | 0.   | 0.  |
| (2) JILL LESSER                    | 5.00   | X                |                       | x  |       |                              |             | 6,000.   | 0.   | 0   |
| SECRETARY & TREASURER (SEE SCH. O) | 2.00   | ^                |                       | Δ  |       |                              |             | 6,000.   | 0.   | 0.  |
| (3) NANCY ZIRKIN<br>BOARD MEMBER   | 4.00   | x                |                       |  |       |                              |             | 0.   | 0.   | 0.  |
| (4) RUSSELL PAULSEN                | 5.00   | ┢                |                       |  |       |                              |             | 0.   | 0.   | <u> </u>  |
| COO (FROM 5/2019) (SEE SCH. O)     | 3.00   | 1                |                       | Х  |       |                              |             | 0.   | 0.   | 0.  |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |
|                                    |  |                  |                       |  |       |                              |             |  |  |   |

|             | Section A. Officers, Directors, Trus   | iees, key Eiii       | picy                           | /662                  | , all     | u ni         | igne                         | <u> </u> | compensated Employe          | es (continueu)          |          |           |                     |          |
|-------------|--|----------------------|--------------------------------|-----------------------|-----------|--------------|------------------------------|----------|------------------------------|-------------------------|----------|-----------|---------------------|----------|
|             | (A)  | (B)                  |                                |                       | (C<br>Pos |              |                              |          | (D)                          | (E)                     |          |           | (F)                 |          |
|             | Name and title   | Average<br>hours per |                                | not c                 | heck      | more         | than                         |          | Reportable compensation      | Reportable compensation |          |           | mated<br>ount of    |          |
|             |  | week                 |                                |                       |           |              | is bot<br>or/trus            |          | from                         | from related            | - 1      |           | ther                |          |
|             |  | (list any            | ector                          |                       |           |              |                              |          | the                          | organization            |          | compe     | ensatio             | n        |
|             |  | hours for related    | or dire                        | æ                     |           |              | ated                         |          | organization                 | (W-2/1099-MIS           | 3C)      |           | m the               |          |
|             |  | organizations        | ustee                          | truste                |           | 98           | npens                        |          | (W-2/1099-MISC)              |                         |          |           | nizatio:<br>relatec |          |
|             |  | below                | Individual trustee or director | Institutional trustee | _         | Key employee | st cor                       | e.       |                              |                         |          |           | ization             |          |
|             |  | line)                | Indivi                         | Institi               | Officer   | Keyeı        | Highest compensated employee | Former   |                              |                         |          |           |                     |          |
|             |  |                      |                                |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      | -                              |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      | -                              |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      |                                |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      |                                |                       |           |              |                              |          |                              |                         | $\dashv$ |           |                     |          |
|             |  |                      | $\vdash$                       |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      | 1                              |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      | <u> </u>                       |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      | <u> </u>                       |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      | -                              |                       |           |              |                              |          |                              |                         |          |           |                     |          |
| 1b          | Subtotal   |                      |                                |                       |           |              |                              | <b></b>  | 6,000.                       |                         | 0.       |           |                     | 0.       |
| С           | Total from continuation sheets to Part V   |                      |                                |                       |           |              |                              |          | 0.                           |                         | 0.       |           |                     | 0.       |
|             | Total (add lines 1b and 1c)  |                      |                                |                       |           |              |                              |          | 6,000.                       |                         | 0.       |           |                     | 0.       |
| 2           | Total number of individuals (including but r compensation from the organization                | ot limited to th     | iose                           | liste                 | ed al     | bove         | e) wh                        | าo r     | eceived more than \$100      | ,000 of reportabl       | е        |           |                     | 0        |
|             | ,  |                      |                                |                       |           |              |                              |          |                              |                         |          | Y         | es l                | No       |
| 3           | Did the organization list any former officer,  |                      |                                | •                     |           | •            |                              | •        |                              | •                       |          |           |                     |          |
|             | line 1a? If "Yes," complete Schedule J for s   |                      |                                |                       |           |              |                              |          |                              |                         |          | 3         | - 1                 | <u>X</u> |
| 4           | For any individual listed on line 1a, is the su<br>and related organizations greater than \$15 |                      |                                |                       |           |              |                              |          |                              |                         |          | 4         |                     | X        |
| 5           | Did any person listed on line 1a receive or  |                      |                                |                       |           |              |                              |          |                              |                         |          | 4         |                     | .7       |
| _           | rendered to the organization? If "Yes," com  |                      |                                |                       |           | -            |                              |          |                              |                         |          | 5         |                     | X        |
| Sec         | tion B. Independent Contractors  |                      |                                |                       |           |              |                              |          |                              |                         |          |           |                     |          |
| 1           | Complete this table for your five highest countries the organization. Report compensation for  |                      |                                |                       |           |              |                              |          |                              |                         | ipens    | ation fro | om                  |          |
|             | (A)  |                      | car                            | Cridi                 | ng v      | VICII        | OI W                         |          | (B)                          |                         |          | (C)       |                     |          |
| <del></del> | Name and business  |                      | <del></del>                    | ~                     | 3.77      | .7           | <del></del>                  |          | Description of s             |                         | C        | ompens    | sation              |          |
|             | LLIAMS & JENSEN, PLLC,<br>DOR, WASHINGTON, DC 20   |                      | .1 &                           | ST                    | ΝV        | N :          | 2.1.1                        |          | LOBBYING AND<br>ADVOCACY WOR |                         |          | 150       | ,00                 | 0.       |
|             |  |                      |                                |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      |                                |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      |                                |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      |                                |                       |           |              |                              |          |                              |                         |          |           |                     |          |
|             |  |                      |                                |                       |           |              |                              | $\perp$  |                              |                         |          |           |                     |          |
| 2           | Total number of independent contractors (  | ncluding but n       | ıot li                         | mite                  | d to      | tho          | se lis                       | stec     | d above) who received m      | ore than                |          |           |                     |          |

