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



Department of the Treasury Internal Revenue Service

Α	For the	2023 calendar year, or tax year beginning a	nd ending		
В	Check if applicabl	e: C Name of organization		D Employer identifie	cation number
	Addre	USAGAINSTALZHEIMER'S			
	Name chang			45-06725	14
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	5614 CONNECTICUT AVE NW	288	(202)410	-5199
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,981,482.
	Amen	WASHINGION, DC 20015		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: ROBBELLI FACIBEN		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		list. See instructions
	Websi			H(c) Group exemption	
	orm of art I	organization: X Corporation Trust Association Other	L Year	of formation: ZUII N	State of legal domicile: DC
	_	Briefly describe the organization's mission or most significant activities: SEE	ר יייסגס	דד ד. דאדי 1	
e	1	Bheny describe the organization's mission or most significant activities.			
Jan	2	Check this box if the organization discontinued its operations or disc	osed of more	than 25% of its net ass	ete
Activities & Governance	3	· · · ·		3	7
g	4	Number of independent voting members of the governing body (Part VI, line 1b			6
s S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			17
/itie	6	Total number of volunteers (estimate if necessary)			20
ctiv	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	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		8,346,783.	7,907,949.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,000,810.	538,163.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,991.	322,891.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		286.	-233,600.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>9,372,870.</u> 152,000.	8,535,403.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		152,000.	<u> 181,900.</u> 0.
	40	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		2,760,206.	2,811,201.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	"	0.	0.
Den	b	Total fundraising expenses (Part IX, column (D), line 25)941,	045.	••	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,031,694.	5,157,859.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,943,900.	8,150,960.
		Revenue less expenses. Subtract line 18 from line 12		428,970.	384,443.
Net Assets or	G		В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		8,800,859.	8,989,940.
tAs	21	Total liabilities (Part X, line 26)		490,578.	295,216.
		Net assets or fund balances. Subtract line 21 from line 20		8,310,281.	8,694,724.
	art II	Signature Block			
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedu			knowledge and belief, it is
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of	which prepare	9/18/24	
Sig		Signature of officer		0/10/24	
He		RUSSELL PAULSEN, COO			
	C	Type or print name and title			
		Print/Type preparer's signature		Date Check	PTIN
Pai	d	ELIZABETH W. HELLER CligSchuyfe	elin (09/18/2024 if self-employed	P00397829
Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN			2-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. 30	<u>1-951-9090</u>
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No
LH	A For	Paperwork Reduction Act Notice, see the separate instructions. 33200	1 12-21-23		Form 990 (2023)

	990 (2023) USAGAINSTALZHEIME			45-0672514	Page
Par	rt III Statement of Program Service Accompli				X
1	Check if Schedule O contains a response or note to an Briefly describe the organization's mission:	ny line in this Part III			🔼
'	USAGAINSTALZHEIMER'S IS ENGAGE	D IN A RELEN	TLESS PURSUIT T	O END	
	ALZHEIMER'S, THE SIXTH LEADING				N
	PREVENTION, EARLY DETECTION AN				
	ALL REGARDLESS OF GENDER, RACE	, OR ETHNICI	TY. (CONTINUED	ON SCH O)	
2	Did the organization undertake any significant program servi	ces during the year whi	ch were not listed on the		
	prior Form 990 or 990-EZ?			Yes	XN
	If "Yes," describe these new services on Schedule O.				
3	Did the organization cease conducting, or make significant of	hanges in how it condu	icts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule O.	to four cools of its three i			
4	Describe the organization's program service accomplishmer Section 501(c)(3) and 501(c)(4) organizations are required to				hd
	revenue, if any, for each program service reported.	report the amount of g			
4a		cluding grants of \$	181,900.) (Revenue	s 538,	163.
	USAGAINSTALZHEIMER'S HAS WORKE				
	MILESTONES, INCLUDING:				
			•		
	- CONDUCTING THE BRAIN HEALTH		•	-	
	EVIDENCE-BASED COURSES TO EQUI				
	THE KNOWLEDGE AND RESOURCES TO AND ALZHEIMER'S. THERE WERE NE				IA
	- FACILITATING RESEARCH ON WHA	-			иг
	DISEASE AND THEIR CAREGIVERS T				
	DEVELOPMENT AND POLICY ACTIONS				
	- HELPING NEARLY AN ADDITIONAL		LE TAKE CHARGE	OF THEIR BR	AIN
	HEALTH THROUGH BRAINGUIDE, OUR				
4b	(Code:) (Expenses \$ ir	cluding grants of \$) (Revenue	<u>s</u>	
4c	(Code:) (Expenses \$ ir	cluding grants of \$) (Revenue	€\$	
4d	Other program services (Describe on Schedule O.)			١	
4e	(Expenses \$ including grants of \$ Total program service expenses 6, 521,	467.) (Revenue \$)	
					90 (202
32002	2 12-21-23 SEE SCH		CONTINUATION (S)	
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 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			х
Ŀ	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4 4 16		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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		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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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	10	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	~	<u> </u>
19	,	10		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	х	
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	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			
	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		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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	х	
Par				
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	
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Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
•		1 1			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the colored by this return.	2a	17						
b	filed for the calendar year ending with or within the year covered by this return	· · · ·		2b	х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3a 3b		<u> </u>			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	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 A	ccounts	(FBAR).						
5a	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 transa			5b		_X_			
	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			6 -		х			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut			6a					
U		-		6b					
7	Organizations that may receive deductible contributions under section 170(c).			0.0					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices pro	vided to the pavor?	7a	Х				
		•		7b	Х				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requir	red						
	to file Form 8282?			7c		X			
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 c	ontract?		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	N/A						
9	sponsoring organization have excess business holdings at any time during the year?		N/A	8					
э а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a					
b			NT / N	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.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year M/A .	12b							
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					
u	Note: See the instructions for additional information the organization must report on Schedule O.			104					
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							
с	Enter the amount of reserves on hand	13c							
14a				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.					v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income	?	16		X			
47	If "Yes," complete Form 4720, Schedule O.	ativitie -							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activation that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17					
	If "Yes," complete Form 6069.		±1/ F1	17					
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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.

	tion A. Governing Body and Management							
		7	Yes					
та	Enter the number of voting members of the governing body at the end of the tax year 1a	4						
	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.	c						
		6						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer, director, trustee, or key employee?	2						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_					
	· · · · · · · · · · · · · · · · · · ·	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	. 9						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes					
10a	Did the organization have local chapters, branches, or affiliates?	10a						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe							
	on Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b	-					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa					
	for public inspection. Indicate how you made these available. Check all that apply.	5)0 01113)	avant					
	X Own website Another's website X Upon request Other (explain on Schedule O)							
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial					
19	statements available to the public during the tax year.	na man	Jai					
19								
	State the name address and telephone number of the person who possesses the organization's books and records							
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records RIISSELL PAILSEN - (202)410-5199							
	RUSSELL PAULSEN - (202)410-5199							
20		Γ	n 990					

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	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									
1. Comple	- Complete this table for all persons required to be listed. Depart companyation for the colorday year anding with ar within the examination's tay year									

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."

