## Form **990**

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Depar	rtment o	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions	-	•	Open to Public Inspection
			ar year, or tax year beginning	and ending		moposition
<b>B</b> 0	heck if	C Name o	f organization	<u> </u>	D Employer identific	ation number
X	Addre		AINSTALZHEIMER'S ACTION			
	Name chang	ge Doing b	usiness as		27-153820	)5
	Initial return Final return	Number	and street (or P.O. box if mail is not delivered to street address)  CONNECTICUT AVE NW	Room/suit	te E Telephone number (202)410-	
	termir ated	n-	own, state or province, country, and ZIP or foreign postal cod	e	G Gross receipts \$	3,106,074.
	Amen	ded WASH	INGTON, DC 20015		H(a) Is this a group ref	turn
	Application	F Name a	nd address of principal officer: RUSSELL PAULSEN		for subordinates?	
	pendi		AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No
ΙΤ	ax-ex	empt status: [	$\mathbf{X}$ 501(c)(3) $\mathbf{X}$ 501(c)( $4$ ) (insert no.) $\mathbf{Q}$ 4947	'(a)(1) or 52		ist. See instructions
J۷	Vebsi	ite: WWW.	USAGAINSTALZHEIMERSACTION.ORG		H(c) Group exemption	number
		f organization: [	X Corporation Trust Association Other	<b>L</b> Ye	ar of formation: 2009 M	State of legal domicile: DC
Pa	ırt I	Summary				
Jce	1	Briefly describ	be the organization's mission or most significant activities: S	EE PART	III, LINE 1.	
Activities & Governance	2	Check this bo	x if the organization discontinued its operations or	disposed of mo	re than 25% of its net asse	ets.
ve	3	Number of vo	-	-	3	3
Ğ	4	Number of inc	dependent voting members of the governing body (Part VI, line			3
8	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
/itie	6	Total number	of volunteers (estimate if necessary)		6	5
cţi	7 a				7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.
					Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)		731,623.	3,106,074.
'n	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
-	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line		731,623.	3,106,074.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	•	to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines	5-10)	120,415.	193,842.
eus	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines tundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25)	6,889.	474 064	2 020 660
ш	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		474,064.	2,830,668.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		594,479. 137,144.	3,024,510. 81,564.
_ s	19	Revenue less	expenses. Subtract line 18 from line 12		Beginning of Current Year	End of Year
Net Assets or Fund Balances	200	Total assists "	Part V line 16)	_	193,759.	277,665.
Asse Bala	20 21		Part X, line 16) s (Part X, line 26)		55,309.	57,651.
Vet/	22		s (Part X, line 26)  fund balances. Subtract line 21 from line 20		138,450.	220,014.
	rt II	Signature			130,4300	220,014.
			I declare that I have examined this return, including accompanying scl	hedules and state	ments, and to the best of my	knowledge and belief it is
			Declaration of preparer (other than officer) is based on all informatio			iniowioago ana bonon, icio
,	001101	1		propar	8/28/2023	
Sigr	1	Signature of o	fficer		Date	
Here		RUSSELL	PAULSEN, COO			
	_	Type or print r				
		Print/Type pre	parer's name Prèparer's, signature		Date Check	PTIN
Paid			J. LOCASTRO, CPA Richard J. ho	eastro	08/29/2023 if self-employe	P00288314
Prep		Firm's name	GELMAN, ROSENBERG & FREEDMAN	-		2-1392008
Use		Firm's address		1		
	-		BETHESDA, MD 20814-2930		Phone no. 301	L-951-9090