Form **990** (2019)

\$100,000 of compensation from the organization

| Ра   | πv  | / 111    |                                      |                 |         |                    | - in Alain Don't VIII |                   |                  |                                      |
|--|-----|----------|--------------------------------------|-----------------|---------|--------------------|-----------------------|-------------------|------------------|--------------------------------------|
|  |     |          | Check if Schedule O                  | contains a re   | sponse  | or note to any lin | (A)                   | (B)               | (C)              |                                      |
|  |     |          |                                      |                 |         |                    | Total revenue         | Related or exempt | Unrelated        | Revenue excluded                     |
|  |     |          |                                      |                 |         |                    |                       | function revenue  | business revenue | from tax under<br>sections 512 - 514 |
| Sis  | 4   | _        | Endorated compaigns                  | 1               |         |                    |                       |                   |                  | 000110110 0 12 0 1 1                 |
| Contributions, Gifts, Grants and Other Similar Amounts | '   |          | Federated campaigns  Membership dues |                 | +       |                    |                       |                   |                  |                                      |
| <u>2</u> 5   |     |          | Fundraising events                   |                 |         |                    |                       |                   |                  |                                      |
| ifts<br>ar A   |     |          | Related organizations                |                 | -       |                    |                       |                   |                  |                                      |
| 3,<br>⊒is  |     |          | Government grants (cont              |                 | -       |                    |                       |                   |                  |                                      |
| Sign   |     |          | All other contributions, gifts,      | ⊢               | _       |                    |                       |                   |                  |                                      |
| her  |     | •        | similar amounts not included         |                 | f       | 422,092.           |                       |                   |                  |                                      |
| 혈  |     | a        | Noncash contributions included in    | —               | g \$    |                    |                       |                   |                  |                                      |
| Sor  |     | •        | Total. Add lines 1a-1f               | <u>-</u>        |         | <b></b>            | 422,092.              |                   |                  |                                      |
|  |     | <u> </u> | Totali / lad iii loo Ta Ti           |                 |         | Business Code      |                       |                   |                  |                                      |
| ø  | ء ا | а        |                                      |                 |         |                    |                       |                   |                  |                                      |
| Program Service<br>Revenue                             | -   | b        |                                      |                 |         |                    |                       |                   |                  |                                      |
| Ser  |     | c        |                                      |                 |         |                    |                       |                   |                  |                                      |
| an<br>eve  |     | d        |                                      |                 |         |                    |                       |                   |                  |                                      |
| .ge  |     | e        |                                      |                 |         |                    |                       |                   |                  |                                      |
| P  |     |          | All other program service            | revenue         |         |                    |                       |                   |                  |                                      |
|  |     |          | Total. Add lines 2a-2f               |                 |         |                    |                       |                   |                  |                                      |
|  | 3   |          | Investment income (inclu             |                 |         |                    |                       |                   |                  |                                      |
|  |     |          | other similar amounts)               |                 |         |                    |                       |                   |                  |                                      |
|  | 4   |          | Income from investment               |                 |         | i                  |                       |                   |                  |                                      |
|  | 5   |          | Royalties                            |                 |         | ▶                  |                       |                   |                  |                                      |
|  |     |          |                                      | (i) F           |         | (ii) Personal      |                       |                   |                  |                                      |
|  | 6   | а        | Gross rents                          | 6a              |         |                    |                       |                   |                  |                                      |
|  |     |          | Less: rental expenses                |                 |         |                    |                       |                   |                  |                                      |
|  |     | С        | Rental income or (loss)              | 6c              |         |                    |                       |                   |                  |                                      |
|  |     | d        | Net rental income or (loss           | 3)              |         |                    |                       |                   |                  |                                      |
|  | 7   | а        | Gross amount from sales of           | (i) Sec         | urities | (ii) Other         |                       |                   |                  |                                      |
|  |     |          | assets other than inventory          | 7a              |         |                    |                       |                   |                  |                                      |
|  |     | b        | Less: cost or other basis            |                 |         |                    |                       |                   |                  |                                      |
| ηne  |     |          | and sales expenses                   | 7b              |         |                    |                       |                   |                  |                                      |
| Revenue  |     | С        | Gain or (loss)                       | 7c              |         |                    |                       |                   |                  |                                      |
| æ  |     | d        | Net gain or (loss)                   |                 | <u></u> | <b></b>            |                       |                   |                  |                                      |
| her  | 8   | а        | Gross income from fundraisi          | ing events (not |         |                    |                       |                   |                  |                                      |
| ᅙ  |     |          | including \$                         | 0               | f       |                    |                       |                   |                  |                                      |
|  |     |          | contributions reported or            | ,               |         |                    |                       |                   |                  |                                      |
|  |     |          | Part IV, line 18                     |                 | 8a      |                    |                       |                   |                  |                                      |
|  |     |          | Less: direct expenses                |                 |         |                    |                       |                   |                  |                                      |
|  |     |          | Net income or (loss) from            | -               |         |                    |                       |                   |                  |                                      |
|  | 9   | а        | Gross income from gamir              |                 |         |                    |                       |                   |                  |                                      |
|  |     |          | Part IV, line 19                     |                 |         |                    |                       |                   |                  |                                      |
|  |     |          | Less: direct expenses                |                 |         |                    |                       |                   |                  |                                      |
|  |     |          | Net income or (loss) from            |                 | ities   | <b>&gt;</b>        |                       |                   |                  |                                      |
|  | 10  | а        | Gross sales of inventory,            |                 |         |                    |                       |                   |                  |                                      |
|  |     |          | and allowances                       |                 |         |                    |                       |                   |                  |                                      |
|  |     |          | Less: cost of goods sold             |                 |         | •                  |                       |                   |                  |                                      |
|  |     | С        | Net income or (loss) from            | sales of inve   | ntory   |                    |                       |                   |                  |                                      |
| ns   | ١   |          |                                      |                 |         | Business Code      |                       |                   |                  |                                      |
| eo<br>ne   | 11  |          |                                      |                 |         |                    |                       |                   |                  |                                      |
| Miscellaneous<br>Revenue                               |     | b        |                                      |                 |         |                    |                       |                   |                  |                                      |
| Sce  |     | С        | All II                               |                 |         |                    |                       |                   |                  |                                      |
| Ξ  |     |          | All other revenue                    |                 |         |                    |                       |                   |                  |                                      |
|  |     |          | Total Add lines 11a-11d              |                 |         |                    | 422,092.              | 0.                | 0.               | 0.                                   |
|  | 12  |          | Total revenue. See instruction       | UIIS            |         |                    | 444,034.              | ı .               | 1 0.             | 1 0.                                 |