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• 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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person is officer and a director		s both	an	compensation	compensation	amount of		
	week					ector/irustee)		from	from related	other
	(list any	recto	rector					the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	trust		ee	npens		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona	~	nploy	st cor yee	-	1000 NEO)		organizations
	line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) RUSSELL PAULSEN	39.00									
CHIEF OPERATING OFFICER (SEE SCH O)	0.00			х				312,917.	Ο.	13,802.
(2) LYNN CRONEBERGER	40.00									
CHIEF DEVELOPMENT OFFICER	0.00					Х		219,313.	0.	21,684.
(3) STEPHANIE MONROE	40.00									
VP AND SR ADVISOR, HEALTH EQUITY	0.00					Х		197,438.	0.	9,717.
(4) MICHAEL CLEARY	38.00									
CHIEF FINANCIAL OFFICER	0.00					Х		186,794.	0.	19,748.
(5) MERYL COMER	40.00									_
FOUNDING BOARD MEMBER (SEE SCH. O)	0.00	Х						200,000.	0.	0.
(6) JON SUMMERS	40.00									
CHIEF COMMUNICATIONS OFFICER	0.00					Х		189,703.	0.	9,981.
(7) KELLY O'BRIEN	40.00							4.50,400		<i>c</i>
PREVENTION	0.00					Х		168,483.	0.	6,383.
(8) GEORGE VRADENBURG	10.00									•
CHAIRMAN	0.00	Х		Х				0.	0.	0.
(9) SHAWN TAYLOR	2.00								0	0
TREASURER	0.00	Х		X				0.	0.	0.
(10) KAREN SEGAL	4.00							•	0	0
SECRETARY	0.00	Х		X				0.	0.	0.
(11) GREG O'BRIEN	1.00	37						•	0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) PAUL HOGAN BOARD MEMBER	0.00	х						0.	0.	0.
(13) JOHN DWYER	1.00	Λ						0.	0.	0.
BOARD MEMBER	0.00	х						0.	0.	0.
BOARD MEMBER	0.00	Λ						0.	0.	0.
		1								
		1								
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box	not cl , unles cer an	ss per	ition more f son is	than c s both	an				(F) Estimated amount of other
	(list any hours for related organizations below line)			Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	ns SC/	compensation from the organization and related organizations
1b Subtotal								1,474,648.		0.	81,315.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0. 1,474,648.		0.	0. 81,315.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove)) wh	o re	ceived more than \$100,	000 of reportable	e	12
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-			•	-		Ŭ				Yes No 3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and dule	oth J fo	er compensation from the such individual	he organization		4 X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>corr</i>							late	ed organization or individ	dual for services		5 X
Section B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for	•	•								pensat	tion from
(A) Name and business				0				(B) Description of s	ervices	С	(C) compensation
FAEGRE DRINKER BIDDLE & F WELLS FARGO CENTER, MINNE RTI HEALTH SOLUTIONS		-				2		PROGRAM <u>STRATEGY/MGM'</u> PROGRAM	r	1	<u>,144,839.</u>
2920 PARKLAWN CT, HERNDON HIGH LANTERN GROUP, 685 T				ND			_	CONSULTING/R PROGRAM	ESEARCH		564,824.
FLOOR, NEW YORK, NY 10017STRATEGY/MGMTGMMB INC, 3050 K ST NW SUITE 100,COMMUNICATIONS &								560,227.			
WASHINGTON, DC 20007SOCIAL MEDIAVIRTUSA CORPORATION, 132 TURNPIKE ROAD STEINFORMATION300, SOUTHBOROUGH, MA 01772TECHNOLOGY								538,449. 419,170.			
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	to	-				ore than		
\$100,000 of compensation from the organized	zation				- 8)					

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Pa	rt VII							
		Check if Schedule O c	contains a response	e or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
10		E de contra de se contra sé conse	4-					
nts	1 a		<u>1a</u>					
Gra	b		1b	202 507				
ts, An	С	Fundraising events		303,507.				
Gif	d	J	1d	262 004				
ns, Sim	е	Government grants (contri		363,004.				
er S	f	All other contributions, gifts,		0.4.1 . 4.2.0				
jå,		similar amounts not included		,241,438.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in I	lines 1a-1f 1g \$	169,247.				
ыÖ	h	Total. Add lines 1a-1f			7,907,949.			
				Business Code				
ce	2 a	PROGRAM SERVI	CE REVENU	900099	538,163.	538,163.		
e vi	b							
n Se	С							
ram eve	d							
Program Service Revenue	е							
Ъ	f	All other program service	revenue					
	g	Total. Add lines 2a-2f			538,163.			
	3	Investment income (includ	ling dividends, inte	rest, and				
		other similar amounts)			325,816.			325,816.
	4	Income from investment o	of tax-exempt bond	proceeds				
	5	Royalties						
	(i) Real			(ii) Personal				
	6 a	Gross rents	6a					
	b Less: rental expenses 6b							
	с							
	d	Net rental income or (loss))					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 162,193	•				
	b	Less: cost or other basis						
e	-	and sales expenses	76165,118					
Revenue	с	Gain or (loss)	7b 165,118 7c -2,925	•				
Rev		Net gain or (loss)			-2,925.			-2,925.
ř		Gross income from fundraisir			_,			
Othe	0 4	including \$ 303						
0		contributions reported on						
				a 27,080.				
	h			<u>ь</u> 280,961.				
					-253,881.			-253,881.
		Gross income from gamin			255,0010			255,0010
	9 a	-	-					
		Part IV, line 19						
				b				
		()						
	10 a	Gross sales of inventory, l						
	_	and allowances						
		Less: cost of goods sold		Db				
	С	Net income or (loss) from	sales of inventory					
S				Business Code	0.0 0.01			0.0.001
e e	11 a	OTHER REVENUE		900099	20,281.			20,281.
ane	b			.				
evel	с			.				
Miscellaneous Revenue	d	All other revenue						
~	е	Total. Add lines 11a-11d			20,281.			
	12	Total revenue. See instruction	ons		8,535,403.	538,163.	0.	89,291.
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USAGAINSTALZHEIMER'S Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX		<u>Σ</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	159,900.	159,900.		
2	Grants and other assistance to domestic		-		
_	individuals. See Part IV, line 22	22,000.	22,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	504,583.	458,896.	45,687.	
6	trustees, and key employees	504,505.	430,090.	45,007.	
0	persons (as defined under section 4958(f)(1)) and				
	1000 (0) (D)				
7	Other salaries and wages	1,945,462.	965,306.	357,505.	622,651
' 8	Pension plan accruals and contributions (include				022,001
5	section 401(k) and 403(b) employer contributions)	94.281.	50,315.	17,280.	26,686
9	Other employee benefits	94,281. 106,875.	57,035.	19,589.	30,251
10	Payroll taxes	160,000.	85,386.	29,326.	45,288
11	Fees for services (nonemployees):	200,0001			10/200
	Management				
b	Legal	95,136.		95,136.	
	Accounting	99,683.	25,054.	49,575.	25,054
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)	3,612,187.	3,552,872.		59,315
12	Advertising and promotion	60,000.	60,000.		
13	Office expenses	64,398.	23,064.	34,174.	7,160
14	Information technology	542,595.	474,054.	11,492.	7,160 57,049
15	Royalties				
16	Occupancy				
17	Travel	335,630.	302,040.	4,796.	28,794
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	257,823.	250,725.		7,098
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
23	Insurance	12,167.		12,167.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL FEES	62,884.	33,559.	11,526.	17,799
b	STATE REGISTRATION FEES	13,138.	,	,,	13,138
c	MISCELLANEOUS	2,218.	1,261.	195.	762
d		,	,		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,150,960.	6,521,467.	688,448.	941,045
26	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Assets

