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Form	<b>330</b>	

# \*\* 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

ΑF	or the	2018 calendar year, or tax year beginning and er	nding		
B C	heck if oplicable	C Name of organization		D Employer identifie	cation number
	Addres change	<sup>s</sup> USAGAINSTALZHEIMER'S			
	 Name change			45-0	672514
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)         Ro           1101         K         STREET, NW         40	E Telephone number	.)360-2043	
v	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,495,151.
<u>⊢</u>	Amend return Applica tion	WASHINGTON, DC 20005 F Name and address of principal officer:M'LISS REINGRUBER		H(a) Is this a group re	
	pending	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or	527	lf "No," attach a	list. (see instructions)
		WWW.USAGAINSTALZHEIMERS.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year of	of formation: $2011$	State of legal domicile: DC
Pa		Summary		TT TTND 1	
Governance	1 E	Briefly describe the organization's mission or most significant activities: $\underline{SEEP}$	ART 1	II, LINE I.	
srne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	d of more	than 25% of its net as	sets.
š	3 1	Number of voting members of the governing body (Part VI, line 1a)			12
8 0		Number of independent voting members of the governing body (Part VI, line 1b) $\ldots$			11
Activities &		otal number of individuals employed in calendar year 2018 (Part V, line 2a)			6
ivit		Total number of volunteers (estimate if necessary)			11
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38	·····		0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		9,733,989.	7,246,101.
Revenue		Program service revenue (Part VIII, line 2g)		0. 92.	238,430.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		92.	4,651.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,734,081.	0. 7,489,182.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		411,250.	369,070.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		411,250.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		845,256.	642,876.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	045,250.	042,070.
Expenses	IDA F	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25)	<u> </u>	••	• •
ŭ.	17 (	Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	5,478,241.	7,248,843.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,734,747.	8,260,789.
		Revenue less expenses. Subtract line 18 from line 12	·····	2,999,334.	-771,607.
es	10 1		Be	ginning of Current Year	End of Year
ets	20 1	otal assets (Part X, line 16)		5,891,619.	5,006,152.
d Ba		Total liabilities (Part X, line 26)		505,426.	391,566.
Net Assets or Fund Balances		Net assets or fund balances. Subtract line 21 from line 20		5,386,193.	4,614,586.
	rt II	Signature Block			
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	/ knowledge and belief, it is
true,	correct	, and complete Declaration of preparer (other than officer) is based on all information of whic	h preparer		
		- Olang			/2019
Sigr	ו ו	Signature of officer		Date	
Here	e	GEORGE VRADENBURG, CHAIRMAN & CO-FOUND	ER		
		Type or print name and title		ioto i	
		Print/Type preparer's signature	10	gte Check	
Paid	- F		no	8/24/19 self-employe	
		Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN 🕨	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090

\_\_\_ No

X Yes

Bieldy describe the organization's mission:           USAGAINSTAL/HEIMER'S IS AN INNOVATIVE, PATIENT-CENTERED NON-PROFIT           DEMANDING-AND DELIVERING-A SOLUTION TO ALZHEIMER'S DISEASE (AD).           DRIVEN BY THE SUFPERING OF MILLIONS OF PAMILIES, WE PRESS FOR GREATER           URGENCY FROM GOVERNMENT, INDUSTRY AND THE (CONTINUED ON SCHEDULE O)           Dd the organization undertake any significant program services during the year which were not listed on the prior form 990 e627           If "Yes,' describe these new services on Schedule 0.           D dthe organization case concluding, or make scignificant changes in how it conducts, any program services?			TALZHEIMER'S		45-0672514	Page
Binefy detective the optimization's mission:           USAGAINSTALZHEINER'S IS AN INNOVATIVE, PATIENT-CENTERED NON-PROFIT           DEMANDING-AND DELIVERING A SOLUTION TO ALZHEIMER'S DISEASE (AD).           DRIVEN BY THE SUPPERING OF MILLIONS OF FAMILIES, WE PRESS POR GREATER URGENCY FROM GOVERNMENT, INDUSTRY AND THE (CONTINUED ON SCHEDULE O)           Did the organization underlake any significant program services during the year which were not listed on the pro-form 800 or 980-227         □ Ves X           If 'Yes,' describe these new services on Schedule 0.         □ Ves X           Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Sectors 100 (c(2) and SU(4)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any,' desch program service accomplishments for each of its three largest program services, as measured by expenses. Sectors 100 (c(2) and SU(4)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any fractions there is than switch report as a [Coco ] [Descrets the sector program services of SO (CORTANT MILESTORES, INCLUDING:         369,070.) (Beenest         238,430           - SECURING THE U.S. GOAL OF PREVENTING AND EFFECTIVELY TREATING ALZHEIMER'S EX 2025 THROUGH THE NATIONAL ALZHEIMER'S PLAN, AND DRIVING GLOBAL EFFORTS THAT LED THE WORLD'S MOST POWERPUL NATIONS, THE G7, TO IMMERGE A SIMILAR A FIVERPOLD INCREASE IN U.S. ALZHEIMER'S RESEARCH INVESTMENT. SINCE OUR FOUNDING IN 2010, WE HAVE PLAYED A KEY ROLE IN SECURING MORE THAN A FIVERPOLD INCREASE IN U.S. ALZHEIMER'S RESEARCH INVESTMENT. SINCE OUR FOUNDING IN 2010, WE HAVE PLAYED A KEY	Par	t III Statement of Program Serv	vice Accomplishments			
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URCENCY FROM GOVERNMENT, INDUSTRY AND THE (CONTINUED ON SCHEDULE O) Did the organization undertake my significant program services during the year which were not listed on the proform 980 of 980-527 If 'Yes,' describe these new services on Schedule O. Did the organization sequencing, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if an, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and ussAGATNSTALLHEIMER'S HAS WORKED ACROSS SECTORS TO ACHIEVE IMPORTANT MILESTONES, INCLUDING: - SECURING THE U.S. GOAL OF PREVENTING AND EFFECTIVELY TREATING ALCHEIMER'S BY 2025 THROUGH THE NATIONAL ALZHEIMER'S PLAN, AND DRIVING GLOBAL EFFORTS THAT LED THE WORLD'S MOST POWERFUL NATIONS, THE G7, TO EMBRACE A SIMILAR 2025 GOAL HELPING TO INCREASE U.S. INVESTMENT IN DEMENTIA RESEARCH AT NITH AND FROMPTING THE U.K., CANADA AND JAPAN TO COMIT TO GREATER RESEARCH INVESTMENT. SINCE OUR FOUNDING IN 2010, WE HAVE PLAYED A KEY ROLE IN SECURING MORE THAN A FIVEFOLD INCREASE IN U.S. ALZHEIMER'S TRESEARCH FUNDING, FROM \$400 MILLION TO \$2.2.3 BILLION (FY 2015). OUR DIRECT b (cote:) (spenses) (newnes) (newnes) (newnes) (newnes) (newnes) (newnes) (newnes) (newnes) (newnes	1	USAGAINSTALZHEIMER'S DEMANDING-AND DELIVER	IS AN INNOVATIVE, RING-A SOLUTION TO	ALZHEIMER'S DISEA	ASE (AD).	ידיס
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Le       Total program service expenses ►       6,940,379.         2002 12-31-18       Form 990 (2         2002 12-31-18       SEE SCHEDULE O FOR CONTINUATION(S)	4d	Other program services (Describe in Sche	dule O.)			
Form 990 (2 2002 12-31-18 SEE SCHEDULE O FOR CONTINUATION(S) 2	10		ncluding grants of $940.379$	) (Revenue \$	)	
2						<b>990</b> (201
30826 745960 35556 2018.04020 USAGAINSTALZHEIMER'S 35556			2			
	80	826 745960 35556	2018.04020 USAG	GAINSTALZHEIMER'S	355	562

Form 990 (2018) USAGAINSTALZ
Part IV Checklist of Required Schedules USAGAINSTALZHEIMER'S

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part III</i>	5		x
6		5		- 23
0	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	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	-		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
<b>b</b>	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	x	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120	~	x
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ļ
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? If "Yes," complete Schedule I, Parts I and II	21	X	
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Form 990 (	2018)	USAGAINSTALZHEIMER
Part IV	Checklis	t of Required Schedules (continued)