X Yes No

May the IRS discuss this return with the preparer shown above? See instructions

Form	990 (2022) USAGAINSTALZHEIMER'S ACTION	27-1538205	Page 2
Pai	t III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:  USAGAINSTALZHEIMER'S ACTION IS A RELENTLESS ADVOCACY F	ODCE COMMITTE	
	TO ENDING ALZHEIMER'S DISEASE. WE PRESS FOR GREATER URG		עני
		HE DRIVE FOR	
	EFFECTIVE TREATMENTS, PREVENTION, AND (CONTINUED ON SCH	IEDULE ()	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	s? <b>Ye</b>	s X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as massured by synansor	_
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other sections.		
	revenue, if any, for each program service reported.		
<u></u>	(Code:) (Expenses \$2, 925, 726 • including grants of \$) (Re	evenue \$	)
	SINCE OUR FOUNDING IN 2010, USAGAINSTALZHEIMER'S ACTION	HAS WORKED V	WITH '
	PEOPLE AND ORGANIZATIONS ACROSS SECTORS TO ACHIEVE MILE	STONES,	
	INCLUDING:	•	
	- SECURING THE NATIONAL GOAL OF PREVENTING AND EFFECTIVE	ELY TREATING	
	ALZHEIMER'S BY 2025 THROUGH THE NATIONAL ALZHEIMER'S PR		
	- INCREASING FEDERAL INVESTMENT IN ALZHEIMER'S RESEARCH		
	USAGAINSTALZHEIMER'S ACTION PLAYED A KEY ROLE IN THE \$2		
	INCREASE IN THE 2022 BUDGET FOR RESEARCH THROUGH THE NA		
	INSTITUTES OF HEALTH (NIH). AS A RESPECTED ADVOCATE,	TITONAL	
	USAGAINSTALZHEIMER'S ACTION HAS HELPED DRIVE NIH FUNDIN	IC TNCDENCEC I	FD∩M
	YEARLY AVERAGES OF \$400 MILLION A DECADE EARLIER TO NEA		
	IN FY2022. (CONTINUED ON SCHEDULE O)	77 52.5 TITL	птои
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	)
	· · · · · · · · · · · · · · · · · · ·	•	

4d Other program services (Describe on Schedule O.)

including grants of \$ 2,925,726. Total program service expenses

Form **990** (2022)

232002 12-13-22

# Form 990 (2022) USAGAINSTALZHEIMER'S ACTION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>⊢</b>		<del></del>
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		<del></del>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	<del>9</del>		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			\ <sub>37</sub>
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
_	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a		20a		X
b		20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\vdash$
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
	Some some some some some some some some s			

232003 12-13-22

Par	1 990 (2022) USAGAINSTALZHEIMER'S ACTION 27-153  To IV Checklist of Required Schedules (continued)	, 5 2 6 5		age <b>4</b>
	(GOTILITAGE)		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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		12
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		1
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
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			x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	. 33		1
<b>5</b> 4	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	.   000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	. 38	X	
Par	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance  **Charlet Cabath to Constain a second of the complete Schedule O			
	Check if Schedule O contains a response or note to any line in this Part V		 T	
		7	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	71		

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	7			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
32004	12-13-22			Form	<b>990</b> (	2022)

Form 990 (2022) 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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?	<u>5a</u>		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	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		37	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch	х	
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  N/A	6b	Λ	
7		70		
a h	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?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>
٠	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  N/A   11a			
		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
	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			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		^
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes," complete Form 6069.	.,		
			000	

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											
		١.	T.	ъ Г		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	+	괵								
	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?			L	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	ct 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 99	90 wa	as filed?	[	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		L	5		X					
6	Did the organization have members or stockholders?			. [	6		X					
7a												
	more members of the governing body?			L	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	olders, or									
	persons other than the governing body?				7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
а	The governing body?	-	_	Γ	8a	Х						
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			· [								
	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 Rev											
			,			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.											
	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	befo	re filing the form?		11a	X						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. [	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			- 1	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	describe									
	on Schedule O how this was done				12c	X						
13	Did the organization have a written whistleblower policy?			. [	13	X						
14	Did the organization have a written document retention and destruction policy?			. [	14	X						
15	Did the process for determining compensation of the following persons include a review and approval											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			. [	15a		Х					
	Other officers or key employees of the organization			- 1	15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent v	vith a									
	taxable entity during the year?				16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatio	n'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	0										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	ıd 990	O-T (section 501(c)(	3)s	only) :	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply											
	Own website Another's website X Upon request Other (explain	on S	chedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict	of interest policy, a	and '	financ	cial						
	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 boo	ks an	d records									
	RUSSELL PAULSON - (202)410-5199											
	5614 CONNECTICUT AVE NW #288, WASHINGTON, DC 20015	,	· · ·									