#### Part IX Statement of Functional Expenses

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

|    | Check if Schedule O contains a respon   | se or note to any line in    | this Part IX                 |                                     | X                                     |
|----|---|------------------------------|------------------------------|-------------------------------------|---------------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                            | <b>(A)</b><br>Total expenses | (B) Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations   |                              |                              | 3                                   |                                       |
|    | 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,  |                              |                              |                                     |                                       |
|    | trustees, and key employees   | 22,233.                      | 18,175.                      | 4,058.                              |                                       |
| 6  | Compensation not included above to disqualified   |                              |                              |                                     |                                       |
|    | persons (as defined under section 4958(f)(1)) and   |                              |                              |                                     |                                       |
|    | persons described in section 4958(c)(3)(B)  |                              |                              |                                     |                                       |
| 7  | Other salaries and wages  | 33,484.                      | 19,147.                      | 5,388.                              | 8,949                                 |
| 8  | Pension plan accruals and contributions (include  |                              |                              |                                     |                                       |
|    | section 401(k) and 403(b) employer contributions)   |                              |                              |                                     |                                       |
| 9  | Other employee benefits   | 106.                         | 67.                          | 20.                                 | 19                                    |
| 10 | Payroll taxes   | 3,439.                       | 2,167.                       | 653.                                | 619                                   |
| 11 | Fees for services (nonemployees):   |                              |                              |                                     |                                       |
| а  | Management  |                              |                              |                                     |                                       |
| b  |   |                              |                              |                                     |                                       |
| С  |   | 16,806.                      |                              | 12,553.                             | 4,253                                 |
| d  |   | 77,500.                      | 77,500.                      |                                     |                                       |
| е  | D ( ' ' ' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' '   |                              |                              |                                     |                                       |
| f  | Investment management fees  |                              |                              |                                     |                                       |
| g  | Other. (If line 11g amount exceeds 10% of line 25,  |                              |                              |                                     |                                       |
|    | column (A) amount, list line 11g expenses on Sch O.)  | 307,867.                     | 299,336.                     | 4,718.                              | 3,813                                 |
| 12 | Advertising and promotion   |                              |                              |                                     |                                       |
| 13 | Office expenses   | 6,225.                       | 3,417.                       | 2,038.                              | 770.                                  |
| 14 | Information technology  | 20,515.                      | 14,361.                      | 3,077.                              | 3,077                                 |
| 15 | Royalties   |                              |                              |                                     |                                       |
| 16 | Occupancy   | 11,996.                      | 7,558.                       | 2,279.                              | 2,159                                 |
| 17 | Travel  | 345.                         | 345.                         |                                     |                                       |
| 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   | 2,280.                       |                              | 2,280.                              |                                       |
| 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  |   | 16,390.                      | 16,390.                      |                                     |                                       |
| b  | STATE REGISTRATION FEES   | 10,722.                      |                              |                                     | 10,722                                |
| С  | PAYROLL FEES  | 1,506.                       | 949.                         | 286.                                | 271                                   |
| d  |   |                              |                              |                                     |                                       |
| е  | All other expenses  |                              |                              |                                     |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e  | 531,414.                     | 459,412.                     | 37,350.                             | 34,652                                |
| 26 | Joint costs. Complete this line only if the organization  |                              |                              |                                     |                                       |
|    | reported in column (B) joint costs from a combined  |                              |                              |                                     |                                       |
|    | educational campaign and fundraising solicitation.  |                              |                              |                                     |                                       |
|    | Check here if following SOP 98-2 (ASC 958-720)  |                              |                              |                                     |                                       |