\_\_\_\_\_

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ A
a	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	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note. All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ן מו	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 59		162	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ũ	(gambling) winnings to prize winners?	1c	х	
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Form 990 (	(2018)	USAGAINSTALZHEIMER'S
Part V	Sta	tements Regarding Other IRS Filings and Tax Compliance (continued)

b       If 'Yes,' enter the name of the foreign country:         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAF).       5a         SW as the organization aparty to a prohibited tax sheller transaction at any time during the tax year?       5a         b       Did any taxable party notify the organization file Form 886-7:       5a         c       If 'Yes' to line 5a or 5b, did the organization file Form 886-7:       5a         d       Dest the organization neave annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a         7       Organization neave apyment in exceepts data are normally greater than \$100,000, and did the organization solic tar any apymentine. Sciently as a contribution and party for goods and services provided to the payor?       7a         d       If 'Yes,' did the organization neaves of \$75 made party as a contribution and party for pods and services provided?       7a         f       To       To       7a       7a         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7d         7b       Did the organization neaves of \$75 made pay to you premiums, on a personal benefit contract?       7f       7d         f       Did the organization neaverses business hokings at any time during the year.<				Yes	No						
b       If at least one is reported on line 2a, did the organization file all required to e-file (see instructions)       2b       X         Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       3b         Did the organization have unrelated business gross income of \$1.000 or more via signature or ther authorty over, a       3a       3b         Dif T+Se, "hast if field a form 980-T for this year? // 'No' to line 3b, provide an explanation in Schedule O       3b       3b         Dif t+Se, "nest return ame of the foreign country (such as a bank saccourt, securities account, or other financial accounts (FBAR).       5a       4a         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       5a         Did any taxable pary notify the organization nate mortally greater than \$100,000, and did the organization notic any annual gross receipts that are normally greater than \$100,000, and did the organization notic any contributions that were not tax deductible as chartable contributions?       5a       5a         If 'Yes,'' did the organization netwine system on that such contributions or gifts were not tax deductible on the used on the goods or services provided?       7a       7a         If 'Yes,'' did the organization netwine system of the goods or services provided?       7b       7a       7a         If 'Yes,'' did the organization netwine system or that and thing the good send services provided?       7a       7a	2a										
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)       3a         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a         bit 11 'ves, 'net the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is oreing country;       3a         bit 12 'ves, 'neter the name of the foreign country;       >       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Sa         bit any taxable party notity the organization that it was or is a party to a prohibited tax shafter transaction at any time during the tax year?       Sa         c) 11 'ves, 'in the Sa or 5b, did the organization that it was or is a party to a prohibited tax shafter transaction?       Sc         c) 20 bes the organization party the organization that it was or is a party to a prohibited tax shafter transaction?       Sc         c) 11 'ves,' idid the organization hickde with every solicitation an express statement that such contributions or gifts were not tax deductible?       Sc         c) Did the organization aparty receive deductible contributions?       Sc       Sc         d) 11 'ves,' idid the organization nickde with every solicitation an express statement that such contributions or gifts were not tax deductible?       Sc         d) 11 'ves,' idid the organization nickde with every solicitation an express statement that such contributions or gifts were not tax deductible?       Sc		filed for the calendar year ending with or within the year covered by this return 2a 6									
3a       Del the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a       3a         b       If "Yes," has if lied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0       3b       3b         b       If "Yes," has if lied a Form 990-T for this year? If "No" to line 3b, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       4a         b       If "Yes," that if the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR).       4a         c       If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5b         c       If Yes," to line 5a or 5b, did the organization inclue with a weak or is a party to a prohibited tax shelter transaction?       5c         did to organization have annual gross reactings that are normaly greater than \$100,000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organization sell, exchange, or otherwise dispose of tangibib personal property for which it was required to the pariaziton necker apyment in excess of \$76 indet party as contributions and party for goods and services provided to the pariaziton received a contribution of andet party as contributions and party for which it was required to the approxization necel weak apyment in excess of \$76 indet party as contribution and	b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
b       If "Yes," has it filed a Form 990-T for this yea? If "No" to line 3b, provide an explanation in Schedule O       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a brain account, socurities account, or other financial account)?       4a         b       If "Yes," enter the name of the foreign country; l>       5a         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?       5a         6a       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organization stating receive deductible contributions under section 170(c).       6b       6b         16       If enginization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided?       7a       7a         7       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7a         9       If "Yes," indicate the number of Forms 8292 filed during the yea?       7d       7d       7d       7d       7d       7d       7d											
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transcial account?       4a         11 "Yes," enter the name of the foreign courty. ▶       5a         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         5a Was the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?       5a         5a Dost the organization that we organization that it was or is a party to a prohibited tax shelter transaction?       5c         5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c         6a Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions?       6c         7 Organization shell, exchange, or otherwise dispose of tangible personal property for which it was required to the payor?       7a         7 If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a         7 Did the organization neevel any fund, directly or indirectly, on a personal benefit contract?       7c         7 If "Yes," ridicate the number of Forms 8282 filed during the year       7d       7d         7 If the organization neeview any fund, directly or indirectly, on a personal benefit contract?       7c       7f         7 If the organization m	3a										
financial account in a foreign country Such as a bank account, securities account, or other financial account?       4a         b       if 'Yes,'' enter the mame of the foreign country Such as a bank account any time during the tax year?       5a         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions or gifts were not tax deductible as chartable contributions and party for goods and services provided to the payor?       6a         b       If 'Yes,'' did the organization notify the donor of the value of the goods or services provided to the payor?       7a         b       If 'Yes,'' did the organization setware, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7e         7b       Did the organization receive a pytunds, directly or indirectly, or a personal benefit contract?       7e         7d       Did the organization meaker submiss holdings at any time during the year?       7d         7d       Did the organization neceive a pytunds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         7d       Did the organization maker submiss holdings at any time du			3b								
b       If "Yes," enter the name of the foreign country:         See instructions for ting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Su Was the organization a party to a prohibited tax sheat remasciton at any time during the tax year?       5a         b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheat remasciton 7.       5c         a Does the organization native annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions include with every solicitation an express statement that such contributions or gitts were not tax deductible as charitable contributions?       6c         7 Organization stat may receive deductible contributions or approximation receive a payment in excess of \$7 made party as a contribution and party for goods and services provided to the payor?       7a         7 If "Yes," indicate the number of Forms 8282 file during the year       Td       Td         7 Did the organization neetive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         7 Did the organization meaker any three during the year       Td       Td         7 Tess, 'indicate the number of Forms 8282 file during the year?       7a       Zd         7 d       If the organization nee/were any time during the year?       7a       Zd         8 Sponsoring organization nee/were any time during the year?       N/A       9a       9a       9a	4a				37						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a Was the organization a party to a prohibited tax shelter transaction?       5a         5b Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction?       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible as charitable contributions?       5c         7 If Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a         7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the part?       7a         7 If 'Yes, ' did the organization notify the donor of the value of the goods or services provided?       7a         7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year       7a         7 Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.C?       7t         7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.C?       7t         8 Sponsoring organization maintaining door advised funds.       1a       1a         9 Sponsoring organization maintaining door advised funds.	_		4a		X						
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         cit       'Yes' to line 5a or 5b, did the organization time form B886-17       5c         cit       'Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as chaitable contributions?       6a         7       Organization receive advectible contributions under section 170(c).       a       10 the organization noticude with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a         7       Organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?       7a         7       Organization neelle, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7a         7       Did the organization neceive any truns, directly or indirectly, to pay premiums on a personal benefit contract?       7e         7       Did the organization neceive a contribution of qualified intellectual property, did the organization flag form 8398 as required?       7h         1       H'Yes, 'indicate the number of Forms 8282 field during the year?       N/A       8         9       Sponsori	b										
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         c If 'Yes' to line 6a or 5b, did the organization file Form 888617       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a         b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a         a Did the organization notify the donor of the value of the goods or services provided?       7a         c Did the organization notify the donor of the value of the goods or services provided?       7a         c Did the organization notify the donor of the value of the goods or services provided?       7a         c Did the organization ing have, apy premiums, directly or indirectly, to ap prensonal benefit contract?       7a         f If 'Yes,' indicate the number of Forms 8282 filed during the year, apy premiums, on a personal benefit contract?       7a         g Did the organization during the year, apy premiums, directly or indirectly, on a personal benefit contract?       7a         g Sponsoring organization maintaining door advised funds.       3a         a Sponsoring organization maintaining door advised funds.       3a         b Did the sponsoring organization make a distributions under section 4966?       N/A	<b>F</b> -		<b>F</b> -		x						
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     5c       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     6a       a     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year     7a       b     If "Yes," indicate the number of Forms 8282 filed during the year     7d       c     Td     7d       c     Td     7d       d     If the organization neceived a contribution of qualified intellectual property, did the organization received a contribution of cast, boast, airplanes, or other vehicles, did the organization fiela Form 10898     7d       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7d       f     Did the organization received a contribution of oras, bbast, airplanes, or other vehicles, did the organization filea Form 10898     7d       g     Bonsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     N/A.       g     Sponsoring organization make any taxable distributions due reganization filea Form 10982 <t< th=""><th></th><th></th><th></th><th></th><th>X</th></t<>					X						
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions?       Ga       Image: Control of Contrel Control Of Control Of Con					- 23						
any contributions that were not tax deductible as charitable contributions?       6a         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       7a         a lid the organization neceive a payment in excess of \$76 made party as a contribution and party for goods and services provided to the payor?       7a         7 If 'Yes," (did the organization neceive apayment in excess of \$76 made party as a contribution and party for goods and services provided to the payor?       7b         7 If 'Yes," (did the organization notify the donor of the value of the goods or services provided?       7c         7 If 'Did the organization notify the donor of the value of the goods or services provided?       7c         7 If 'Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7c         7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h         8 Sponsoring organization make as up taxable distributions under section 4966?       N/A       8         9 Sponsoring organization make any taxable distributions under section 4966?       N/A       9b         10 Section 501(c)(7) organizations. Enter:       10b       10b       10b         11 Section 501(c)(2) organizations. Enter:       10b       11b       12a<			50								
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       66         a       Did the organization stat may receive deductible contributions under section 170(c).       67         a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e         f       Did the organization, during the year, pay premiums, of directly, or apersonal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 cor       7h         8       Sponsoring organization mathaining door advised funds.       7g       7h         8       Sponsoring organization make any taxable distributions under section 4966?       N/A       8         9       Sponsoring organization make any taxable distributions under section 4966?       N/A       9b         10       Be sonsoring organization make any taxable distributions under section 4966?	0a		6a		x						
were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       6b         a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?       7h         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?       7h         g If the organizations maintaining door advised funds.       a Did the sponsoring organization make any taxable distributions under section 4966?       N/A         8       9       9a       9b         9 Sociento Sol(c)(7) organizations. Enter:       10a       10a         10 Section 501(c)(7) arganizations. Enter:       10a       10b       11a         a for seciend from them.       11b       10b       11a       12a         11 Section 501(c)(2) organizations. Enter:	b		- UU								
7       Organizations that may receive deductible contributions under section 170(c).       a) bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7c         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?       7d         f       Tid       Tid       Tid         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8899 as required?       7h         g       If the organization navised bunds and vised funds.       Did due sponsoring organization make any taxable distributions under section 4966?       N/A         9       Sponsoring organization make any taxable distributions under section 4966?       N/A       9a         9       Did the sponsoring organizations. Enter:       10d       10a       10b	~		6b								
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f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       N/A         9       Sponsoring organization make any taxable distributions under section 4966?       N/A         9       Did the sponsoring organizations. Enter:       a         a       Initiation fees and capital contributions. Included on Part VIII, line 12       N/A         10       Ection 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders       N/A         11a       11b       12a         12a       Section 501(c)(12) organizations. Enter:       11b         a       Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       Is the organization licensed to issue qualified health plans in m	d	If "Yes," indicate the number of Forms 8282 filed during the year7d									
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b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       Image: section 501(c)(29) qualified nonprofit health insurance issuers.       Image: section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Image: section 50 (c)(29) gualified health plans       Image: section 50 (c)(20) gualified health gualified health plans       Image: section 50 (c)(20) gualified health gual	12a		12a								
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       N/A       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note. See the instructions for additional information the organization must report on Schedule O.       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       Image: Comparize the amount of reserves on hand       13c       Image: Comparize the organization receive any payments for indoor tanning services during the tax year?       14a       Image: Comparize the tax year?       14a       Image: Comparize the tax year?       Image: Comparize the tax year?       Image: Comparize tax year?											
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Discrete the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: I	13										
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organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a		Note. See the instructions for additional information the organization must report on Schedule O.									
c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a	b										
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a											
					X						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b											
dE le the experimentian subject to the exection (000 tour an annumble) of annumbles the operation of the			14b								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		45		x						
			15		л						
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         16       16	16		16		x						
If "Yes," complete Form 4720, Schedule O.	10		10								