Part X | Balance Sheet

		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		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 equa	al line 33)	8,800,859.	16	8,989,940.
	17	Accounts payable and accrued expenses		490,578.	17	295,216.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er officer, director,			
litie		trustee, key employee, creator or founder, subst				
Liabilities		controlled entity or family member of any of thes	e persons		22	
Ξ	23	Secured mortgages and notes payable to unrela		23		
	24	Unsecured notes and loans payable to unrelated		24		
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		490,578.	26	295,216.
		Organizations that follow FASB ASC 958, che	ck here X			
Fund Balances		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		2,625,192.	27	2,995,387.
Ba	28	Net assets with donor restrictions		5,685,089.	28	5,699,337.
pu		Organizations that do not follow FASB ASC 9	58, check here			
Έu		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds		29		
set	30	Paid-in or capital surplus, or land, building, or ec		30		
Net Assets or	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
Net	32	Total net assets or fund balances		8,310,281.	32	8,694,724.
_	33	Total liabilities and net assets/fund balances		8,800,859.	33	8,989,940.
						Form 990 (2023)

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USAGAINSTALZHEIMER'S

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Inventories for sale or use

Prepaid expenses and deferred charges

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net

10a Land, buildings, and equipment: cost or other

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

(B) End of year

443,040.

265,140.

140,877.

8,140,883.

(A) Beginning of year

3,431,402.

4,790,850.

459,879.

36,035.

82,693.

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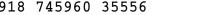
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Form	990 (2023) USAGAINSTALZHEIMER'S	45-	-0672514	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,53	5,4	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,150),9	60.
3	Revenue less expenses. Subtract line 2 from line 1	3	384	1,4	43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,310),2	81.
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	8,694	1,7	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	Х	
	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 Sche	edule C).		
3a	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?		<u>3a</u>		<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of	identification number											
		AINSTALZHE:	45-0672514									
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The orga	nization is not a private found											
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
•	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X	An organization that norma	Illy receives a substar	ntial part of its support fr	om a gove	rnmental	unit or from th	e general p	oublic described in				
	section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9	An agricultural research org			-	ed in conju	inction with a	land-grant	college				
	or university or a non-land-g	-			-		-	-				
	university:		· · ·				•					
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment				
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
	See section 509(a)(2). (Co	mplete Part III.)										
11	An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).						
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or				
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3). (Check the box on				
	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	olete lines	12e, 12f, and	12g.					
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting				
	organization. You must o	complete Part IV, Se	ections A and B.									
b 🗌	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving				
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
	organization(s). You mus	t complete Part IV,	Sections A and C.									
с 🗌	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,				
	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.						
d	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)				
	that is not functionally int						-					
	requirement (see instruct			•								
e	Check this box if the orga	,	•	-			I, Type III					
	functionally integrated, or					JI / JI	, ,					
f En	ter the number of supported of	raonizationa	, , , , , , , , , , , , , , , , , , , ,	0 0								
g Pro	ovide the following information											
-	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Total												

<u> </u>	/ -	000	
Schedule A	(⊢orm	990	2023

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	8043581.	9039675.	10826065.	8346783.	7907949.	44164053.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
-	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	8043581.	0030675	10826065.	8346783.	7007010	44164053.		
	Total. Add lines 1 through 3	0045501.	9039073.	10020003.	0540705.	7907949.	44104033.		
5	The portion of total contributions								
	by each person (other than a governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						14776960.		
6	Public support. Subtract line 5 from line 4.						29387093.		
	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	8043581.		10826065.	8346783.		44164053.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	10,758.	2,172.	557.	23,745.	325,816.	363,048.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)				4,980.	20,281.			
11	Total support. Add lines 7 through 10						44552362.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	,067,405.		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5/	01(c)(3)			
_	organization, check this box and stop	<u>phere</u>							
	ction C. Computation of Publi								
	Public support percentage for 2023 (I					14	<u>65.96 %</u>		
	Public support percentage from 2022					15	<u>69.44</u> %		
16a	33 1/3% support test - 2023. If the o						V		
	stop here. The organization qualifies		•						
D	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
47-					10 160 or 16b o				
17a	10% -facts-and-circumstances test	0							
	and if the organization meets the fact meets the facts-and-circumstances te			-	-	-			
h	10% -facts-and-circumstances test	-			-	7a and line 15 is			
L L	more, and if the organization meets the	-							
	organization meets the facts-and-circl					otion			
18	Private foundation. If the organization						s		
				,, oi e. 17 b	,		(Form 990) 2023		

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
 Gross receipts from activities that are not an unrelated trade or bus- 						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	i -					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgai	nization,
check this box and stop here	lie Ourse est De					
Section C. Computation of Pub			. (7)			
15 Public support percentage for 2023		-	column (f))		15	<u> </u>
16 Public support percentage from 202 Section D. Computation of Inve					16	%
· · · · · · · · · · · · · · · · · · ·			(i)		47	0/
17 Investment income percentage for 2					17	<u> %</u>
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If th						
line 18 is not more than 33 1/3%, ch						
<u>20 Private foundation. If the organizati</u>						
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Yes No

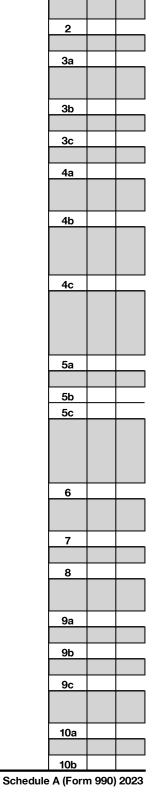
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		_	
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and

Has the organization accepted a gift or contribution from any of the following persons?