#### Part X Balance Sheet

| Ра                          | ILΛ      | Charles & Cahadala Canadaina a pagagasa ay asta ta gay line in this Dark V  |                       |      |                       |
|-----------------------------|----------|---|-----------------------|------|-----------------------|
|                             |          | Check if Schedule O contains a response or note to any line in this Part X  | (A) Beginning of year |      |                       |
|                             | ١        | Cook non interest heaving   |                       | 1    | 21,002.               |
|                             | 1        | Cash - non-interest-bearing   |                       | 2    | 21,002                |
|                             | 2        | Savings and temporary cash investments  |                       | 3    |                       |
|                             | 3        | Pledges and grants receivable, net  |                       | 4    |                       |
|                             | 4        | Accounts receivable, net  |                       | 4    |                       |
|                             | 5        | Loans and other receivables from any current or former officer, director,   |                       |      |                       |
|                             |          | trustee, key employee, creator or founder, substantial contributor, or 35%  |                       | 5    |                       |
|                             |          | controlled entity or family member of any of these persons  |                       | 3    |                       |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) |                       | 6    |                       |
| S                           | _        |   |                       | 7    |                       |
| Assets                      | 7        | Notes and loans receivable, net   |                       | 8    |                       |
| As                          | 8        | Inventories for sale or use   |                       | 9    |                       |
|                             | 9        | Prepaid expenses and deferred charges   |                       | •    |                       |
|                             | lua      | Land, buildings, and equipment: cost or other   |                       |      |                       |
|                             | ١ .      | basis. Complete Part VI of Schedule D 10a   |                       | 100  |                       |
|                             | I        | Less: accumulated depreciation 10b  |                       | 10c  |                       |
|                             | 11       | Investments - publicly traded securities  |                       | 11   |                       |
|                             | 12       | Investments - other securities. See Part IV, line 11  |                       | 12   |                       |
|                             | 13       | Investments - program-related. See Part IV, line 11   |                       | 13   |                       |
|                             | 14       | Intangible assets Other assets See Part IV line 11  |                       | 14   | 0 .                   |
|                             | 15       | Other assets. See Part IV, line 11  | 00 600                |      | 21,002                |
|                             | 16<br>17 | Total assets. Add lines 1 through 15 (must equal line 33)   | 45 565                | 17   | 64,696                |
|                             | 18       | Accounts payable and accrued expenses   |                       | 18   | 04,000                |
|                             | 19       | Grants payable  |                       | 19   |                       |
|                             | 20       | Deferred revenue  |                       | 20   |                       |
|                             | 21       | Tax-exempt bond liabilities   |                       | 21   |                       |
|                             | 22       | Escrow or custodial account liability. Complete Part IV of Schedule D   |                       | 21   |                       |
| Liabilities                 | 22       | Loans and other payables to any current or former officer, director,  |                       |      |                       |
| Ξ                           |          | trustee, key employee, creator or founder, substantial contributor, or 35%  |                       | 22   |                       |
| Ë                           | 22       | controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties                        |                       | 23   |                       |
|                             | 23       |   |                       | 24   |                       |
|                             | 25       | Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third          |                       | 24   |                       |
|                             | 23       | parties, and other liabilities not included on lines 17-24). Complete Part X  |                       |      |                       |
|                             |          | of Schedule D   | 5,207.                | 25   | 0.                    |
|                             | 26       | Total liabilities. Add lines 17 through 25  |                       |      | 64,696.               |
|                             | 20       | Organizations that follow FASB ASC 958, check here  | 22/3/20               | 20   | 01,030                |
| es                          |          | and complete lines 27, 28, 32, and 33.  |                       |      |                       |
| auc                         | 27       | Net assets without donor restrictions   | 65,628.               | 27   | -43,694.              |
| Bal                         | 28       | Net assets with donor restrictions  |                       | 28   |                       |
| D I                         | 20       | Organizations that do not follow FASB ASC 958, check here   |                       | 20   |                       |
| Ī                           |          | and complete lines 29 through 33.   |                       |      |                       |
| ō                           | 29       | Capital stock or trust principal, or current funds  |                       | 29   |                       |
| ets                         | 30       | Paid-in or capital surplus, or land, building, or equipment fund  |                       | 30   |                       |
| Ass                         | 31       | Retained earnings, endowment, accumulated income, or other funds  |                       | 31   |                       |
| Net Assets or Fund Balances | 32       | Total net assets or fund balances   |                       | 32   | -43,694.              |
| ~                           | 33       | Total liabilities and net assets/fund balances  | 00 600                |      | 21,002.               |
|                             | 100      | Total nashido and not abboto/rand salanood  |                       | _ 55 | Form <b>990</b> (2019 |

| 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          |           |     | 92. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2          |           |     | 14. |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3          | -10       |     |     |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4          | 6         | 5,6 | 28. |
| 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         | <b>-4</b> | 3,6 | 94. |
| Pa | rt XII Financial Statements and Reporting   |            |           |     |     |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |            |           |     | Ш   |
|    |   |            |           | 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 in Schedule        | 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 separat       | 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        | X   |     |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Scl     | nedule O.  |           |     |     |
| За | 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        |     | X   |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit |           |     |     |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |            | 3b        |     |     |