Form **990** (2018)

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Form 990 (2018)	Form	990	(2018	)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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 in Schedule O. See instructions.

	<u></u>		1 0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		
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 ap more members of the governing body?			7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
	persons other than the governing body?			7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the foll	lowing:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at th	e			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Co	de.)			_
					Yes	1
0a	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 ch	apters, af	filiates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before fil	ling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," descri	ibe		v	
	in Schedule O how this was done			12c	X X	_
13	Did the organization have a written whistleblower policy?			13	л Х	
4	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approva	ıl by indep	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				Х	
	The organization's CEO, Executive Director, or top management official			15a	Λ	
b	Other officers or key employees of the organization			15b		ŀ
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	oont	-			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			16-		
Ŀ	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a		ŀ
ά		-	cipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16b		
60	exempt status with respect to such arrangements?					L
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ SEE SCHEDULE	0				
7 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, an		Section 501(2)(2)	)s only)	avail	h
5	for public inspection. Indicate how you made these available. Check all that apply			,s only)	avalla	υ
	Own website Another's website X Upon request Other (explain					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of int	erest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book RUSSELL PAULSEN - 202-349-3803		ecords ►			
	1101 K STREET, NW, SUITE 400, WASHINGTON, DC 2000	5				
2006	§ 12-31-18			Form	990	(2
	6					
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X

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensated
	Employees, an	d Independe	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week				reciu	i/uus		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	trustee			Isatec		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al tru:		yee	Inper		(		and related
	below	vidual	Institutional t	er	Key employee	Highest compensated employee	her			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) GEORGE VRADENBURG	35.00									
CHAIRMAN		х		Х				0.	0.	0.
(2) SHAWN TAYLOR	10.00									
TREASURER		Х		Х				0.	0.	0.
(3) KAREN SEGAL	5.00									
SECRETARY		Х		Х				0.	0.	0.
(4) MERYL COMER	10.00									
FOUNDING BOARD MEMBER (SEE SCH. O)		Х						18,800.	0.	0.
(5) JOHN DWYER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) PETER LEVIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) STANLEY PRUISNER	0.01									
BOARD MEMBER		Х						0.	0.	0.
(8) DAVID SATCHER	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) GREG O'BRIEN	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(10) WILLIAM VEGA	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) DREW HOLZPAFEL	5.00									
BD. MEM./INTERIM PRES (FROM 6/20/18)		Х						0.	0.	0.
(12) MARILYN GLOSSERMAN	2.00								_	_
BOARD MEMBER		X						0.	0.	0.
(13) SALLY SACHAR	40.00								_	_
COO (UNTIL 1/18/18)				Х				10,015.	0.	0.
(14) M'LISS REINGRUBER	40.00									
CHIEF FINANCIAL OFFICER						Х		144,000.	0.	0.
(15) VIRGINIA BIGGAR	35.00								_	_
DIRECTOR, CLERGY/ACTIVIST NETWORK						Х		147,000.	0.	0.
(16) STEPHANIE MONROE	40.00									-
DIRECTOR, AFRICAN AMERICAN NETWORK						X		175,000.	0.	0.

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Form 990 (2018) USAGAINS	<b>FALZHEIN</b>	1EF	נ'ב	3					45-06	5725	514	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box,	not cl , unle:	ss per	ition more rson i	than o is botl pr/trus	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related		Est am	(F) imate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga and	oensa om the nizati relate nizatio	e ion ed
1b Sub-total								494,815.		0.			0.
c Total from continuation sheets to Part V     d Total (add lines 1b and 1c)     Total number of individuals (including but r								0. 494,815.	000 of reportabl	0.			0.
compensation from the organization		1056	IISLE		0000	<i>-)</i> wi		eceived more than \$100					3
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				-	•	•		•			3	Yes	No X
<ul> <li>For any individual listed on line 1a, is the su and related organizations greater than \$15</li> </ul>	ım of reportab	le co	ompe	ensa	atior	n and	d ot	•	the 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> Section B. Independent Contractors	-				-			-			5		X
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	ipensa	tion fr	om	
the organization. Report compensation for (A)	-	ear e	endi	ng w	vith	or w	ithir	(B)			(C)		
Name and business	THIRD AN	/E	22	2NI	)			Description of s PROGRAM			mpen		
FLOOR, NEW YORK, NY 1001 FAEGRE BAKER DANIELS LLP SUITE 400, WASHINGTON, D	, 1050 B	K S	STF	REE	ΞT	NV	7	STRATEGY/MGM FEDERAL POLI /AWARENESS		1,	075 801		
RTI HEALTH SOLUTIONS, P.O RESEARCH TRIANGLE PARK, D	D. BOX 1		L9,	,				PROGRAM CONS	ULTING		682		
RATIONAL 360 1828 L ST NW STE 640, WA	SHINGTON	٦,	DC	2	20(	036	5	DIGITAL COMM MEDIA DROGRAM	./SOCIAL		304	L,9	70.
IAN N. KREMER       PROGRAM         2920       PARKLAWN CT, HERNDON, VA 20171       PROGRAM         2       Total number of independent contractors (including but not limited to those listed above) who received more than											298	8,6	00.
\$100,000 of compensation from the organi	-	50 11		0	14	-				F	orm 9	<b>90</b> (2	2018)