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

	(Form 990) 2023	USAGAINSTALZHEIMER'S
Part IV	Supporting C	Organizations (continued)

11

11c

Yes No 11a 11b

Yes

No

1

Yes No

these activities but for the organization's involvement.
Parent of Supported Organizations. Answer lines 3a and 3b below.

The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

The organization satisfied the Activities Test. Complete line 2 below.

Activities Test. Answer lines 2a and 2b below.

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that these activities constituted substantially all of its activities.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

The organization is the parent of each of its supported organizations. Complete line 3 below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

> 3b Schedule A (Form 990) 2023

2a

2b

3a

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Schedule A	(Form 990)	2023
Dort V	Type	Ma

USAGAINSTALZHEIMER'S

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Check here if the organization satisfied the Integral Part Test as a que All other Type III non-functionally integrated supporting organization			
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amou	nt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

USAGAINSTALZHEIMER'S

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2					
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotailo in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		-	
U	(provide details in Part VI). See instructions.	le organization is responsive		8	
				9	
9	Distributable amount for 2023 from Section C, line 6			-	
10	Line 8 amount divided by line 9 amount	(1)	(")	10	(***)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
	c From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
<u>-</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
-	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
8	and 4c. Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
6	Excess from 2023				

Schedule A (Form 990) 2023

. . .

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Schedule A (Form 990) 2023

12450918 745960 35556

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

45-0672514

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	USAGAINSTALZHEIMER'S
Organization type (che	eck one):

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

USAGAINSTALZHEIMER'S

45-0672514

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	
<u> 1</u>		\$ <u>1,005,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$1,003,174.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$670,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$ <u>436,500.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$390,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$324,524.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2023)

12450918 745960 35556

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Name of organization

Employer identification number

45-0672514

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 300,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 273,185. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 220,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 205,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 X Person Payroll 165,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

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2023.04020 USAGAINSTALZHEIMER'S

12450918 745960 35556

USAGAINSTALZHEIMER'S

USAGAINSTALZHEIMER'S

Name of organization

Page **2** Employer identification number

45-0672514

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$160,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(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
323452 12-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

en	(c) FMV (or estimate) (See instructions.)
	\$
en	(c) FMV (or estimate) (See instructions.)
	\$
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Name of organization

USAGAINSTALZHEIMER'S

art II	Noncash Property (see instructions). Use duplicate copies of Pa		1
(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.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	

Page 3

Employer identification number

45-0672514

Schedule I	B (Form 990) (2023)			Page 4
Name of o	rganization			Employer identification number
USAGA:	INSTALZHEIMER'S			45-0672514
Part III	Exclusively religious, charitable, etc., contributi			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line the through (e) and the following line the contributions of \$1,000	entry. For organizations or less for the year (Enter the	his info once) \$
	Use duplicate copies of Part III if additional	space is needed.	er tere for the year (inter a	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	l) Description of how gift is held
-		(e) Transfer of	gift	
	Transferee's name, address, a 	nd ZIP + 4	Relationship	o of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(0	 Description of how gift is held
-				
		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship	o of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(0	I) Description of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZI P + 4	Relationship	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	l) Description of how gift is held
ŀ				
	.	(e) Transfer of		
-	Transferee's name, address, a	na ZIP + 4	Relationship	o of transferor to transferee

26 2023.04020 USAGAINSTALZHEIMER'S

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					45 00 47
	n 990) Complete if the o	Ital Financial Statements rganization answered "Yes" on Form 990,		OMB No. 154	<u>45-0047</u>
•	Part IV, line 6, 7, 8, 9,	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to	Public
	I Revenue Service Go to www.irs.gov/Form	1990 for instructions and the latest information.		Inspectio	
Nam	e of the organization		Emplo	yer identification	number
	USAGAINSTALZHEIME			45-06725	
Pa		sed Funds or Other Similar Funds or Ac	counts	Complete if the	е
	organization answered "Yes" on Form 990, Part IV	, line 6.			
		(a) Donor advised funds (I	b) Funds	and other accour	nts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors	in writing that the assets held in donor advised fund	ls		
	are the organization's property, subject to the organization	n's exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds can be used or	nly		
	for charitable purposes and not for the benefit of the done	or or donor advisor, or for any other purpose conferri	ng		
	impermissible private benefit?			Yes	No
Pa		organization answered "Yes" on Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organiz				
	Preservation of land for public use (for example, rec	reation or education)	rically im	portant land area	
	Protection of natural habitat	Preservation of a certif	fied histo	ric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in the form of a cor			
	day of the tax year.		н	eld at the End of the	e lax Year
а			2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic		2c		
d	Number of conservation easements included on line 2c ac				
	on a historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the organiz	zation du	ring the tax	
	year				
4	Number of states where property subject to conservation				
5	Does the organization have a written policy regarding the				
	violations, and enforcement of the conservation easement				No
6	Staff and volunteer hours devoted to monitoring, inspecting	ng, handling of violations, and enforcing conservation	n easeme	ents during the ye	ar
_	······				
7	Amount of expenses incurred in monitoring, inspecting, h	andling of violations, and enforcing conservation eas	sements	during the year	
•					
8	Does each conservation easement reported on line 2d ab	• • • • • • • • • • • • • • • • • • • •			
•				Yes	No No
9	In Part XIII, describe how the organization reports conserve				
	balance sheet, and include, if applicable, the text of the fo	ocnote to the organization's financial statements that	it describ	bes the	
Pa	organization's accounting for conservation easements.	of Art, Historical Treasures, or Other Si	imilar /	Assets	
	Complete if the organization answered "Yes" on Fo		,		
19	If the organization elected, as permitted under FASB ASC		nce shee	at works	
Id	of art, historical treasures, or other similar assets held for				
	service, provide in Part XIII the text of the footnote to its fi		se or pu		
h	If the organization elected, as permitted under FASB ASC		sheet w	orks of	
U	art, historical treasures, or other similar assets held for pu				
	· · · · · · · · · · · · · · · · · · ·	one exhibition, equeation, or research in furtheralice			
	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	treasures or other similar assets for financial gain o	-		
2	the following amounts required to be reported under FASI		NOVICE		
~	Revenue included on Form 990, Part VIII, line 1	-	\$		
d	nevenue included on Form 390, Fait VIII, IIIE 1		Ψ		