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No. 1545-0047

27-1538205

**2019** 

Name of the organization Employer identification number

USAGAINSTALZHEIMER'S ACTION

Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

### USAGAINSTALZHEIMER'S ACTION

27-1538205

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if add | ditional space is needed.  |   |
|------------|--|----------------------------|---|
| (a)        | (b)  | (c)                        | (d)   |
| No.        | Name, address, and ZIP + 4   | Total contributions        | Type of contribution  |
| 1          |  | \$\$                       | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions    | (d)<br>Type of contribution   |
| 2          |  | \$\$\$                     | Person X Payroll  |
| (a)        | (b)  | (c)                        | (d)   |
| No.        | Name, address, and ZIP + 4   | Total contributions  \$    | Person Payroll Noncash (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions    | (d)<br>Type of contribution   |
| NO.        | Name, audi ess, and ZiF + 4  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>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 Property | art II if additional space is needed.     |                          |
|------------------------------|---|---|--------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                            | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              |   |   |                          |
|                              | -   | \$  |                          |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                            | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              |   |   |                          |
|                              |   | \$  |                          |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                            | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              |   |   |                          |
|                              |   | \$  |                          |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                            | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              |   |   |                          |
|                              |   |   |                          |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                            | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              |   |   |                          |
|                              |   | \$  |                          |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                            | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              |   |   |                          |
|                              |   |   |                          |
| 23453 11-06                  |   | \$  | 990 990-F7 or 990-PF) (2 |

**Employer identification number** Name of organization 27-1538205 USAGAINSTALZHEIMER'S ACTION 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 (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 (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

#### **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 Open to Public Inspection

Name of the organization

USAGAINSTALZHEIMER'S ACTION

Employer identification number 27-1538205

| Pai | t I Organizations Maintaining Donor Advise  | ed Funds or Other Similar Funds or                | Accounts. Complete if the             |
|-----|---|---|---------------------------------------|
|     | organization answered "Yes" on Form 990, Part IV, lir   | ne 6.   |                                       |
|     |   | (a) Donor advised funds                           | (b) Funds and other accounts          |
| 1   | Total number at end of year   |   |                                       |
| 2   | Aggregate value of contributions to (during year)   |   |                                       |
| 3   | Aggregate value of grants from (during year)  |   |                                       |
| 4   | Aggregate value at end of year  |   |                                       |
| 5   | Did the organization inform all donors and donor advisors in  | writing that the assets held in donor advised for | unds                                  |
|     | are the organization's property, subject to the organization's  | exclusive legal control?                          | Yes No                                |
| 6   | Did the organization inform all grantees, donors, and donor a   | advisors in writing that grant funds can be used  | d only                                |
|     | for charitable purposes and not for the benefit of the donor  | or donor advisor, or for any other purpose conf   | ferring                               |
|     |   |   |                                       |
| Pai | t II Conservation Easements. Complete if the or   | ganization answered "Yes" on Form 990, Part       | IV, line 7.                           |
| 1   | Purpose(s) of conservation easements held by the organizat  |   |                                       |
|     | Preservation of land for public use (for example, recreated   | ation or education) Preservation of a his         | storically important land area        |
|     | Protection of natural habitat   | Preservation of a ce                              | rtified historic structure            |
|     | Preservation of open space  |   |                                       |
| 2   | Complete lines 2a through 2d if the organization held a quali   | ified conservation contribution in the form of a  |                                       |
|     | day of the tax year.  |   | Held at the End of the Tax Year       |
|     | Total number of conservation easements  |   |                                       |
|     | Total acreage restricted by conservation easements  |   |                                       |
|     | Number of conservation easements on a certified historic str  |   | 2c                                    |
| d   | Number of conservation easements included in (c) acquired   |   |                                       |
| _   | listed in the National Register   |   |                                       |
| 3   | Number of conservation easements modified, transferred, re  | eleased, extinguished, or terminated by the org   | anization during the tax              |
|     | year >  |   |                                       |
| 4   | Number of states where property subject to conservation ea  | <u> </u>  |                                       |
| 5   | Does the organization have a written policy regarding the pe  |   | Yes No                                |
| 6   | violations, and enforcement of the conservation easements<br>Staff and volunteer hours devoted to monitoring, inspecting. |   |                                       |
| 6   | Starr and volunteer rours devoted to monitoring, inspecting.  | , nandling of violations, and emorcing conserva   | ation easements during the year       |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand   | dling of violations, and enforcing conservation   | easements during the year             |
| •   | ► \$  | diring of violations, and emoreting conservation  | casements during the year             |
| 8   | Does each conservation easement reported on line 2(d) abo   | ve satisfy the requirements of section 170(h)(4)  | )(B)(i)                               |
| Ū   | and section 170(h)(4)(B)(ii)?   | *           |                                       |
| 9   | In Part XIII, describe how the organization reports conservat   |   |                                       |
| _   | balance sheet, and include, if applicable, the text of the foot   |   |                                       |
|     | organization's accounting for conservation easements.   | 3   |                                       |
| Pai | t III Organizations Maintaining Collections o   | of Art, Historical Treasures, or Othe             | r Similar Assets.                     |
|     | Complete if the organization answered "Yes" on Forn   | n 990, Part IV, line 8.                           |                                       |
| 1a  | If the organization elected, as permitted under FASB ASC 95   | 58, not to report in its revenue statement and b  | palance sheet works                   |
|     | of art, historical treasures, or other similar assets held for pu   | blic exhibition, education, or research in furthe | rance of public                       |
|     | service, provide in Part XIII the text of the footnote to its fina  | incial statements that describes these items.     |                                       |
| b   | If the organization elected, as permitted under FASB ASC 98   | 58, to report in its revenue statement and balar  | nce sheet works of                    |
|     | art, historical treasures, or other similar assets held for public  | c exhibition, education, or research in furtherar | nce of public service,                |
|     | provide the following amounts relating to these items:  |   |                                       |
|     | (i) Revenue included on Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                        |
|     | (ii) Assets included in Form 990, Part X  |   | · · · · · · · · · · · · · · · · · · · |
| 2   | If the organization received or held works of art, historical tree  |   |                                       |
|     | the following amounts required to be reported under FASB A  | ASC 958 relating to these items:                  |                                       |
| а   | Revenue included on Form 990, Part VIII, line 1   |   | > \$                                  |
|     | Assets included in Form 990, Part X   |   | ▶ \$                                  |
| LHA | For Paperwork Reduction Act Notice, see the Instruction   | s for Form 990.                                   | Schedule D (Form 990) 2019            |