Pa	rt VII							
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	
					(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gra Iou	b	Membership dues						
Am (	с	Fundraising events	1c					
lar lift	d	Related organizations	1d					
ini,	е	Government grants (contribut	tions) <b>1e</b>					
r i	f	All other contributions, gifts, gran	its, and					
i the		similar amounts not included abo	ve 1f 7,	246,101.				
a de	g	Noncash contributions included in lines	a 1a-1f: \$					
ရ ပိ	h	Total. Add lines 1a-1f		►	7,246,101.			
				<b>Business Code</b>				
8	2 a	EDUCATION/AWARE	ENESS	900099	238,430.	238,430.		
ie Sri	b							
er S	с	·						
lev Rev	d							
Program Service Revenue	е							
	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		►	238,430.			
	3	Investment income (including						
		other similar amounts)		►	4,808.			4,808
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties	· <u></u>	🕨				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	5,812.	,				
	b	Less: cost or other basis						
		and sales expenses	5,969.	,				
	с	and sales expenses Gain or (loss) Net gain or (loss)	-157.	,				
		<b>u</b>			-157.			-157
ē	8 a	Gross income from fundraisin	g events (not					
en		including \$	of					
lev		contributions reported on line	e 1c). See					
Other Revenue		Part IV, line 18	а					
E		Less: direct expenses						
-		Net income or (loss) from fund		····· ►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		····· •				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		-				
ŀ	С	Net income or (loss) from sale						
ŀ		Miscellaneous Revenu	IE	Business Code				
	11 a							
	b	·						
	c							
	d							
					7 100 100	220 420	^	
	12	Total revenue. See instructions		▶	7,489,182.	238,430.	0	• 4,651 Form <b>990</b> (2018

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Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	369,070.	369,070.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	28,314.	19,371.	4,757.	4,186
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				1.10 0.00
7	Other salaries and wages	569,954.	309,691.	152,537.	107,726
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				0 804
9	Other employee benefits	4,506.	901.	901.	2,704 7,619
10	Payroll taxes	40,102.	22,056.	10,427.	7,619
11	Fees for services (non-employees):				
а	Management	1 - 0		1 - 0	
b		159.		159.	
	Accounting	82,716.		47,958.	34,758
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		C C17 014			
	column (A) amount, list line 11g expenses on Sch 0.)	6,617,014.	5,780,982.	226,946.	609,086
12	Advertising and promotion	27,694.	27,694.		
13	Office expenses	42,560.	11,548.	26,458.	4,554
14	Information technology	85,752.	77,368.	8,384.	
15	Royalties	20 444	0 0 2 2	14 700	E 000
16	Occupancy	29,444.	8,833.	14,722.	5,889
17	Travel	179,043.	153,125.	12,921.	12,997
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	122 700	122 505	1 112	
19	Conferences, conventions, and meetings	133,708.	132,595.	1,113.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6 011		6,844.	
23		6,844.		0,044.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIP	25,000.	25,000.		
a b	STATE REGISTRATION FEES	14,920.	,		14,920
C C	PAYROLL FEES	2,816.	1,549.	732.	535
d	MISCELLANEOUS	1,173.	596.	577.	
	All other expenses	_,			
25 25	Total functional expenses. Add lines 1 through 24e	8,260,789.	6,940,379.	515,436.	804,974
26	<b>Joint costs.</b> Complete this line only if the organization		-,,-,-,-		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-31-18				Form <b>990</b> (2018

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га		balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,310,673.	1	2,708,716.
	2	Savings and temporary cash investments		2	510,487.
	3	Pledges and grants receivable, net	959,172.	3	1,272,714.
	4	Accounts receivable, net	558,582.	4	482,453.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,000.	9	26,575.
	10a	Land, buildings, and equipment: cost or other			
		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 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	23,192.	15	5,207.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,891,619.	16	5,006,152.
	17	Accounts payable and accrued expenses	489,227.	17	375,177.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	16,199.	25	16,389.
	26	Total liabilities. Add lines 17 through 25	505,426.	26	391,566.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and			
es		complete lines 27 through 29, and lines 33 and 34.			
ů.	27	Unrestricted net assets	1,776,724.	27	1,043,920.
3ala	28	Temporarily restricted net assets	3,609,469.	28	3,570,666.
Ыd	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
ç		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ż	33	Total net assets or fund balances	5,386,193.	33	4,614,586.
	34	Total liabilities and net assets/fund balances	5,891,619.	34	5,006,152.
	<del>34</del>	ו טנמו וומטווונופט מווע וופג מטפנט/ ועווע שמומווניפט	5,051,019.	34	Form <b>990</b>

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Form	990 (2018) USAGAINSTALZHEIMER'S	45-	-06725	14	Pag	ge <b>12</b>
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				82.
2	Total expenses (must equal Part IX, column (A), line 25)	2				89.
3	Revenue less expenses. Subtract line 2 from line 1	3				07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,	386	5,1	93.
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4,	614	l,5	86.
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 in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis					
с	, 5		,			1
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			1
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2018)

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**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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# 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
2018
Open to Public Inspection

.... ...

nar	neor	the organization							5-0672514
Pa	art I	Reason for Public	AINSTALZHE		mploto th	is part ) S	oo instruction		5-0072514
								5.	
	Grgan	ization is not a private found							
1 2		A church, convention of ch A school described in <b>sect</b>				• • •	IJ(A)(I).		
2		A hospital or a cooperative					::)		
4	$\square$	A medical research organiz						Viiii) Entor	the hospital's name
4		city, and state:	ation operated in co	rijunction with a nospital	described	a in Sectio		Jun). Enter	the hospital's hame,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (	unit describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public 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	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	je or
		university:							
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busi							
		See section 509(a)(2). (Co							
11		An organization organized	and operated exclus	ively to test for public sa	fety. See :	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete line:	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org			tion with it	s support	ed organizatio	on(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus							
c	:	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	Ily integrate	ed with,
		its supported organizatio							
c		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organi	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III	
		functionally integrated, o							
f	Ente	er the number of supported of							
g	Prov	vide the following information	n about the supporte	ed organization(s).					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

2018.04020 USAGAINSTALZHEIMER'S

# Schedule A (Form 990 or 990 EZ) 2018 USAGAINSTALZHEIMER'S

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Part II S	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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,778,636.	6,826,699.	5,654,618.	9,733,989.	7,246,101.	34,240,043.
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						
4	Total. Add lines 1 through 3	4,778,636.	6,826,699.	5,654,618.	9,733,989.	7,246,101.	34,240,043.
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)						6,951,152.
6	Public support. Subtract line 5 from line 4.						27,288,891.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	4,778,636.	6,826,699.	5,654,618.	9,733,989.	7,246,101.	34,240,043.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					4,808.	4,808.
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.)						
11	Total support. Add lines 7 through 10						34,244,851.
	Gross receipts from related activities	, etc. (see instruction	ons)			12	304,430.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	phere			-		
See	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2018 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	79.69 %
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	76.34 %
	33 1/3% support test - 2018. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>
b	33 1/3% support test - 2017. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		-		•	•	
b	10% -facts-and-circumstances tes	•	• •	,	•		
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s
						dule A (Earm 990	

Schedule A (Form 990 or 990-EZ) 2018

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# Schedule A (Form 990 or 990 EZ) 2018 USAGAINSTALZHEIMER 'S

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(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.)