а	Revenue included on Form 990, Part V	/III, line 1	 	
b	Assets included in Form 990, Part X		 	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
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Sche		STALZHEIMER						45-06	72514	l Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art,	Histo	orical Tre	asures, o	r Other	Simila	^r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records,	check	any of the f	ollowing that	make sig	nificant ı	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	-		-	-			se in Part	XIII.		
5	During the year, did the organization solicit o					er similar a	issets		-		-
Des	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pal		if the o	organizatior	n answered "	Yes" on Fo	orm 990,	Part IV, li	ne 9, or		
	•										
па	Is the organization an agent, trustee, custodi		•							_	.
	on Form 990, Part X?							∟	Yes		No
d	If "Yes," explain the arrangement in Part XIII	and complete the folio	wing ta	able:					Amount		
	Designing belongs						10		Amount	•	
	Beginning balance						1c				
	Additions during the year						1d 1e				
	Distributions during the year Ending balance						1f				
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-	·	∟]
Par											
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organizati	on that	t are held ar	nd administer	ed for the			г		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment fi	unds.							
I ai	Complete if the organization answere		Dart IV	line 11a S	ee Form 990	Dart X li	no 10				
								al			
	Description of property	(a) Cost or oth basis (investme		. ,	or other (other)	• •	cumulate reciation	a	(d) Bool	< value	е
4.	Land		2119	04315		uepi	Colation				
	Land										
	Buildings Leasehold improvements										
	EquipmentOther										
	. Add lines 1a through 1e. (Column (d) must e	 augl Earm 000, Datt V	line 11								0.
1010		<u>циаг гопп 990, Рап X</u>	me n	JC. COIUMN				Schedule	D (Form	990)	
									- (_0_0

332052 09-28-23

Schedule D	(Form 990) 2023	05
Part VII	Investments	- Other

USAGAINSTALZHEIMER'S - Other Securities

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

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

Schedule D (Form 990) 2023

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	edule D (Form 990) 2023 USAGAINSTALZHEIMER'S		45-()672514 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements			8,535,403.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			8,535,403.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			4c	Ο.
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	8,535,403.
5			5	8,535,403.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	ents With Expens	5	1
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With Expens	5 ses per Return	8,535,403. 8,150,960.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 122	nents With Expens	5 ses per Return	1
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	5 ses per Return	1
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a	5 ses per Return	1
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a2	5 ses per Return	1
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	Itents With Expense a. 2a 2b 2c	5 ses per Return	1
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	5 ses per Return	<u>8,150,960.</u> 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losse in Part XIII.) Add lines 2a through 2d Martine 2d	2a 2b 2c 2d	5 ses per Return 1 2e	8,150,960.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	5 ses per Return 1 2e	<u>8,150,960.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	5 ses per Return 1 2e	<u>8,150,960.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	5 ses per Return 1 2e	<u>8,150,960.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	Itents With Expense 2a 2b 2b 2c 2d 4a 4b	5 ses per Return 1 2e 3	8,150,960. 0. 8,150,960. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	Itents With Expense a. 2a 2b 2c 2d 2d	5 ses per Return 1 2e 3 3	8,150,960. 0. 8,150,960.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

(Fo	orm 990)	Complete if the	e organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, o	or 16.	2023
	rtment of the Treasury nal Revenue Service	Gotov	www.iro.co.u/Form	Attach to Form 990. 1990 for instructions and the latest i	nformation		Open to Public Inspection
	ne of the organization		vww.irs.gov/Forn		mormation.	Employer i	dentification number
	C C						
	AGAINSTALZH			aida tha United Otataa		45-067	
Pa			Activities Out	side the United States. Compl	ete if the organ	ization answe	ered "Yes" on
1		Part IV, line 14b.	n maintain rocor	ds to substantiate the amount of its gra	onts and other	accistanco	
'	-	•		the selection criteria used to award the			Yes No
					grante er deere		
2	For grantmakers. United States.	Describe in Part V th	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
3	Activities per Regio	n. (The following Par	t I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (o gram service, specific type (s) in the regio	expenditures for and investments
					CONVENING I		
					SWITZERLAND		S
סווס	ODE		0	PROGRAM SERVICES	SECTOR ALZH		122 061
EUR	OPE		0	FROGRAM SERVICES	STAKEHOLDER	IS FROM ARO	UND 122,061
3 a	Subtotal) 0				122,061
	Total from continua	ation					
	sheets to Part I		0 0				0
c	and 3b)	a (0				122,061

Statement of Activities Outside the United States

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

SCHEDULE F (Form 990)

Page 2		of FMV, er)					
ď		(i) Method of valuation (book, FMV, appraisal, other)					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	(h) Description of noncash assistance					
72514	"Yes" on Form 9	(g) Amount of noncash assistance					
45-0672514	ganization answered	(f) Manner of cash disbursement					ecognized as a tax ivalency letter
	omplete if the or, ded.	(e) Amount of cash grant					oreign country, r ion 501(c)(3) equ
s'	the United States. additional space is ne	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
USAGAINSTALZHEIMER'S	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region					<pre>ilisted above that are re- for which the grantee or entities</pre>
	r Assistance to Orga eived more than \$5,00	(b) IRS code section and EIN (if applicable)					ecipient organizations nization by the IRS, or other organizations or
Schedule F (Form 990) 2023	Part II Grants and Other recipient who rece	1 (a) Name of organization					 2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whi 3 Enter total number of other organizations or entities

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Schedule F (Form 990) 2023

332072 11-29-23

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
USAGAINSTALZHEIMER'S 45-0672514	the United States. Complete if the organization answered "Ye	(g) Description of noncash assistance					Sched
		(f) Amount of noncash assistance					
		(e) Manner of cash disbursement					
		(d) Amount of cash grant					
		(c) Number of recipients					
		(b) Region					
Schedule F (Form 990) 2023 U	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

332073 11-29-23

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

Schedule F	(Form 990)) 2023	USA	JAINS'I	'ALZHE.	LMER

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

S

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: CONVENING IN LAUSANNE,

SWITZERLAND WITH CROSS SECTOR ALZHEIMER'S STAKEHOLDERS FROM AROUND THE

WORLD. EVENT IN AMSTERDAM, THE NETHERLANDS AT THE AAIC CONFERENCE.