#### 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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	(B)			((	C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more than		1		Reportable	Reportable	Estimated	
, taine and the	hours per	box	, unle	ss per	rson i	s both	an an	compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	g.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		yoldr	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GEORGE VRADENBURG	5.00	_	_		_	1 0	-			
CHAIRMAN		Х		х				0.	0.	0.
(2) JILL LESSER	1.00							-	-	-
SECRETARY & TREASURER		Х		Х				0.	0.	0.
(3) NANCY ZIRKIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) RUSSELL PAULSEN	1.00									
COO (SEE SCHEDULE O)				Х				0.	0.	0.
-										
		1								
		1								
		1	ı		I	I	ĺ	l	l l	

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)	—		
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		າ than c	no	Reportable	Reportable		Estimate	ed
	hours per	box	, unles	ss per	rson i	is both	an	compensation	compensation	1	amount	of
	week		cer an	id a di	irecto	or/trust	tee)	from	from related		other	
	(list any	ndividual trustee or director						the	organizations	,	compensa	tion
	hours for	r dire				ted		organization	(W-2/1099-MIS	C/	from the	е
	related	ste c	ruste			eusa		(W-2/1099-MISC/	1099-NEC)		organizat	
	organizations	al tru	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)			and relat	
	below	ividu	titutic	Officer	emp	hest ploye	Former				organizati	ons
	line)	lnd	lns	JJ0	Key	Hig	For			$\rightarrow$		
										$\neg \dagger$		
		1										
										$\dashv$		
		1										
						-				$\dashv$		
		4										
										$\rightarrow$		
										$\neg$		
		1										
1b Subtotal	1	I		l				0.		0.		0.
***************************************								0.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)										<u> </u>		<u> </u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable			^
compensation from the organization												0
										-	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	oyee on	L		
line 1a? If "Yes," complete Schedule J for s	uch individual									[	3	X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$150	0,000? If "Yes.	" co	mple	ete S	Sche	edule	J f	or such individual		Γ	4	Х
5 Did any person listed on line 1a receive or a	,		•							···· [		
rendered to the organization? If "Yes." com	•				,			· <b>9</b>			5	Х
Section B. Independent Contractors	<u>piete Scriedule</u>	<del>.</del> .) /(	UI SU	ICIT	JEIS	<i>OII</i> .						
· · · · · · · · · · · · · · · · · · ·	managetad ind	lono	ndor	at 00	ntr	aatar	n th	act received more than ¢	100 000 of comp	onooti	ion from	
•	•	-							· · · · · · · · · · · · · · · · · · ·	3115ati	OH HOH	
the organization. Report compensation for	ine calendar ye	ear e	enain	ıg w	ith c	or wi	tnin		ear.			
(A)	addraga							(B)	om dioco	0.	(C)	_
Name and business								Description of s	ervices		ompensatio	11
BULLY PULPIT INTERACTIVE,	-											
YORK AVE NW 5TH FL, WASHI								ADVERTISING		<u>2</u> ,	<u>, 286, 6</u>	<u>69.</u>
ALSTON & BIRD LLP, ONE AT	LANTIC	CE	NT:	ΕR			ļ	LOBBYING AND	POLICY			
1201 W. PEACHTREE ST, ATL	ANTA, G	Α	30	30	9		ı	WORK			154,0	17.
GMMB INC, 3050 K STREET N								COMMUNICATIO	NS AND		-	
WASHINGTON, DC 20007							- 1	MEDIA RELATION			113,5	14.
							T		- /			
							$\dashv$					
							- 1		I			

Form **990** (2022)