	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	$\left  \right $	( <b>e)</b> 2018	(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								
3	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								
Ū	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	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								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017		(e) 2018	(f) Total	
	Amounts from line 6	(4) 2011	(1) 2010	(0) 2010	(u) 2011		0/2010	(i) rotai	
	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								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
2	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.)								
	First five years. If the Form 990 is for	the organization'	's first. second. thi	rd. fourth. or fifth t	ax vear as a section	n 501	(c)(3) organiz	ation.	
		0						· • •	
Sec	ction C. Computation of Publi	ic Support Pe	ercentage					····· • ·	
	Public support percentage for 2018 (I			column (f))		15			%
16	Public support percentage from 2017					16			%
	ction D. Computation of Invest					10			70
	•		•			17			0/
	Investment income percentage for <b>20</b>								%
8	Investment income percentage from 2					18	0/ 1/		%
198	<b>33 1/3% support tests - 2018.</b> If the more than 33 1/3%, check this box an	-					%, and line		
b	33 1/3% support tests - 2017. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore th	-		
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t					
20	Private foundation. If the organizatio	n did not check a	1 box on line 14, 19					) or 990-EZ)	2018
<b>20</b> 33202				15		edule			2018 2

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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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Schedule A (Form 990 or 990-EZ) 2018

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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	tion C. Type II Supporting Organizations			
			Yes	No
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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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 <b>Part VI</b> how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's	•		
<u></u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a L	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
b	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ruction	.)	
c 2		ructions		No
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 <b>Part VI identify</b>			
	the supported organization(s) to which the organization was responsive? If res, then if real violentity there is the supported organization s and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have been engaged in the engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	54		
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9		0-E7	2018
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# Schedule A (Form 990 or 990 EZ) 2018 USAGAINSTALZHEIMER'S

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional	v integrate	d Type III supporting or	ranization (see

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 or 990-EZ) 2018

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	¥	
Sect	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	IS			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
_1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
a	From 2013				
b	From 2014				
C	From 2015				
d	From 2016				
e	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
	line 7: \$				
-	Applied to underdistributions of prior years				
-	Applied to 2018 distributable amount				
-	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
e	e Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form	990 c	or 990-EZ)	201	8 USAGAINSTALZHEIMER'	S
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(See instructions.)		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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# **Schedule of Contributors**

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

OMB No. 1545-0047

2018

Employer identification number

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

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization

45-0672514

# USAGAINSTALZHEIMER'S

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,012,000</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		\$978,893.	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	, , , , , , , , , , , , , , , , ,	\$500,000.	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		\$285,000.	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
5		\$240,000.	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		\$\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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2018.04020 USAGAINSTALZHEIMER'S

Name of organization

45-0672514

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 175,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 8 Person Payroll 160,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 928,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 823452 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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2018.04020 USAGAINSTALZHEIMER'S

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Name of organization

Employer identification number

USAGAINSTALZHEIMER'S

45 - 0672514

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	

Page 3

Name of or	rganization			Employer identification number			
USAGAI	INSTALZHEIMER'S			45-0672514			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additiona	a) through (e) and the following line en , charitable, etc., contributions of <b>\$1,000 or</b>	try For organizations	) that total more than \$1,000 for the yea			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-		(e) Transfer of gif	it l				
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
_							
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No.		]					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
—							
Ī							
F	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
323454 11-08	3-18	25	Schedule	B (Form 990, 990-EZ, or 990-PF) (201			

2018.04020 USAGAINSTALZHEIMER'S

SCHEDULE [	)
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Department of the Treasury

Internal Revenue Service

(Form 9	990)
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# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

# USAGAINSTALZHEIMER'S

Employer identification number 45-0672514

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Ac	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	ıly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferri	ng
				Yes No
Pa			Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a cert	tified hist	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form	of a con	
	day of the tax year.		_	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	<b>o y</b>		····· ⊢	2b
с	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register		····· L	2d
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by the	e organiz	zation during the tax
	year			
4	Number of states where property subject to conservation ear			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation	n easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation eas	ements during the year
~				~
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organization	Ion's infancial statements that describes	the orga	inization's accounting for
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther S	imilar Assets
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under SFAS 116 (AS		ment and	halance sheet works of art
iu	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS		t and ha	lance sheet works of art historical
~	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:			ice, provide the fellowing amounte
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				► \$ 
2	If the organization received or held works of art, historical tre			
-	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2018
	10-29-18			,

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26 2018.04020 USAGAINSTALZHEIMER'S