932051 10-02-19

| Pai | t III Organizations Maintaining Co                    | ollections of A       | rt, His    | torical Tr     | reasures,      | or Othe    | er Simil    | ar Asse         | <b>ts</b> (continu | red)      |
|-----|---|-----------------------|------------|----------------|----------------|------------|-------------|-----------------|--------------------|-----------|
| 3   | Using the organization's acquisition, accessio        | n, and other record   | ls, checl  | k any of the   | following that | at make s  | significant | t use of its    |                    |           |
|     | collection items (check all that apply):              |                       |            |                |                |            |             |                 |                    |           |
| а   | Public exhibition                                     | d                     |            | Loan or exc    | change progr   | am         |             |                 |                    |           |
| b   | Scholarly research                                    | е                     |            | Other          |                |            |             |                 |                    |           |
| С   | Preservation for future generations                   |                       |            |                |                |            |             |                 |                    |           |
| 4   | Provide a description of the organization's col       | lections and explain  | n how th   | ney further t  | the organizat  | ion's exe  | mpt purp    | ose in Par      | t XIII.            |           |
| 5   | During the year, did the organization solicit or      | receive donations     | of art, hi | storical trea  | asures, or oth | er simila  | r assets    |                 |                    |           |
|     | to be sold to raise funds rather than to be mai       | intained as part of t | he orga    | nization's c   | ollection?     |            |             |                 | Yes                | ☐ No      |
| Pai | t IV Escrow and Custodial Arrang                      |                       |            |                |                |            |             |                 | line 9, or         |           |
|     | reported an amount on Form 990, Part                  | X, line 21.           |            |                |                |            |             |                 |                    |           |
| 1a  | Is the organization an agent, trustee, custodia       | ın or other intermed  | liary for  | contribution   | ns or other as | sets not   | included    |                 |                    |           |
|     | on Form 990, Part X?                                  |                       |            |                |                |            |             |                 | Yes                | ☐ No      |
| b   | If "Yes," explain the arrangement in Part XIII a      |                       |            |                |                |            |             |                 |                    |           |
|     |   |                       | · ·        |                |                |            |             |                 | Amount             |           |
| С   | Beginning balance                                     |                       |            |                |                |            | 1c          |                 |                    |           |
|     | Additions during the year                             |                       |            |                |                |            |             |                 |                    |           |
|     | Distributions during the year                         |                       |            |                |                |            |             |                 |                    |           |
| f   | Ending balance  |                       |            |                |                |            |             |                 |                    |           |
|     | Did the organization include an amount on For         |                       |            |                |                |            |             |                 | Yes                | □ No      |
|     | If "Yes," explain the arrangement in Part XIII.       |                       | •          |                |                |            |             |                 |                    |           |
| Pai |   |                       |            |                |                |            |             |                 |                    |           |
|     |   | (a) Current year      |            | rior year      | (c) Two yea    |            |             | vears hack      | (e) Four y         | ears hack |
| 12  | Beginning of year balance                             | (a) Guiterit year     | (6)        | nor year       | (C) Two you    | 10 buok    | (4) 111100  | youro buok      | (C) roury          | ouro buon |
|     | <del>-</del>  |                       |            |                |                |            |             |                 |                    |           |
|     | Contributions   |                       |            |                |                |            |             |                 |                    |           |
|     | Net investment earnings, gains, and losses            |                       |            |                |                |            |             |                 |                    |           |
|     | Grants or scholarships                                |                       |            |                |                |            |             |                 |                    |           |
| е   | Other expenditures for facilities                     |                       |            |                |                |            |             |                 |                    |           |
| _   | and programs  |                       |            |                |                |            |             |                 |                    |           |
|     | Administrative expenses                               |                       |            |                |                |            |             |                 |                    |           |
| g   | End of year balance                                   |                       |            |                |                |            |             |                 |                    |           |
| 2   | Provide the estimated percentage of the curre         | ent year end balanc   | e (line 1  | g, column (    | a)) held as:   |            |             |                 |                    |           |
|     | Board designated or quasi-endowment                   |                       | _%         |                |                |            |             |                 |                    |           |
|     | Permanent endowment                                   | %                     |            |                |                |            |             |                 |                    |           |
| С   | Term endowment  | ó                     |            |                |                |            |             |                 |                    |           |
|     | The percentages on lines 2a, 2b, and 2c shou          | ld equal 100%.        |            |                |                |            |             |                 |                    |           |
| 3a  | Are there endowment funds not in the posses           | sion of the organiza  | ation tha  | at are held a  | and administe  | ered for t | he organi   | zation          | _                  |           |
|     | by:   |                       |            |                |                |            |             |                 | \                  | es No     |
|     | (i) Unrelated organizations                           |                       |            |                |                |            |             |                 | 3a(i)              |           |
|     | (ii) Related organizations                            |                       |            |                |                |            |             |                 | 3a(ii)             |           |
| b   | If "Yes" on line 3a(ii), are the related organization | ions listed as requir | red on S   | Schedule R?    | ?              |            |             |                 | 3b                 |           |
| 4   | Describe in Part XIII the intended uses of the        |                       |            |                |                |            |             |                 |                    |           |
| Pai | t VI Land, Buildings, and Equipme                     | ent.                  |            |                |                |            |             |                 |                    |           |
| •   | Complete if the organization answered                 | "Yes" on Form 990     | ), Part I\ | /, line 11a. s | See Form 990   | 0, Part X, | line 10.    |                 |                    |           |
|     | Description of property                               | (a) Cost or o         | ther       | (b) Cost       | t or other     | (c) A      | ccumulat    | ed              | (d) Book           | value     |
|     | ,   | basis (investn        |            |                | (other)        |            | oreciation  | I               | ` ,                |           |
| 1a  | Land  |                       |            |                |                |            |             |                 |                    |           |
|     | Buildings   |                       |            |                |                |            |             |                 |                    |           |
|     | Leasehold improvements                                |                       |            |                |                |            |             |                 |                    |           |
|     | Equipment   |                       |            |                |                |            |             |                 |                    |           |
|     | Other   |                       |            |                |                |            |             | <del>-  -</del> |                    |           |
|     | Add lines 1a through 1a (Column (d) must ea           |                       | Y colur    | nn (P) lina i  | 100)           |            |             |                 |                    | 0         |

