# \*\* 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) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A I</u>	For the	e 2023 calendar year, or tax year beginning and e	ending		
	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		27-153820	05
	Initial return Final return	5614 CONNECTIVE AVE NW	Room/suite 288	E Telephone number (202)410	
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	509,575.
	Amen return	ded WACHTNOMON DC 2001E		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer. RODDEDD I ACEDEN		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: 501(c)(3) X 501(c)( 4 ) (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year o	of formation: $2009$ N	1 State of legal domicile: DC
P	art I	Summary		1	
Governance	1	Briefly describe the organization's mission or most significant activities: SEE F	PART I	II, LINE I.	
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
ove	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 1b)		4	3
es &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
Ϋ́	6	Total number of volunteers (estimate if necessary)			4
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		3,106,074.	500,721.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0. 8,854.
Вè	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0,054.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,106,074.	509,575.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		193,842.	81,163.
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 39, 25	3.	J.	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,830,668.	328,133.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,024,510.	409,296.
	1	Revenue less expenses. Subtract line 18 from line 12		81,564.	100,279.
or	3	•	Beg	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		277,665.	352,981.
ASS	21	Total liabilities (Part X, line 26)		57,651.	32,688.
E.E.	22	Net assets or fund balances. Subtract line 21 from line 20		220,014.	320,293.
Pa	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	<del></del>	
Sign		Signature of officer Carles		9/18/2	24
				Date	
Hei	e	RUSSELL PAULSEN, COO			
		Type or print name and title	In	)ata	DTIN DTIN
ς,		Print/Type preparer's name  Preparer's signature		Date Check Check	PTIN
Paid		ELIZABETH W. HELLER   Chialchundell	1 10	09/18/2024   "self-employe	
	parer	Firm's name GELMAN, ROSENBERG & FRÉEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 800N		Firm's EIN 5	2-1392008
use	Only	Dh 3 O	1-951-9090		
N 4 -	. 41 "	BETHESDA, MD 20814-2930		I Prione no. 3 U	
ivia	y tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Га	Obselvit Cabadula O acetains a vacanassa aventa ta applica in this Dark III	X
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:  USAGAINSTALZHEIMER'S ACTION IS A RELENTLESS ADVOCACY FORCE COMMITTED	
	TO ENDING ALZHEIMER'S DISEASE. WE PRESS FOR GREATER URGENCY FROM	
	GOVERNMENT, INDUSTRY, AND THE SCIENTIFIC COMMUNITY IN THE DRIVE FOR	
	EFFECTIVE TREATMENTS, PREVENTION, AND (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		¬ No
	prior Form 990 or 990-EZ? LYes LA  If "Yes," describe these new services on Schedule O.	_ 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	¬ No
3	If "Yes," describe these changes on Schedule O.	_ NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 319 , 360 including grants of \$) (Revenue \$	
40	SINCE OUR FOUNDING IN 2010, USAGAINSTALZHEIMER'S ACTION HAS WORKED WIT:	<del></del>
	PEOPLE AND ORGANIZATIONS ACROSS SECTORS TO ACHIEVE MILESTONES,	
	INCLUDING:	
	- SECURING THE NATIONAL GOAL OF PREVENTING AND EFFECTIVELY TREATING	
	ALZHEIMER'S BY 2025 THROUGH THE NATIONAL ALZHEIMER'S PROJECT ACT.	
	- INCREASING FEDERAL INVESTMENT IN ALZHEIMER'S RESEARCH.	
	USAGAINSTALZHEIMER'S ACTION PLAYED A KEY ROLE IN THE \$100 MILLION	
	INCREASE IN THE 2023 BUDGET FOR RESEARCH THROUGH THE NATIONAL	
	INSTITUTES OF HEALTH (NIH). AS A RESPECTED ADVOCATE,	
	USAGAINSTALZHEIMER'S ACTION HAS HELPED DRIVE NIH FUNDING INCREASES FROM	м
	YEARLY AVERAGES OF \$400 MILLION A DECADE EARLIER TO NEARLY \$3.5 BILLION	
	IN FY2022. (CONTINUED ON SCHEDULE O)	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
	/ (Expenses a final control of the final control of	— <i>'</i>
4c	(Code:) (Expenses \$	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4e	Total program service expenses 319,360.	
	Form <b>990</b>	(2023)