Part.III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@contuned)         a       Using the organization sequisition, accession, and other records, check any of the following that are a significant use of its collection items       (check all that apply: <ul> <li>Control the organization sequisition, accession, and other records, check any of the following that are a significant use of its collection items             </li> <li>Control the organization sequisition: accession, and other records, check any of the following that are a significant use of its collection items             </li> <li>Control the organization solution: a conscious of art, historical treasures, or other similar assets             </li> <li>Totage for year, diff the organization collectors and explain how they further the organization is checking?             </li> </ul> <li>Part.IV Escrow and Outsoldial Arrangements. Complete if the organization accession?         <ul> <li>Yes</li> <li>Yes</li></ul></li>			STALZHEIME	R'S					45-06	7251	4 P	age <b>2</b>
clearly clearly clearly clearly research       d       Loan or exchange programs         b       Scholarly research       0       Other	Par	t III Organizations Maintaining C	<b>Collections of Ar</b>	t, Histor	ical Tr	easures, or	Other	Simil	ar Asse	<b>ts</b> (contii	nued)	
a Public scheltion de local or exchange programs b Schelter yessarch e Other	3	Using the organization's acquisition, accessi	ion, and other record	s, check ar	ny of the	following that a	re a sigr	ificant	use of its	collectio	n iterr	IS
b       Scholarly research       e       Other         c       Preservation for thue organization's collections and explain how they further the organization's exempt purpose in Part XIII.         3       Uning the year, did the organization solection receive donations of art, historical treasures, or other similar assets       to be sole to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or resported an anount on Form 990, Part X, line 21.         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       It       It       It       It         2       Dott congratation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII.       Yes       No         b       Contributions       It       Intermediation include an amount on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete If the erganization include on Part XIII.       Point years back (d) Three years back (d) Three years back (d) Three years back id of an erganization include an amount on Form 990, Part X, line 10. </th <th></th> <th>(check all that apply):</th> <th></th>		(check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection?  Yes No be sold to raise funds rather than to be maintained as part of the organization is collection?  Yes No Part IV Exercise and Custodial Arrangements. Compute if the organization answered "Ves" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 4 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?  Beginning balance  C Beginning balance  A dottions during the year  B tr'ves, "explain the arrangement in Part XIII and complete the following table:  D tr'ves, "explain the arrangement in Part XIII and complete the following table:  D tr'ves, "explain the arrangement in Part XIII and complete the following table:  D tr'ves, "explain the arrangement in Part XIII and complete the following table:  D tr'ves, "explain the arrangement in Part XIII and complete the following table:  D tr'ves, "explain the arrangement in Part XIII and complete the following table:  D tr'ves, "explain the arrangement in Part XIII and complete the following table:  D tr'ves, "explain the arrangement in Part XIII and complete the following table:  D tr'ves, "explain the arrangement in Part XIII and complete the following table:  D tr'ves, "explain the arrangement in Part XIII and complete the torganization answered "Yes" on Form 980, Part IV, line 10.  D tr'ves, "explain the arrangement in Part XIII and complete the torganization answered "Yes" on Form 980, Part X, line 21.  D tr'ves, "explain the arrangement in Part XIII and complete the torganization answered "Yes" on Form 980, Part X, line 21.  D tr'ves, "explain the arrangement in Part XIII and Complete if the organization answered "Yes" on Form 980, Part X, line 10.  D tr'ves, "explain the arrangement in Part XIII and complete the torganizatio	а	Public exhibition	d	Loa	n or excl	hange programs	5					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrew and Custodial Arrangements. Complete if the organization answered "ves" on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?     Ves     No     If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII     Part V Endowment Funds. Complet if the organization answered 'Yes' on Form 990, Part XI, line 21, for escrew or custodial account liability?     Ves     No     If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII     Part V Endowment Funds. Complet if the organization answered 'Yes' on Form 990, Part XI, line 21, for years back (0) Four years back (0) Four years back     (0) Four years back (0) Four years back (0) Four years back (0) Four years back     (0) Four years back     (0) Four years back (0) Four years back (0) Four years back     (0) Four years back     (0) Three years back (0) Four years back     (0) Four years back     (0) Three years back (0) Four years back     (0) Four years back     (0) Three years back     (0) Four years back     (0) Four years back     (0) Three years back     (0) Four years b	b	Scholarly research	е	U Oth	er							
S During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to riske funds retriet than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization and entry trustee, custodial or other intermediary for contributions or other assets not included     on Form 990, Part X7     lis the organization and entry trustee, custodial or other intermediary for contributions or other assets not included     on Form 990, Part X7     lis the organization and entry trustee, custodial or other intermediary for contributions or other assets not included     on Form 990, Part X7     lis the organization and entry trustee, custodial or other intermediary for contributions     or Beginning balance     lis the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability     list Yes     No     bi If 'Yes', explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>Beginning balance</li> <li>If ending tregentity is endi</li></ul>	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization is collection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 980, Part X, line 21.       The sets and the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization include an amount on Form 980, Part X, line 21.         c       Beginning balance       10       Intermediary for exception and the intermediary for contributions or outsodial account liability?       Ves       No         b       If 'Yes, 'explain the arrangement in Part XIII and complete the following table:       Intermediary for exception and the intermediary for contributions or outsodial account liability?       Ves       No         b       If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Interve strate (d) Three years back (e) Four years back for an and programs       Interve years back for four years back for four years back for four years back for the organization four type reparts and programs       Interve years back for four	4	Provide a description of the organization's c	ollections and explair	n how they	further tl	he organization'	s exemp	ot purpo	ose in Par	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X  line 21.       Image: Contributions of Contributions or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: Contributions of Contributions of Contributions of Contributions of Contributions of Contributions of Contributions during the year       Image: Contributions of Contributions of Contributions of Contributions of Contributions of Contributions during the year       Image: Contributions during the year	5	During the year, did the organization solicit of	or receive donations of	of art, histo	rical trea	sures, or other s	similar a	ssets		_		_
reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X?         0       bit "Yes," explain the arrangement in Part XIII and complete the following table:         1a       Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         1a       Dit the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         2a       Dit the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         1a       Dit the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         1b       Tres, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         1a       Beginning of year balance									L			No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X       Ives       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete table:       Image: Completable:       Image: Complete table:       Image:	Par			ete if the org	ganizatio	n answered "Ye	es" on Fo	orm 990	), Part IV,	line 9, oi		
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No       Difter years back (e) Four years back for anticomes         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back for anticomes         a C Net investment earnings, gains, and losses       (a)       (b) Prior year       (c) Two years back for anticomes         b End of year balance       %       %       %       %         c Net investment earnings, gains, and losses       ////////////////////////////////////	10	· · · · · · · · · · · · · · · · · · ·		lion for oor	tribution	o or other accel	a not in	aludad				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          It         It         Id         Id         Id	Ia			2						Vec		
c       Beginning balance       Ic       Amount         d       Additions during the year       Id       Id         e       Distributions during the year       If       Id         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation nawered "Yes" on Form 990, Part XII, line 10.       Image: State	h								······ L	lies		
c       Beginning balance       Id         d       Additions during the year       Id         d       Distributions during the year       Id         f       Ending balance       If         d       Distributions during the year       Id         f       Ending balance       If         d       Distributions during the year       Id         f       Ending balance       If         d       Distributions during the year       Id         e       Distributions       Image: Second Seco	b		and complete the fo	nowing tabi	e.					Amoun	+	
d Additions during the year       1d         e Distributions during the year       1a         1       1d         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountiability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (c) Four years back         1 Administrative expenses       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (a) Column (a) held as:       (a) Column (a) held as:         a Board designated or quasi-adoment lower l	~	Boginning balanco						10		Amoun	ι	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization incluide an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       a Current year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions												
f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Ves", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year end balance       (in) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (a) Current year end balance (line 1g, column (a)) held as:       (a) Current year end balance       (in) Prior year       %         Permanent endowment (b)												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f											
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c)       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c)       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c)       (c)       (c)       (c)       (e)         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (c)       (c)       (c)         3       Fore fore and beginated or quasiendowment (b)       96       (c)       (f)       (f)       (f)         4       Peoritide organizations       96	2a									Yes		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (c) Purears participars back       (c) Purearears back       (c) Purearearearears back       (c) Purearears bac		-					-	• • • • • • • •				]
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs												
b       Contributions		· · · · · ·	(a) Current year	(b) Prior	year	(c) Two years b	ack (d	Three y	/ears back	(e) Fou	r years	back
b       Contributions	1a	Beginning of year balance									-	
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs Image: State												
e Other expenditures for facilities and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   c Temporarily restricted endowment ▶%   ii) related organizations   (i) unrelated organizations   (ii) related organizations   (ii) related organizations   b H **es* on line 3a(ii), are the related organizations listed as required on Schedule R?   2 Description of property   (a) Cost or other   (b) Cost or other   b Buildings   c Leasehold improvements   d Equipment   c Leasehold improvements   d Equipment   c Leasehold inprovements   (c) Accumulated   (d) Book value   d Equipment   c Leasehold inprovements   c Leasehold inprovements   (c) Column (d) must equal Form 990, Part X, column (B), line 10c.	с											
e Other expenditures for facilities and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   c Temporarily restricted endowment ▶%   ii) related organizations   (i) unrelated organizations   (ii) related organizations   (ii) related organizations   b H **es* on line 3a(ii), are the related organizations listed as required on Schedule R?   2 Description of property   (a) Cost or other   (b) Cost or other   b Buildings   c Leasehold improvements   d Equipment   c Leasehold improvements   d Equipment   c Leasehold inprovements   (c) Accumulated   (d) Book value   d Equipment   c Leasehold inprovements   c Leasehold inprovements   (c) Column (d) must equal Form 990, Part X, column (B), line 10c.	d											
f       Administrative expenses	е											
f       Administrative expenses		and programs										
g End of year balance	f											
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:												
b       Permanent endowment ▶      %         c       Temporarily restricted endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, c	olumn (a	a)) held as:						
c       Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	b	Permanent endowment	%	_								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       3a(i)       3a(i)       3a(i)       1         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       1       3b       1         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.       3b       1         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value       4         b Buildings       1a       Land       1a       Land       1a       Land       1a         b Buildings       1a       Land       1a       1a       1a	с	Temporarily restricted endowment	%									
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
(i)       unrelated organizations       3a(i)       3a(i)         (ii)       related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         b       Buildings       5a       5a       5a         c       Leasehold improvements       5a       5a       5a         d       Equipment       5a       5a       5a         e       Other       5a       5a       5a       5a         Could a	3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held a	nd administered	d for the	organiz	zation			
(ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b Buildings       (d) Book value         c Leasehold improvements       c         d Equipment       d         e Other       (d) must equal Form 990, Part X, column (B), line 10c.)         0.       0.		by:									Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       (d) Book value         b       Buildings       (d) Book value         c       Leasehold improvements       (d) Equipment         e       Other       (d) Equipment         Fortal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       0.		(i) unrelated organizations								3a(i)		
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       (d) Equipment         e Other       (d) Houst equal Form 990, Part X, column (B), line 10c.)												
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Sche	edule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4			wment fund	ds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	Par											
basis (investment)     basis (other)     depreciation       1a Land			d "Yes" on Form 990									
b Buildings		Description of property			• •					( <b>d)</b> Boo	k valu	е
c       Leasehold improvements	1a	Land										
d Equipment												
e Other       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       ●         0.	с	Leasehold improvements										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	d	Equipment										
	Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (	'B), line 1	0c.)	<u></u>	<u></u>				• •

Schedule D (Form 990) 2018

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Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		

# Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

# Part IX Other Assets.

(H)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

### Part X Other Liabilities.

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

1.		(a) Descri	ption of liability		<b>(b)</b> Book value
(1)	Federal in	come taxes			
(2)	DUE T	O USAGAIN	STALZHEIMER'S	ACTION	16,389.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total.	(Column (b)	must equal Form S	990, Part X, col. (B) line 25.,	) 🕨	16,389.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 USAGAINSTALZHEIMER'S			45-	0672514 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.			
1	Total revenue, gains, and other support per audited financial statements			1	7,500,066.
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	10,884.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	10,884.
3	Subtract line 2e from line 1			3	7,489,182.
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			_
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,489,182.
				_	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With		Retu	
Pa	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With a.	n Expenses per	Retu	rn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With a.	n Expenses per	Retu	
	Reconciliation of Expenses per Audited Financial Staten           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:	nents With	n Expenses per		rn.
1	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents With	n Expenses per		rn.
1 2	rt XII         Reconciliation of Expenses per Audited Financial Staten           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:	nents With 	n Expenses per		rn.
1 2 a	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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	2a 2b	n Expenses per		rn.
1 2 a b	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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	n Expenses per		rn. 8,271,673.
1 2 b c d	<b>Reconciliation of Expenses per Audited Financial Staten</b> 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 <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	10,884.		rn. <u>8,271,673.</u> 10,884.
1 2 b c d	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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	10,884.	1	rn. 8,271,673.
1 2 b c d e	<b>Reconciliation of Expenses per Audited Financial Staten</b> 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 <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	10,884.	1 2e	rn. <u>8,271,673.</u> 10,884.
1 2 3 4 3	T XII       Reconciliation of Expenses per Audited Financial Staten         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           2b           2c           2d	10,884.	1 2e	rn. <u>8,271,673.</u> 10,884.
1 2 3 4 3	<b>t XII Reconciliation of Expenses per Audited Financial Staten</b> 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           2b           2c           2d	10,884.	1 2e	rn. <u>8,271,673.</u> 10,884.
1 2 d c 3 4 a b	T XII       Reconciliation of Expenses per Audited Financial Staten         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	10,884.	1 2e 3 4c	rn. <u>8,271,673.</u> <u>10,884.</u> <u>8,260,789.</u> 0.
1 2 a b c d e 3 4 a b c 5	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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.)	2a           2b           2c           2d	10,884.	1 2e 3	rn. <u>8,271,673.</u> 10,884.