12450918 745960 35556

332075 11-29-23

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990)	rm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2023	
Department of the Treasury	tment of the Treasury Attach to Form 990 or Form 990-EZ.							Open to Public	
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organization							45-067	r identification number	
USAGAINSTALZHEIMER'S 45-067 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-I									
required to complete this part.									
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 								s 🗌 No	
		viduals or entities (fundraisers) pursua			•	ne fur			
compensated at le	east \$5,000 by the	organization.		-					
(i) Name and addres or entity (fund		(ii) Activity		Did aiser ustody trol of utions?	(v) Amount paid to (or retained by) from activity listed in col. (i)		(vi) Amount paid to (or retained by) organization		
			Yes	No					
								-	
Total	ich the executive	n is registered or lineneed to colicit a			ar bas been notified	itia	womant from a		
or licensing.	ich the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified	IT IS 6	exempt from r	egistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BRAIN HEALTH			(add col. (a) through
		BASH	NOGALAGALA	1	col. (c)
		(event type)	(event type)	(total number)	
1	Gross receipts	134,961.	90,349.	105,277.	330,587
2	Less: Contributions	116,661.	89,329.	97,517.	303,507
3	Gross income (line 1 minus line 2)	18,300.	1,020.	7,760.	27,080
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	23,058.			23,058
7	Food and beverages	75,248.	7,460.	14,512.	97,220
6 7 8	Entertainment	8,270.			8,270
9		4 4 4 4 4 4 4		3,193.	152,413
10				•	280,961
11					-253,881
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
1	Gross revenue			(c) Other gaming	
	Gross revenue			(c) Other gaming	
2				(c) Other gaming	
2	2 Cash prizes			(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
2 3 4	2 Cash prizes			(c) Other gaming	
2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	Yes %	
2 3 4 5 6 7	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Volunteer labor	Yes%	bingo/progressive bingo	☐ Yes %	
2 3 4 5 6 7 8	 Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 	Yes% No S in column (d) 7 from line 1, column (d)	bingo/progressive bingo	☐ Yes %	
2 3 4 5 6 7 8 Er	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug	Yes% No 1 S in column (d) 2 from line 1, column (d) ucts gaming activities: ctivities in each of these set	bingo/progressive bingo	Yes%	col. (a) through col. (
2 3 4 5 6 7 8 Er Is	Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 nter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes% No 1 S in column (d) 2 from line 1, column (d) ucts gaming activities: ctivities in each of these set	bingo/progressive bingo	Yes%	col. (a) through col. (
2 3 4 5 6 7 8 Er Is	Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 nter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes% No No from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes%	col. (a) through col.

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	USAGAINSTALZHEIMER'S 45-0)672	514	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming				
a	The organization's facility		13a		%
			13b		%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records:			
	Name				
15a	Does the organization have a cont	tract with a third party from whom the organization receives gaming revenue?	🗀	Yes	🗌 No
ŀ	If "Yes " enter the amount of game	ing revenue received by the organization \$ and the amount			
	of gaming revenue retained by the				
	If "Yes," enter name and address				
		or the time party.			
	Name				
	Address				
16	Gaming manager information:				
10	daming manager internation.				
	Name				
	Gaming manager compensation	\$			
		·			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
a	Is the organization required under	state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes	No
k	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activiti				
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			
3320	83 09-13-23	3.8 Sched	ule G (Form	990) 2023

Part IV	Supplemental Information (continued)	
332084 04-01-	22	Schedule G (Form 990)
JJ2004 U4-U1-	20	

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SCHEDULE I (Form 990) Department of the Treasury	O O O	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.} Attach to Form 990.	Other Assistance to Organizations, , and Individuals in the United State ^{zation answered} "Yes" on Form 990, Part IV, line 21 Attach to Form 990.	ce to Organi s in the Unit on Form 990, Parl 990.	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047 2023 Open to Public
Internal Revenue Service		Go to www.irs.	Go to www.irs.gov/Form990 for the latest information.	the latest informa	tion.		Inspection
Name of the organization USAGAIN	USAGAINSTALZHEIMER	<u>ດ</u>					Employer identification number $45-0672514$
Part I General Information on Grants and Assistance	ts and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	rds to substantiate the	amount of the grants of	or assistance, the c	Jrantees' eligibility [.]	for the grants or assis	stance, and the selecti	
2 Describe in Part IV the organization's procedures for monitoring the use of	s procedures for monit		grant funds in the United States.	States.] S
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Correction of the content	to Domestic Organiz an \$5,000. Part II can			omplete if the orga d.	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ided.	IV, line 21, for any
1 (a) Name and address of organization or government	n (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DRUG DISCOVERY FOUNDATION - 57 WEST 57TH STREET, SUITE 904 - NEW YORK, NY 10019	, 20-1082179	501(C)(3)	15,000.				EVENT SPONSORSHIP
RESEARCH AMERICA 241 18TH ST NW SOUTH 501 ARLINGTON, VA 22202	52-1609875	501(C)(3)	15,000.	0.			EVENT SPONSORSHIP
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871	27-7337229	501(C)(3)	10,000.	0.			EVENT SPONSORSHIP
ALLIANCE FOR AGING RESEARCH 1700 K STREET, NW WASHINGTON, DC 20006	54-1379174 501(C)(3)	501(C)(3)	74,000.	0.			SPONSORSHIP TO SUPPORT A SURVEY (CED)
AMERICAN SOCIETY ON AGING 575 MARKET STREET, SUITE 2100 SAN FRANCISCO, CA 94105	942292868	501(C)(3)	34,500.	°			SPONSORSHIP TO SUPPORT WEBINARS ON BRAIN HEALTH
CARINGKIND 360 LEXINGTON AVE, # FL NEW YORK, NY 10017	13-3277408	501(C)(3)	10,000.	0.			EVENT SPONSORSHIP
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	 and government or 	ganizations listed in the	line 1 table				9. 0.
<u>a</u>	the Instructions for	Form 990.					Schedule I (Form 990) 2023

LHA 332101 11-01-23

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Schedule I (Form 990) 2023 USAGAINSTALZHEIMER ' S	MER'S				45-0672514 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. can be duplicated if additional space is needed.	. Complete if the	organization answe	red "Yes" on Form 99	00, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BRAIN HEALTH ACADEMY NURSE FELLOWSHIP GRANT	12	22,000.	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column ((b); and any other ad	ditional information.	
PART I, LINE 2:					
EVENT SPONSORSHIPS WERE NOT MONITORED AFTER AWARD. USA2 HAD REPRESENTATIVES	RED AFTER	AWARD. US	A2 HAD REPI	XESENTATIVES	
ATTEND THE EVENTS. GENERAL SUPPORT	GRANTS	ARE MONITORED VIA	ED VIA PROC	PROGRESS	
REPORTS AND IN-PERSON MEETINGS TO D	DISCUSS R	RESEARCH FI	FINDINGS. BRI	BRAIN HEALTH	
ACADEMY NURSE FELLOWS WERE REQUIRED	QI	LETE LEADE	COMPLETE LEADERSHIP TRAINING	NING	
PROVIDED BY USA2 AND PARTICIPATE IN	N COMMUNITY	TY EVENTS.			