# Form 990 (2023) 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?			
		_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			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,			
	Part VI	<u>11a</u>		<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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </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	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Г <u> </u>		
	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."	. <u>.                                   </u>		<u></u>
.5	,	19		X
20a	complete Schedule G, Part III	20a		X
zua b		20a		<del></del>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
<b>4</b> I		21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II			41

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Pai	rt 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			
	Schedule J	23		X
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	э		
	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			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ــــــ
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		ــــــ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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			
	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% control			l
	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			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			l
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash 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			l
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	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			
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	<b>I</b>	<i>,</i>	
	If "Yes," complete Schedule R, Part V, line 2	36	N/	<u>A</u>
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 on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	T	
		<u> </u>	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

USAGAINSTALZHEIMER'S ACTION

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

			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		
За	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		<u> </u>
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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<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>
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		ν,	
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).  N/A	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b>7</b> .		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	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?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
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		
_	<b>Note:</b> 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  13b			
	Enter the amount of reserves on hand	44-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
	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	15		х
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
.0	If "Yes," complete Form 4720, Schedule O.	10		
17	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.			

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		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	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	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		Х
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

X

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

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

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	١,,	Positio do not check more			1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	on is both an		compensation	compensation	amount of
	week		cer ar	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	9.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e e	Suedi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t con	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GEORGE VRADENBURG	2.00	_	_		_	1				
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								
		$\vdash$	$\vdash$		$\vdash$	$\vdash$				
		1								
		1	1	1	1	1	1			

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r		າ than ເ	one	Reportable	Reportable		Est	imated	l
	hours per	box	, unle	ss per	son i	is both or/trus	n an	compensation	compensatio	- 1		ount o	j
	week (list any		l a			1711 03	100)	from	from related	- 1		other	
	hours for	director				L		the organization	organizations (W-2/1099-MIS			oensati om the	on
	related	e or 0	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	0,		anizatio	n
	organizations	truste	al tru		yee	nd mc		1099-NEC)			•	relate	
	below	Individual trustee or	Institutional trustee	er	Key employee	Highest compensated employee	Jer				orga	nizatio	าร
	line)	Indiv	Insti	Officer	Key 6	High	Former						
						_							
-													
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including but n									000 of reportable				
compensation from the organization	or miniou to th	000		u uo	,,,,	,		, societa more than pros,	ood of roportable				0
												Yes	No
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on	1			
line 1a? If "Yes," complete Schedule J for s	•	-	•		•		_				3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J t	for such individual		[	4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	J fo	or st	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	-	-							· · · · · · · · · · · · · · · · · · ·	ensat	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
(A)	addrace							(B)	envices	C	(C ompen	) eation	
Name and business address  ALSTON & BIRD LLP, ONE ATLANTIC CENTER  LOBBYING AND POLICE							ompon	Sation					
1201 W. PEACHTREE ST, ATLANTA, GA 30309 WORK 144,21							2.						
1201 W. I BROWN DI, MIL	, , , , , , , , , , , , , , , , , , ,		30	<u> </u>				World				., 41	<u> </u>
2 Total number of independent contractors (in	ncludina but na	วt lin	nited	tot r	thos	se lis	ted	above) who received mo	ore than				

Form 990 (2023) USAGAIN
Part VIII | Statement of Revenue

		Check if Schedule O contains a response or no	nte to any line	a in this Dart VIII			
		Check if Schedule O contains a response of fic	ite to arry line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  1a  1b  1c  1d  1d					
contributions and Other Sin	f	All other contributions, gifts, grants, and similar amounts not included above 1f 50	0,721.	500,721.			
OB			siness Code	300,721.			
•	2 a		micoo oodo				
/ice	b						
ser. iue							
m S							
gra Re							
Program Service Revenue	e •	All other program service revenue					
_		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, a					
		other similar amounts)		8,854.			8,854.
	4	Income from investment of tax-exempt bond proce		- <b>,</b>			,
	5	Royalties					
			) Personal				
	6 a						
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		` '	(ii) Other				
	, ,	assets other than inventory 7a	· ·				
	h	Less: cost or other basis					
<u>o</u>	_	and sales expenses <b>7b</b>					
Revenue		Gain or (loss) 7c					
3ev		Net gain or (loss)					
Other F		Gross income from fundraising events (not including \$					
J		contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Nick in a constant of the second of the seco					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			siness Code				
ous •	11 a	·					
ane	b						
sell: eve	c						
Miscellaneous Revenue	c	All other revenue					
	e	Total. Add lines 11a-11d	<u></u>				
	12	Total revenue. See instructions		509,575.	0.	0.	8,854.