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.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2018, USA2 HAS DOCUMENTED THEIR

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE COMBINED FINANCIAL STATEMENTS.

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SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	<b>s in the Ŭni</b> on Form 990, Pa	ted States		OMB No. 1545-0047 <b>2018</b> Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization USAGAINST	ALZHEIMER	<b>≀</b> 'S					Employer identification number $45-0672514$
Part I General Information on Grants a	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?	-				sistance, and the selec	ction X Yes No
Part II Grants and Other Assistance to					anization answered "	/es" on Form 990 Par	t IV line 21 for any
recipient that received more than	-						
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> 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 804 - NEW YORK, NY 10019	20-1082179	501(C)(3)	5,000.	0.			EVENT SPONSORSHIP
ASPEN BRAIN INSTITUTE P.O. BOX 2055 ASPEN, CO 81612	84-0399006	501(C)(3)	5,000.	0.			EVENT SPONSORSHIP
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871	27-7337229	501(C)(3)	25,000.	0.			EVENT SPONSORSHIP
KIM & GLEN CAMPBELL FOUNDATION 1660 DUKE STREET ALEXANDRIA, VA 22314	47-1042695	501(C)(3)	5,000.	0.			EVENT SPONSORSHIP
DEMENTIA ALLIANCE INTERNATIONAL P.O. BOX 582 ANKENY, IA 50021	27-3538654	501(C)(3)	6,000.	0.			TO SUPPORT ATTENDANCE OF MEMBERS TO AAIC CONFERENCE
DUKE UNIVERSITY 324 BLACKWELL ST DURHAM, NC 27701	56-0532129	501(C)(3)	100,000.	0.			TO SUPPORT RESEARCH IN THE GENERAL AREA OF DEVELOPING A PATH TO ENHANCE THE QUALITY OF
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice	is listed in the line	1 table	ne line 1 table				► 13. 0. Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

# Schedule I (Form 990) USAGAINSTALZHEIMER'S

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ELIZABETH DOLE FOUNDATION							
500 NEW HAMPSHIRE AVENUE NW							
WASHINGTON, DC 20037	45-4292692	501(C)(3)	10,000.	0.			EVENT SPONSORSHIP
,			, -				
FOUNDATION FOR THE NIH							
11400 ROCKVILLE PIKE SUITE600							
BETHESDA, MD 20852	52-1986675	501(C)(3)	25,000.	0.			EVENT SPONSORSHIP
, N4A/DEMENTIA FRIENDLY AMERICA			,				
INITIATIVE - 1730 RHODE ISLAND AVE							SUPPORT OF DEMENTIA
NW SUITE 1200 - WASHINGTON, DC							FRIENDLY AMERICA
, 20036	52-1052345	501(C)(3)	75,000.	0.			INITIATIVE
NATIONAL ALLIANCE FOR CAREGIVING 4720 MONTGOMERY LANE, STE 205 BETHESDA, MD 20814	52-1931357	501(C)(3)	30,000.	0.			EVENT SPONSORSHIP
NAVREF 1717 K STREET, NW, SUITE 900							
WASHINGTON, DC 20006	52-1784596	501(C)(3)	33,500.	Ο.			EVENT SPONSORSHIP
RESEARCH AMERICA 241 18TH ST NW SOUTH 501 ARLINGTON, VA 22202	52-1609875	501(C)(3)	10,000.	0.			EVENT SPONSORSHIP
THE LATINO AND MEMORY DISORDERS ALLIANCE – 4327 N OTTAWA AVE – NORRIDGE_ IL 60706	35-2288467	501(C)(3)	5,000.	0.			EVENT SPONSORSHIP

Schedule I (Form 990)

## Schedule I (Form 990) (2018) USAGAINSTALZHEIMER 'S

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.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EVENT SPONSORSHIPS WERE NOT MONITORED AFTER AWARD. USA2 HAD REPRESENTATIVES

ATTEND THE EVENTS.

# GENERAL SUPPORT GRANTS ARE MONITORED VIA PROGRESS REPORTS AND IN-PERSON

MEETINGS TO DISCUSS RESEARCH FINDINGS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: DUKE UNIVERSITY

Schedule I (Form 990)
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Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESEARCH IN THE GENERAL

AREA OF DEVELOPING A PATH TO ENHANCE THE QUALITY OF CARE FOR ALZHEIMER'S

DISEASE PATIENTS

Schedule I (Form 990)

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sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47			
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	2018					
•	·	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	10	)			
Dena	tment of the Treasury		Open to Public						
	Partment of the Treasury         ernal Revenue Service    Go to www.irs.gov/Form990 for instructions and the latest information.								
Nan	e of the organizatio		Employer i			mber			
		USAGAINSTALZHEIMER'S	45-0	067251	4				
Ра	rt I Question	s Regarding Compensation							
					Yes	No			
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or o	r v v							
	Travel for con								
		cation and gross-up payments							
		spending account Personal services (such as maid, chauffe	ur, chef)						
۰.	If any of the base	on line to are absolved, did the averagination follows with a sufficiency discussion of							
b		on line 1a are checked, did the organization follow a written policy regarding payment or		41.					
0		provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2					
	trustees, and onice	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's						
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization							
		ation of the CEO/Executive Director, but explain in Part III.							
	Compensatio								
	·	compensation consultant $X$ Compensation survey or study							
	·	ther organizations $X$ Approval by the board or compensation of	committee						
			Johnmatoo						
4	During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re								
а	Receive a severan	ce payment or change-of-control payment?		4a		X			
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?				Х			
с		ceive payment from, an equity-based compensation arrangement?				Х			
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the	evenues of:							
						X			
	Any related organiz	zation?				X			
		or 5b, describe in Part III.							
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the								
						X			
b		zation?		6b		X			
_		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				v			
_		nes 5 and 6? If "Yes," describe in Part III		7		X			
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				v			
~		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9		lid the organization also follow the rebuttable presumption procedure described in							
		n 53.4958-6(c)?							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forr	n 990)	) 2018			

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# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	
		(i) Base (ii) Bonus & (iii) Other compensation incentive compensation compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) STEPHANIE MONROE	(i)	175,000.	0.	0.	0.	0.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
(ii)	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

# 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.

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service 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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 45-0672514

FORM 990, PART I, LINE 19:

THE DEFICIT OF \$771,607 LARGELY REFLECTS THE SPEND DOWN OF REVENUE

RECEIVED IN 2017 FOR THE AD PACE INITIATIVE.

USAGAINSTALZHEIMER'S

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

RESEARCH COMMUNITY IN THE QUEST FOR AN ALZHEIMER'S CURE-ACCOMPLISHING

THIS THROUGH OUR OWN PATIENT-CENTERED EFFECTIVE LEADERSHIP,

COLLABORATIVE ADVOCACY AND STRATEGIC INVESTMENTS.

THROUGH NETWORKS AND COALITIONS, WE ENGAGE THE MOST DEEPLY AFFECTED

COMMUNITIES (WOMEN, AFRICAN AMERICANS, LATINOS, VETERANS, RESEARCHERS,

CLERGY, AND PATIENTS AND CAREGIVERS) TO:

- MOBILIZE TO DEMAND GREATER RESEARCH FUNDING AND ELIMINATION OF

BARRIERS BLOCKING THE PATH TO A CURE;

- FOCUS ATTENTION ON THE UNIQUE BURDEN OF ALZHEIMER'S ON WOMEN AND

COMMUNITIES OF COLOR, GIVEN THE DISPARATE IMPACT OF THE DISEASE ON

THESE COMMUNITIES, AND SCALE INCLUSIVE SOLUTIONS;

- GIVE GREATER VOICE TO INDIVIDUALS LIVING WITH AD-AND THEIR

CAREGIVERS-IN SCIENTIFIC, POLICY AND REGULATORY DECISIONS;

- INCREASE THE SPEED, EFFICIENCY OF AND PARTICIPATION IN CLINICAL

RESEARCH;

- ENSURE PEOPLE, PROVIDERS, AND POLICY-MAKERS TREAT BRAIN HEALTH AS AN

INTEGRAL ELEMENT OF OVERALL GOOD HEALTH AND IDENTIFY COGNITIVE DECLINE

# EARLY;

- ALLEVIATE THE ECONOMIC AND HUMAN BURDENS OF CAREGIVING THROUGH

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

USAGAINSTALZHEIMER'S

Employer identification number 45-0672514

FAMILY-FRIENDLY FEDERAL AND WORKPLACE POLICIES.