Schedule I (Form 990) 2023

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SC	HEDULE J	Compensation In	formation	I	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, K	ey Employees, and Highest		20	7 7	,
		Compensated Empl Complete if the organization answered "Yes			<u> 20 </u>	<u>ZJ</u>)
Depa	tment of the Treasury	Attach to Form 9			Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instruction	s and the latest information.		Inspe		
Nam	e of the organization			Employer i			nber
Pa		USAGAINSTALZHEIMER'S Regarding Compensation		45-0	67251	4	
10	att Question	negariting compensation				Vee	Ne
10	Chock the appropri	ate box(es) if the organization provided any of the following	to or for a parson listed on Form	000		Yes	No
Id		ine 1a. Complete Part III to provide any relevant informatio		990,			
	First-class or d		allowance or residence for perso	naluse			
	Travel for com		ts for business use of personal re-				
			r social club dues or initiation fee				
	Discretionary	pending account Persona	services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written	policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," co	mplete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing exp					
	trustees, and office	s, including the CEO/Executive Director, regarding the iten	is checked on line 1a?		2		
-							
3		y, of the following the organization used to establish the co					
		ctor. Check all that apply. Do not check any boxes for meti-	hods used by a related organization	on to			
	Compensation	tion of the CEO/Executive Director, but explain in Part III.	employment contract				
			sation survey or study				
	X Form 990 of o		l by the board or compensation c	ommittee			
			by the board of compensation e	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a,	with respect to the filing				
	organization or a re	· · · · · · · · · · · · · · · · · · ·					
а	Receive a severand	e payment or change-of-control payment?			4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement	plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arranger	nent?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amount	s for each item in Part III.				
-		(3), 501(c)(4), and 501(c)(29) organizations must comple					
5	For persons listed of contingent on the r	n Form 990, Part VII, Section A, line 1a, did the organizatio	n pay or accrue any compensatio	n			
•	0				5a		x
		ation?					X
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organizatio	n pay or accrue any compensatio	n			
	contingent on the r						
а					. 6a		X
		ation?					X
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organizatio					
		es 5 and 6? If "Yes," describe in Part III			7	X	<u> </u>
8		reported on Form 990, Part VII, paid or accrued pursuant to		ne			
-		otion described in Regulations section 53.4958-4(a)(3)? If "			8	_	X
9		d the organization also follow the rebuttable presumption p	rocedure described in				
	Regulations section				9		
⊦or	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.		Sched	ule J (Forn	n 990)	2023

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Schedule J (Form 990) 2023 USAGA	NI	USAGAINSTALZHEIMER ' S	2		45-0672514	514		Page 2
s, Trustee	oldu	vees, and Highest C	ompensated Emple	oyees. Use duplica	te copies if additional s	space is needed.		3
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	be rep	oorted on Schedule J 390, Part VII.	, report compensati	on from the organiz	ation on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ja inc	dividual must equal th	e total amount of Fc	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (E	:) amounts for that indiv	idual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RUSSELL PAULSEN	Ξ	285,417.	27,500.	0.	12,725.	1,077.	326,719.	.0
CHIEF OPERATING OFFICER (SEE SCH O)	: ii	.0		0.	.0	0.	.0	0.
(2) LYNN CRONEBERGER	Ξ	219,313.	.0	.0	9,844.	11,840.	240,997.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	• 0		0.
(3) STEPHANIE MONROE	Ξ	197,438.	.0	• 0	8,653.	1,064.	207,15	.0
VP AND SR ADVISOR, HEALTH EQUITY	(ii)	0.	0.	0.	0.	• 0		0.
(4) MICHAEL CLEARY	(i)	186,794.	.0	•0	8,205.	11,543.	206,542.	.0
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MERYL COMER	(i)	200,000.	.0	•0	.0	•0	200,000.	.0
FOUNDING BOARD MEMBER (SEE SCH. 0)	(ii)	0.	0.	0.	0.	• 0	• 0	0.
(6) JON SUMMERS	(i)	189,703.	0.	0.	8,387.	1,594.	199,684.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	• 0	• 0	0.
(7) KELLY O'BRIEN	(i)	168,483.	.0	•0	5,319.	1,064.	174,866.	.0
PREVENTION	(ii)	.0	.0	.0	.0	.0	.0	.0
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Schedule J (Form 990) 2023 USAGAINSTALZHEIMER ' S	45-0672514	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	this part for any additional information.	
PART I. LINE 7:		
LL PAULS		
	Schedule J (Form 990) 2023	90) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023 **Open to Public**

. Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Employer	identification number

45-0672514

Name of the organization

USAGAINSTALZHEIMER'S

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermini	•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	7	165,090.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (CREDIT CARD POI)	X	0	4,157.	CONVERSION	BASE	ED (ON
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	/ for which column (a) is cheo	cked,			
	describe in Part II.							
Eor E	anorwork Poduction Act Notico, coo the Inst	ructions for	Eorm 000		Schedule	M (Earm	000	2022

Reduction Act Notice, see the Instructions for Form 99

uie M (Form 990) 2

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Schedule M (Form 990) 2023 USAGAINSTALZHEIMER'S

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization

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.



USAGAINSTALZHEIMER'S

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

SINCE MOST ALZHEIMER'S PATIENTS ARE WOMEN, LATINOS, AND BLACK PEOPLE,

ALL OUR WORK IS DONE WITH EQUITY IN MIND, SO THAT WE ADDRESS THE NEEDS

OF THE PEOPLE MOST HEAVILY IMPACTED BY THE DISEASE. TO ACHIEVE OUR

MISSION, WE GIVE VOICE TO PATIENTS AND CAREGIVERS WHILE PARTNERING WITH

GOVERNMENT, SCIENTISTS, THE PRIVATE SECTOR, AND ALLIED ORGANIZATIONS --

THE PEOPLE WHO PUT THE "US" IN USAGAINSTALZHEIMER'S.

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

PLATFORM THAT EMPOWERS PEOPLE WITH KNOWLEDGE AND RESOURCES TO TAKE THE

BEST NEXT STEPS IN MANAGING THEIR OWN OR A LOVED ONE'S BRAIN HEALTH.

- THROUGH OUR CENTER FOR BRAIN HEALTH EQUITY, REACHED 450,000 BLACK AND

LATINO PEOPLE THROUGH A TAILORED BRAIN HEALTH COMMUNICATIONS CAMPAIGN

ABOUT BRAIN HEALTH.

- PRIORITIZING 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.

- ENGAGING THE PRIVATE SECTOR IN AN EFFORT TO REDUCE THE RISK OF

DEMENTIA AMONG THEIR WORKFORCE, CUSTOMERS, AND COMMUNITIES.

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 THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED WITH THE

IRS.

Name of the organization

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 EACH

HE/SHE:

A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,

B. HAS READ AND UNDERSTANDS THE POLICY,

C. HAS AGREED TO COMPLY WITH THE POLICY, AND

D. UNDERSTANDS THAT THE ORGANIZATION IS A NON-PROFIT PUBLIC BENEFIT

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

ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS

TAX-EXEMPT PURPOSES.

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

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION IS DISCUSSED WITH THE BOARD CHAIRMAN, WHO USES INFORMATION FROM A REVIEW OF COO COMPENSATION AT OTHER NON-PROFITS, AND A PERFORMANCE REVIEW IS CONDUCTED. THE COMPENSATION IS THEN APPROVED BY THE BOARD WHEN IT 332212 11-14-23 Schedule O (Form 990) 2023 48

2023.04020 USAGAINSTALZHEIMER'S

Schedule O (Form 990) 2023											Page 2
Name of the orga	•									ication nu	mber
USAGAINSTALZHEIMER'S									45-0672	2514	
APPROVES	THE	BUDGET.	THE	MOST	RECENT	COMPENSATION	REVIEW	TOOK	PLACE	IN	
DECEMBER	2021	L.									