Schedule D (Form 990) 2019

| Schedule D (Form 990) 2019 USAGAINSTAL                               | ZHEIMER'S ACTI               | ON 2'                                   | 7-1538205 Page          |
|--|------------------------------|---|-------------------------|
| Part VII Investments - Other Securities.                             |                              |   | <b>5</b>                |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line 1 | 1b. See Form 990, Part X, line 12.      |                         |
| (a) Description of security or category (including name of security) | (b) Book value               | (c) Method of valuation: Cost or er     | nd-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 1   | 1c. See Form 990. Part X. line 13       |                         |
| (a) Description of investment  | (b) Book value               | (c) Method of valuation: Cost or er     | nd-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"                          | on Form 990, Part IV, line 1 | 1d. See Form 990, Part X, line 15.      |                         |
| (a)  | Description                  |   | (b) Book value          |
| (1)  |                              |   |                         |
| (2)  |                              |   |                         |
| (3)  |                              |   |                         |
| (4)  |                              |   |                         |
| (5)  |                              |   |                         |
| (6)  |                              |   |                         |
| (7)  |                              |   |                         |
| (8)  |                              |   |                         |
| (9)  |                              |   |                         |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line        | e 15.)                       |   |                         |
| Part X Other Liabilities.  |                              |   |                         |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 2 |                         |
| 1. (a) Description of liability                                      |                              |   | (b) Book value          |
| (1) Federal income taxes   |                              |   |                         |
| (2)  |                              |   |                         |
| (3)  |                              |   |                         |
| (4)  |                              |   |                         |
| (5)  |                              |   |                         |
| (6)  |                              |   |                         |
| (7)  |                              |   |                         |
| (8)  |                              |   |                         |

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) 2019

| Part       | XI Reconciliation of Revenue per Audited Financial St  |                 | ue per Return.          |                  |
|------------|--|-----------------|-------------------------|------------------|
|            | Complete if the organization answered "Yes" on Form 990, Part IV,  | line 12a.       |                         |                  |
| 1 T        | otal revenue, gains, and other support per audited financial statements  |                 | 1                       | 422,092.         |
| <b>2</b> A | mounts included on line 1 but not on Form 990, Part VIII, line 12:   |                 |                         |                  |
| a N        | et unrealized gains (losses) on investments  | 2a              |                         |                  |
| <b>b</b> D | onated services and use of facilities  | 2b              |                         |                  |
| c P        | ecoveries of prior year grants   | 2c              |                         |                  |
| <b>d</b> C | ther (Describe in Part XIII.)  | 2d              |                         | _                |
| e A        | dd lines 2a through 2d   |                 | 2e                      | 0.               |
|            | ubtract line <b>2e</b> from line <b>1</b>  |                 | 3                       | 422,092.         |
| <b>4</b> A | mounts included on Form 990, Part VIII, line 12, but not on line 1:  |                 |                         |                  |
| a Ir       | vestment expenses not included on Form 990, Part VIII, line 7b   | 4a              |                         |                  |
| <b>b</b> C | ther (Describe in Part XIII.)  | 4b              |                         |                  |
| c A        | dd lines <b>4a</b> and <b>4b</b>   |                 | 4c                      | 0.               |
| <b>5</b> T | otal revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1.   | 2.)             | 5                       | 422,092.         |
| Part       | XII Reconciliation of Expenses per Audited Financial S   |                 | nses per Return         | l <b>.</b>       |
|            | Complete if the organization answered "Yes" on Form 990, Part IV,  |                 |                         | 504 444          |
| 1 T        | otal expenses and losses per audited financial statements  |                 | 1                       | 531,414.         |
| <b>2</b> A | mounts included on line 1 but not on Form 990, Part IX, line 25:   |                 |                         |                  |
| a D        | onated services and use of facilities  | 2a              |                         |                  |
| b P        | rior year adjustments  | 2b              |                         |                  |
| c C        | ther losses  | 2c              |                         |                  |
| <b>d</b> C | ther (Describe in Part XIII.)  | 2d              |                         |                  |
| e A        | dd lines <b>2a</b> through <b>2d</b>   |                 | 2e                      | 0.               |
| <b>3</b> S | ubtract line <b>2e</b> from line <b>1</b>  |                 | 3                       | 531,414.         |
|            | mounts included on Form 990, Part IX, line 25, but not on line 1:  |                 |                         |                  |
| a Ir       | vestment expenses not included on Form 990, Part VIII, line 7b   | 4a              |                         |                  |
| <b>b</b> C | ther (Describe in Part XIII.)  | 4b              |                         |                  |
| c A        | dd lines <b>4a</b> and <b>4b</b>   |                 | 4c                      | 0.               |
|            | otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line   | 18.)            | 5                       | 531,414.         |
| Part       | XIII Supplemental Information.   |                 |                         |                  |
|            | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide |                 | Part V, line 4; Part X, | line 2; Part XI, |
| PART       | YX, LINE 2:  |                 |                         |                  |
| FOR        | THE YEAR ENDED DECEMBER 31, 2019, US   | A2 HAS DOCUMENT | TED THEIR               |                  |
| CONS       | SIDERATION OF FASB ASC 740-10, INCOME  | TAXES, THAT PE  | ROVIDES GUI             | DANCE FOR        |
| REPO       | RTING UNCERTAINTY IN INCOME TAXES AN   | D HAS DETERMINE | ED THAT NO              | MATERIAL         |
| UNCE       | RTAIN TAX POSITIONS QUALIFY FOR EITH   | ER RECOGNITION  | OR DISCLOS              | SURE IN          |
| THE        | COMBINED FINANCIAL STATEMENTS.   |                 |                         |                  |
|            |  |                 |                         |                  |
|            |  |                 |                         |                  |
|            |  |                 |                         |                  |
|            |  |                 |                         |                  |
|            |  |                 |                         |                  |
|            |  |                 |                         |                  |

### SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

USAGAINSTALZHEIMER'S ACTION

**Employer identification number** 27-1538205

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY IN THE QUEST FOR AN ALZHEIMER'S CURE. WE ACCOMPLISH THIS THROUGH EFFECTIVE LEADERSHIP, COLLABORATIVE ADVOCACY AND STRATEGIC INVESTMENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EDUCATE AND/OR ACTIVATE A WIDE ARRAY OF AUDIENCES. WE HAVE VASTLY INCREASED ACCESS TO INFORMATION ABOUT ALZHEIMER'S DISEASE AND THE NEED FOR ACTION TO DIVERSE AUDIENCES SUCH AS PATIENTS, FAMILIES, INDUSTRY LEADERS, FAITH COMMUNITIES, RESEARCHERS, PROVIDERS, PAYERS, ELECTED OFFICIALS AND OTHERS. THIS IS DONE THROUGH A NUMBER OF FORMATS AND INCLUDING OUR OPINION EDITORIALS, BLOG POSTS, ALZDAILY EMAIL MEDIUMS, UPDATES, ALZTALKS WEBINARS, RESEARCH PIPELINE REPORTS, AND PRESS RELEASES. MOBILIZING NETWORKS IN DISPROPORTIONATELY IMPACTED COMMUNITIES. USAGAINSTALZHEIMER'S ACTION IS COMMITTED TO ENGAGING AND MOBILIZING THOSE WHO HAVE BEEN IMPACTED BY ALZHEIMER'S DISEASE. OUR NETWORKS INCLUDE WOMENAGAINSTALZHEIMER'S, AFRICANAMERICANSAGAINSTALZHEIMER'S, LATINOSAGAINSTALZHEIMER'S, CLERGYAGAINSTALZHEIMER'S, RESEARCHERSAGAINSTALZHEIMER'S, AND VETERANSAGAINSTALZHEIMER'S. EACH NETWORK ENGAGES IN A PROGRAM OF EVENTS AND ACTIONS FOR ADVOCACY AND

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

EDUCATION THAT FIT THEIR UNIQUE NEEDS.

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY ONE OF THE DIRECTORS AND THE CHIEF FINANCIAL OFFICER. A COPY OF THE FORM 990 WAS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) Name of the organization USAGAINSTALZHEIMER'S ACTION

Employer identification number 27-1538205

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:

AR, FL, GA, HI, KS, KY, MA, MN, MS, NJ, NY, NC, PA, SC, UT, VA, WV, WI

Name of the organization **Employer identification number** USAGAINSTALZHEIMER'S ACTION 27-1538205 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: \$16,233 FORM 990, PART VII, LINE 1: JILL LESSER RECEIVED COMPENSATION FOR HER WORK AS DIRECTOR OF POLICY AND COMMUNICATIONS. HER COMPENSATION IS UNRELATED TO HER DUTIES AS A BOARD MEMBER. FORM 990, PART IX, LINE 11G, OTHER FEES: PROGRAM SERVICES: PROGRAM SERVICE EXPENSES 209,663. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 932212 09-06-19

| Name of the organization  USAGAINSTALZHEIMER'S ACTION  | Employer identification number 27-1538205 |
|--|---|
| TOTAL EXPENSES   | 209,663.                                  |
| OTHER PROFESSIONAL FEES:                               |   |
| PROGRAM SERVICE EXPENSES                               | 89,673.                                   |
| MANAGEMENT AND GENERAL EXPENSES                        | 4,718.                                    |
| FUNDRAISING EXPENSES                                   | 3,813.                                    |
| TOTAL EXPENSES   | 98,204.                                   |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 307,867.                                  |
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