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

\$100,000 of compensation from the organization

			Check if Schedule O cor	ntains a i	response o	or note to any lin	e in this Part VIII			
						<b>,</b>	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1		Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	'				1b					
ij g			Membership dues		1c					
fts, Ar			Fundraising events		1d					
ig ig			Related organizations							
ns, Sim			Government grants (contribu		1e					
utio er (		Ť	All other contributions, gifts, gra		.   ,	106 074				
5 된			similar amounts not included ab			106,074.				
ont od (		-	Noncash contributions included in lines	s 1a-1f	1g  \$		2 106 074			
<u>0 g</u>		h	Total. Add lines 1a-1f				3,106,074.			
						Business Code				
9	2	2 a								
Program Service Revenue		b								
S		С								
am		d								
og B		е								
P		f	All other program service rev	enue						
		g	Total. Add lines 2a-2f							
	3	3	Investment income (including	g divider	nds, intere	st, and				
	4	ļ	Income from investment of ta							_
	5	5	Royalties		-					
				(i)	Real	(ii) Personal				
	6	ìa	Gross rents6	a		. ,				
	_		Less: rental expenses 6							
			Rental income or (loss) 6							
			Net rental income or (loss)	_						
	7		Gross amount from sales of		ecurities	(ii) Other				
	'	а	assets other than inventory			(.,, 0				
		<b>L</b>	Less: cost or other basis	a						
ø		D								
Ž		_	and sales expenses							
eve			Gain or (loss) 7							
her Revenue	_		Net gain or (loss)							
	8	за	Gross income from fundraising (							
Ò			including \$							
			contributions reported on line	,						
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from fur	-						
	9	) a	Gross income from gaming a							
			Part IV, line 19							
			Less: direct expenses							
		С	Net income or (loss) from gain	ming act	tivities					
	10	) a	Gross sales of inventory, less		I					
			and allowances		10a					
		b	Less: cost of goods sold		10b					
$\rightarrow$		С	Net income or (loss) from sal	es of inv	entory					
<b>(</b> 0						Business Code				
Miscellaneous Revenue	11	а								
ane Dut		b								
eve		С								
lisc		d	All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				3,106,074.	0.	0.	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 response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 8,751. 7,436. 1,315. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 165,715. 139,577. 26,138. Other salaries and wages 7 Pension plan accruals and contributions (include 5,812. 4,897. 915. section 401(k) and 403(b) employer contributions) 1,531. 1,290. 241. Other employee benefits 9 12,033. 10,140. 1,893. 10 Payroll taxes Fees for services (nonemployees): Management 13,892. 13,892. Legal 15,123. 498. 14,127. 498. Accounting 288,500. 288,500. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 153,083. 153,083. column (A), amount, list line 11g expenses on Sch O.) 2,286,669. 2,286,669. Advertising and promotion 12 2,516. 1,989. 502. Office expenses 13 49,433. 23,378. 495. 560. Information technology 14 15 Royalties 4,837. 5,000. 102. 61. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,659. 1,659. 23 Other expenses. Itemize expenses not covered 24 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 O.) 10,743. 10,743. STATE REGISTRATION FEES PAYROLL FEES 3,898. 3,285. 613. 2. 152. 147. MISCELLANEOUS 3. С d All other expenses 3,024,510. 2,925,726. 61,895. 36,889. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

Part X | Balance Sheet

		Check if Schedule O contains a response or no	nte to an	v line in this Part Y			
ī		Check if Schedule O Contains a response of the	ole to an	y IIIIe II tiils Fait A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			111,455.	1	277,665.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			82,304.	4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	•				
		under section 4958(f)(1)), and persons describe		Г		6	
(0	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
Ass	9	Prepaid expenses and deferred charges			9		
		Land, buildings, and equipment: cost or other	1				
	100	basis. Complete Part VI of Schedule D					
	h	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must eq			193,759.	16	277,665.
	17	Accounts payable and accrued expenses	55,309.	17	57,651.		
	18	Grants payable	00,0001	18	0.,0021		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
i≣		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, p		Г			
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			55,309.	26	57,651.
		Organizations that follow FASB ASC 958, ch	eck her	e X	33/332		2.732=
es		and complete lines 27, 28, 32, and 33.					
JE C	27				134,298.	27	216,443.
3ali	28				4,152.	28	3,571.
Þ		Organizations that do not follow FASB ASC					.,.
Ψ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds	s	ľ		29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			138,450.	32	220,014.
Z	33	Total liabilities and net assets/fund balances			193,759.	33	277,665.
					,		

Pai	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	3,10	6,0	74.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,02	4,5	10.		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	8,4	50.		
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	22	0,0	14.		
Pai	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	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	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 Sch	edule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	222			
			Form	990	(2022)		