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, NM, NY, NC, OR, PA, RI, SC, TN, UT VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, LINE 1:

USAGAINSTALZHEIMER'S (USA2) AND USAGAINSTALZHEIMER'S ACTION

(USA2ACTION), AN UNRELATED ORGANIZATION FOR TAX PURPOSES, HAVE ENTERED

INTO A COST-SHARING ARRANGEMENT UNDER WHICH USA2ACTION REIMBURSES USA2

FOR USA2ACTION'S ALLOCABLE SHARE OF THE COMPENSATION OF CERTAIN

EMPLOYEES FOR SERVICES PROVIDED TO USA2ACTION. PURSUANT TO THIS

AGREEMENT, USA2ACTION REIMBURSED USA2 FOR ITS SHARE OF OFFICER

COMPENSATION AS FOLLOWS:

RUSSELL PAULSEN: \$11,282

FORM 990, PART VII, LINE 1: MERYL COMER RECEIVED COMPENSATION FOR HER

WORK AS A SENIOR PROJECT ADVISOR. HER COMPENSATION IS UNRELATED TO HER

DUTIES AS A BOARD MEMBER.

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

COMMUNICATIONS:

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Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
USAGAINSTALZHEIMER'S	45-0672514
PROGRAM SERVICE EXPENSES	454,198.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	454,198.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	52,053.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	59,315.
TOTAL EXPENSES	111,368.
PROGRAM MGT STRATEGY:	
PROGRAM SERVICE EXPENSES	1,524,576.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,524,576.
PROJECT FUNDS:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
FORM 990, PART IX, LINE 11G:	
FOR MANY SERVICES, USA2 CONTRACTS WITH FIRMS TO PROVIDE CO	
CAPACITIES, INCLUDING POLICY/LEGISLATIVE AFFAIRS, COMMUNIC	

MEDIA, DIGITAL MARKETING, AND PROGRAM MANAGEMENT.

332212 11-14-23

Name of the organization	USAGAINSTALZHEIMER'S	Page 2 Employer identification number 45-0672514

SCHEDULE R (Form 990) Comp Department of the Treasury	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.	ons and Unrelated Par ed "Yes" on Form 990, Part IV, lin Attach to Form 990.	tnerships e 33, 34, 35b, 36, c	r 37.		OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization USAGAINSTALZHEIMER ' S	EIMER'S	ווסנו מכנוסווס מוומ נורכ ומנכסו			Employer identification number 45-0672514	ication number 514
Part I Identification of Disregarded Entities. Complete if the organization		answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	e End-of-year assets		(f) Direct controlling entity
ADEA, LLC - 93-2019066 5614 CONNECTICUT AVE NW #288 WASHINGTON, DC 20015	CREATE A PATIENT-FOCUSED LEARNING SYSTEM LEVERAGING REAL-WORLD HEALTH DATA	DISTRICT OF COLUMBIA		.0	0. USAGAINSTALZHEIMER'S	ZHEIMER'S
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	nswered "Yes" on Form 990,	Part IV, line 34, be	cause it had one	or more related tax-exe	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
ALZHEIMERS DISEASE EVIDENCE ACCELERATOR, INC 93-2101228, 5614 CONNECTICUT AVE NW #288, WASHINGTON, DC 20015	CREATE A PATIENT-FOCUSED LEARNING SYSTEM LEVERAGING REAL-WORLD HEALTH DATA	DISTRICT OF COLUMBIA	501(C)(3) I	LINE 7	USAGAINSTALZHEIMER 'S	s X
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 USAG	USAGAINSTALZHEIMER'S	MER'S							45-06	-067251	4 Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	ganizations Taxable a	as a Partne tx year.		if the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 99	0, Part IV, lin	e 34, becau	se it had one or r	nore relat	pe
(a)	(q)	(c)	(p)			(£)	(6)	(y)	(i)	(j)	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total e income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	X managing e partner? 5) Yes No	or Percentage
Part IV Identification of Related Organizations Taxable as a Corporation	l ganizations Taxable a	as a Corpo	or Trust.	l Complete if th	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	 swered "Yes" or	i Form 990, F	art IV, line 3	l 34, because it ha	d one or I	l nore related
	orporation or trust durit	ig the tax y	ear.								
(a)					(q)	(e)				(મ	
Name, address, and EIN of related organization		Prim	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	y Share of total p, income	of total ome	Share of F end-of-year assets	Percentage ownership	e 512(b)(13) controlled entity? Yes No
332 162 09-28-23	-			Ĺ					Sched	ule R (Fo	Schedule R (Form 990) 2023
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Schedule R (Form 990) 2023 USAGAINSTALZHEIMER 'S

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				×	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
b Gift, grant, or capital contribution to related organization(s)				1b	X
c Gift, grant, or capital contribution from related organization(s)				1c	X
d Loans or loan guarantees to or for related organization(s)				1d	X
Loans or loan guarantees by related organization(s)				1e	×
f Dividends from related organization(s)				1f	X
g Sale of assets to related organization(s)				1g	×
Purchase of assets from related organization(s)				÷	×
i Exchange of assets with related organization(s)				÷	×
				÷	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	iization(s)			1 T	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			ţ	×
 Sharing of paid employees with related organization(s) 				10	×
p Reimbursement paid to related organization(s) for expenses				1p	Х
Reimbursement paid by related organization(s) for expenses				1q	X
r Other transfer of cash or property to related organization(s)				٦r	X
				1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete thi	s line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(3)					
(4)					
(5)					
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Schedule R (Form 990) 2023

Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	able as a Partnership. Co	mplete if the organ	ie organization answered "Yes" on Form 990, Part IV, line 37.	s" on Forr	n 990, Part IV, line 3	7.				2
Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions recarding exclusion for certain investment partnerships	entity taxed as a partnersh structions recording evolue	ip through which the	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)	icted moi	e than five percent o	of its activities (me	asured by	total assets or gr	oss rev	enue)
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	Predominant income	Are all partners sec.	0	(g) Share of	Dispropor- tionate	(i) Code V-UBI	(j) General or managing	(j) (k) General or Percentage
orentity		(state or toreign country)	excluded from tax under sections 512-514)	Ves No	total income	end-or-year assets	Allocations?	of Schedule K-1 (Form 1065)	Yes No	ownersnip
	-									
									ļ	
								Schedule	R (Forn	Schedule R (Form 990) 2023

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Schedule R (Form 990) 2023 USAGAINSTALZHEIMER'S

USAGAINSTALZHEIMER'S

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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