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, 9,590. 11,282. 1,692. 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) 59,306. 40,243. 19,063. Other salaries and wages 7 Pension plan accruals and contributions (include 2,373. 1,622. 751 section 401(k) and 403(b) employer contributions) 1,077. 312. 765. Other employee benefits 9 7,125. 5,059. 2,066. 10 Payroll taxes Fees for services (nonemployees): Management 1,260. 1,260. Legal 14,700. 14,700. Accounting 241,381. 241,381. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 3,672. 3,672. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,711. 978. 608. Office expenses 13 44,751. 14,985. 2,305. Information technology 14 15 Royalties 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 22 Depreciation, depletion, and amortization 7,495. 7,495 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.) 11,664. 11,664. STATE REGISTRATION FEES PAYROLL FEES 1,468. 1,042. 426. 23. 3. MISCELLANEOUS 31. 5. С d All other expenses 409,296. 319,360. 50,683. 39,253. 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.

Form **990** (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2023)

Part X | Balance Sheet

		Check if Schedule O contains a response or no	ote to ar	ny line in this Part X			
		Check if Schedule O Contains a response of the	ote to ai	IY III IE III UIIS FAIL A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			277,665.	1	352,976.
	2	Savings and temporary cash investments		Г	-	2	
	3	Pledges and grants receivable, net				3	5.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		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		6			
(0	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
	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 - other securities, see Fart IV, line		13			
	14			14			
	15	Intangible assets Other assets See Bort IV line 11		15			
	16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal to the content of t			277,665.	16	352,981.
	17	Accounts payable and accrued expenses			57,651.	17	32,688.
	18		37,031.	18	32,000.		
	19	Grants payable		19			
	20	Deferred revenue			20		
	21	Tax-exempt bond liabilities	/ - ( O - I I - I - D		21		
		Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
ij		trustee, key employee, creator or founder, sub		· ·		-00	
<u> </u>		controlled entity or family member of any of the	-			22	
	23	Secured mortgages and notes payable to unre		Г		23	
	24	Unsecured notes and loans payable to unrelat		Г		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24	i). Complete Part X		0.5	
		of Schedule D		·····	57,651.	25	32,688.
	26	Total liabilities. Add lines 17 through 25		re X	57,051.	26	32,000.
ű		Organizations that follow FASB ASC 958, ch	песк пе	re 🔼			
ည		and complete lines 27, 28, 32, and 33.		_	216,443.		320,293.
<u>a</u>	27				3,571.	27	320,293.
Ä	28	Net assets with donor restrictions			3,3/1.	28	0.
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.		ļ			
ţ	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Ě	31	Retained earnings, endowment, accumulated			220 014	31	200 002
Š	32	Total net assets or fund balances			220,014.	32	320,293.
	33	Total liabilities and net assets/fund balances			277,665.	33	352,981.

Par	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			75.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	409	9,2	96.			
3								
4	220							
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	320	),2	<u>93.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Щ			
				Yes	No			
1	Accounting method used to prepare the Form 990:							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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	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							
	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		X			
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	000				
			Form	990	(2023)			

# Schedule B

## **Schedule of Contributors**

OMB No. 1545-0047

**2023** 

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

USAGAINSTALZHEIMER'S ACTION

27-1538205

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	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						
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one of 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; I, 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> e 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 a requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

TTCACA	INSTALZHEIMER'	S	$\Delta$ CTTON
DDAGA	TNOINTURINEY	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		\$ 500,000.	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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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
		\$	
323/153 12-26-	00		Schedule B (Form 990) (2023)

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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

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 IMPACT THE CHANGE ACT WOULD HAVE IN ENCOURAGING EARLY ASSESSMENT AND 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, SUCH AS PET SCANS.

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
- HAS READ AND UNDERSTANDS THE POLICY

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

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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:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, MN, NY, NC, OR, PA, RI, SC, TN, 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:

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Name of the organization USAGAINSTALZHEIMER'S ACTION	Employer identification number 27-1538205
USAGAINSTALZHEIMER'S ACTION (USA2ACTION) AND USAGAINSTALZH	EIMER'S
(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: \$11,282	
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