## Schedule B

(Form 990)

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 

1	USAGAINSTALZHEIMER'S ACTION	27-1538205
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $4$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
X For an organiza	ntion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special Rules		
sections 509(a)( contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	, and that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable sational purposes, or for the prevention of cruelty to children or animals. Complete Parts in (b) instead of the contributor name and address), II, and III.	, scientific,
year, contribution is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an exclusively religions complete any of the parts unless the <b>General Rule</b> applies to this organization becaus able, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box lious, charitable, etc., e it received <i>nonexclusively</i>
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 filing requirements of Schedule B (Form 990).	•

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

#### USAGAINSTALZHEIMER'S ACTION

27-1538205

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>103,530</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (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 Part II if	additional space is needed.	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223/53 11-15-			Schedule B (Form 990) (2022)

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

Name of the organization

USAGAINSTALZHEIMER'S ACTION

**Employer identification number** 27-1538205

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line				
		(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 v	vriting that the assets held in do	nor advised fund	ds	
	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	dvisors in writing that grant fund	s can be used o	nly	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other	purpose conferr	ing	
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Fo	orm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreated	tion or education) Prese	rvation of a histo	orically important land area	
	Protection of natural habitat	Prese	rvation of a certi	fied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in	the form of a co		
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
				2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminat	ed by the organi	zation during the tax	
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		_		
_	violations, and enforcement of the conservation easements it holds?				
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enfor	cing conservation	n easements during the year	
7	Amount of avanages incurred in manifesting inspecting band	ling of violations, and enforcing	aanaam/atian aa	companie during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation ea	sements during the year	
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of sec	tion 170/b)/4\/P\	(i)	
Ü					
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation				
3	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	ote to the organization's infancia	ar staternerits trie	at describes the	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures	s, or Other S	imilar Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue sta	atement and bala	ance sheet works	
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statem	ent and balance	sheet works of	
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:			·	
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			\$	
<u>b</u>	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022	

#### **b** Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3a(ii)

#### Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)			0.	

Schedule D (Form 990) 2022

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Dort VIII	Investments -	Othor	Coourition
Part VIII	inivestments -	Other	Securities.

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(6)			
(6) (7)			
(6) (7) (8)	25.)		

232053 09-01-22

Schedule D (Form 990) 2022

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

USAGAINSTALZHEIMER'S ACTION

Employer identification number 27-1538205

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

ULTIMATELY A CURE. WE ACCOMPLISH THIS THROUGH DETERMINED LEADERSHIP,

COLLABORATIVE ADVOCACY, AND STRATEGIC INVESTMENTS.

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

- PROMOTING PASSAGE OF THE CHANGE (CONCENTRATING ON HIGH-VALUE

ALZHEIMER'S NEEDS TO GET TO AN END) ACT IN CONGRESS, STRESSING THE HUGE

DIAGNOSIS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.

- WORKING AGGRESSIVELY THROUGH ADVERTISING AND GRASSROOTS CAMPAIGNS TO

ENSURE MEDICARE COVERAGE FOR ALZHEIMER'S TREATMENTS APPROVED BY THE

FOOD AND DRUG ADMINISTRATION (FDA) AS WELL AS NECESSARY DIAGNOSTICS

TESTS.

IMPACT THE CHANGE ACT WOULD HAVE IN ENCOURAGING EARLY ASSESSMENT AND

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

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 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,

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

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

- 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

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

Name of the examination	Employer identification number
Name of the organization USAGAINSTALZHEIMER'S ACTION	27-1538205
(USA2), AN UNRELATED ORGANIZATION FOR TAX PURPOSES, HAVE E	NTERED INTO A
COST-SHARING ARRANGEMENT UNDER WHICH USA2ACTION REIMBURSES	USA2 FOR
USA2ACTION'S ALLOCABLE SHARE OF THE COMPENSATION OF CERTAI	N EMPLOYEES
FOR SERVICES PROVIDED TO USA2ACTION. PURSUANT TO THIS AGRE	EMENT,
USA2ACTION REIMBURSED USA2 FOR ITS SHARE OF OFFICER COMPEN	SATION AS
FOLLOWS:	
RUSSELL PAULSEN: \$8,751	