OUR THEORY OF CHANGE IS ROOTED IN THE BELIEF THAT AMERICANS CAN CREATE THE NATIONAL WILL TO PREVENT AND TREAT ALZHEIMER'S BY PRESSURING POLITICAL, BUSINESS AND CIVIC LEADERS TO: (1) DEVOTE THE NEEDED RESOURCES TO OUTCOMES-ORIENTED RESEARCH, AND (2) REFORM ASPECTS OF DRUG DEVELOPMENT THAT SLOW PROGRESS. WE CALL THIS "LEADERSHIP FOR THE CURE." AND IT WORKS.

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

INVESTMENT OF \$33 MILLION SINCE 2010 HELPED GENERATE A \$1.35 BILLION

ANNUAL INCREASE IN U.S. ALZHEIMER'S RESEARCH FUNDING TO NIH AND THE

DEPT. OF DEFENSE (FY 2011-17).

- DRIVING U.S. AND GLOBAL ACTION AGAINST DEMENTIA WITH THE APPOINTMENT

OF OUR CHAIRMAN, GEORGE VRADENBURG, TO THE U.S. ADVISORY COUNCIL ON

ALZHEIMER'S AND TO THE WORLD DEMENTIA COUNCIL, AND HELPING TO LAUNCH

LEADER'S ENGAGED ON ALZHEIMER'S DISEASE COALITION, GLOBAL CEO

INITIATIVE ON ALZHEIMER'S DISEASE, GLOBAL ALZHEIMER'S PLATFORM

FOUNDATION, DEMENTIA FRIENDLY AMERICA AND THE GLOBAL ALLIANCE ON

WOMEN'S BRAIN HEALTH.

- AMPLIFYING THE PATIENT/CAREGIVER VOICE IN RESEARCH-INCLUDING THE

FIRST-EVER ALZHEIMER'S/DEMENTIA PATIENT- AND CAREGIVER-POWERED RESEARCH

NETWORK, LAUNCHED WITH MAYO CLINIC, UCSF'S BRAIN HEALTH REGISTRY, AND

THE UNIVERSITY OF FLORIDA AND FUNDED BY THE PATIENT-CENTERED OUTCOMES

RESEARCH INSTITUTE.

- ADDRESSING RACIAL AND ETHNIC DISPARITIES IN ALZHEIMER'S THROUGH

FORMATION OF THE ALZHEIMER'S DISEASE DISPARITIES ENGAGEMENT NETWORK-A

 NATIONAL NETWORK OF RESEARCHERS, PATIENTS, CAREGIVERS, HEALTH SYSTEM

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Name of the organization USAGAINSTALZHEIMER ' S	Employer identification number $45-0672514$				
STAKEHOLDERS AND COMMUNITY-BASED ORGANIZATIONS COMMITTED	TO PROMOTING				
BRAIN HEALTH EQUITY AND ADDRESSING ALZHEIMER'S IN HIGH RISK					
COMMUNITIES.					
- ESTABLISHING THE ALZHEIMER'S DISEASE PATIENT AND CAREGIVER ENGAGEMENT					
INITIATIVE (AD-PACE), A GROUND-BREAKING PATIENT AND CAREGIVER-LED					
COLLABORATION OF INDUSTRY, ACADEMICS, GOVERNMENT AGENCIES AND ADVOCATES					
BUILDING A PERSISTENT PLATFORM TO DELIVER NEW INSIGHTS TO	RESEARCH,				
REGULATORY AND PAYER AUTHORITIES ON PREFERRED TREATMENT A	ND HEALTH				
OUTCOMES SOUGHT BY THOSE LIVING WITH ALZHEIMER'S AND THEIR CAREGIVERS.					
- LAUNCHING THE BRAIN HEALTH PARTNERSHIP, AN INITIATIVE TO ENSURE THAT					
BRAIN HEALTH IS INCLUDED AS AN INTEGRAL ELEMENT OF OVERAL	L GOOD HEALTH				
AND THAT COGNITIVE DECLINE IS IDENTIFIED AND ADDRESSED IN	A TIMELY				
MANNER.					
- CREATING A NATIONWIDE, GRASSROOTS COALITION OF MORE THA	N 150				
ORGANIZATIONS AND 220,000 INDIVIDUALS.					
- RAISING PUBLIC AWARENESS OF ALZHEIMER'S VIA MAJOR MEDIA	NEWS				
COVERAGE: "TODAY" SHOW, NEW YORK TIMES, WALL STREET JOURNAL, USA TODAY,					
WASHINGTON POST, FORBES, REUTERS, WOMEN'S HEALTH, ROLL CA	LL, PBS.				
- MOBILIZING THOSE MOST AFFECTED BY ALZHEIMER'S IN INNOVA	TIVE WAYS:				
AFRICAN AMERICANS AND LATINOS TO FIGHT ALZHEIMER'S DISPAR	ITIES AND LOW				
RESEARCH PARTICIPATION; WOMEN THROUGH A TARGETED ADVOCACY	CAMPAIGN AND				
POLICY AGENDA (SEX-BASED RESEARCH, CAREGIVER SUPPORT); TH	E FAITH				
COMMUNITY TO INFORM AND ENGAGE THEIR MEMBERS; AND VETERAN	S TO RAISE				
RESEARCH PARTICIPATION AND AWARENESS OF ALZHEIMER'S AS AN URGENT HEALTH					
ISSUE.					

IN ADDITION, OUR ORGANIZATION, FOUNDERS (GEORGE VRADENBURG AND HIS LATE WIFE TRISH), AND STAFF HAVE RECEIVED NUMEROUS AWARDS AND ACCOLADES 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 39 08280826 745960 35556 2018.04020 USAGAINSTALZHEIMER'S 35556\_2

HONORING THE IMPACT OF OUR WORK:

- ALZHEIMER'S DRUG DISCOVERY FUND'S GREAT LADIES AWARD

- RESEARCH!AMERICA'S GORDON AND LLURA GUND AWARD

- WASHINGTONIAN MAGAZINE'S WASHINGTONIANS OF THE YEAR

- BRIGHTFOCUS FOUNDATION'S PUBLIC LEADERSHIP AWARD

- GENENTECH'S ADVANCING HEALTH EQUITY IN NEUROSCIENCE AWARD

NOTE: IN MANY CASES, USAGAINSTALZHEIMER'S CONTRACTS WITH FIRMS TO

PROVIDE CORE CAPACITIES, INCLUDING POLICY/LEGISLATIVE AFFAIRS,

COMMUNICATIONS AND MEDIA, AND DIGITAL MARKETING, AS WELL AS HELP LEAD

SEVERAL OF OUR PROGRAMS.

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.

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

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HE/SHE:
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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

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Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Employer identification number 45-0672514

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 APPROVES THE BUDGET. THE MOST RECENT COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2018.

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.

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Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

45-0672514

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:

SALLY SACHER \$501

FORM 990, PART VII, LINE 1:

MERYL COMER RECEIVED COMPENSATION FOR HER WORK AS A SENIOR PROJECT

CONSULTANT. HER COMPENSATION IS UNRELATED TO HER DUTIES AS A BOARD

MEMBER.

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

PROGRAM MANAGEMENT/STRATEGY:

PROGRAM SERVICE EXPENSES	1,609,289.
MANAGEMENT AND GENERAL EXPENSES	89,920.
FUNDRAISING EXPENSES	18,682.
TOTAL EXPENSES	1.717.891.

PROJECT FUNDS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES 117,726.

FUNDRAISING EXPENSES

TOTAL EXPENSES

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349,885.

3,553,818.

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USAGAINSTALZHEIMER'S	
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	478,793
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	84,315
TOTAL EXPENSES	563,108
OTHER PROFESSIONAL FEES:	

PROGRAM SERVICE EXPENSES	139,082.
MANAGEMENT AND GENERAL EXPENSES	19,300.
FUNDRAISING EXPENSES	156,204.
TOTAL EXPENSES	314,586.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,617,014.

FORM 990, PART IX, LINE 11G:

FOR MANY SERVICES, USA2 CONTRACTS WITH FIRMS TO PROVIDE CORE

CAPACITIES, INCLUDING POLICY/LEGISLATIVE AFFAIRS, COMMUNICATIONS AND

MEDIA, DIGITAL MARKETING, AND TO LEAD TWO OF OUR CORE NETWORKS

(RESEARCHERSAGAINSTALZHEIMER'S AND WOMENAGAINSTALZHEIMER'S).

FORM 990 - AMENDED RETURN:

THIS RETURN IS AMENDED TO ADD AN ADDITIONAL BOARD MEMBER TO PART VII.

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